



ST BERNADETTE'S PRIMARY SCHOOL

53 Stanley Street, Ivanhoe, 3019

Phone: 9499 3914 Fax: 9499 5373

Email: principal@sbivanhoe.catholic.edu.au

APPLICATION FOR ENROLMENT

| | |
|-------------------------------|--|
| Name of student: _____ | OFFICE USE ONLY |
| | Student Code: _____ Family Code: _____ |
| Entry Grade: _____ | VSN: _____ Beginners/Year: _____ |
| | Enrolment Fee: _____ Date Paid: _____ |

FAMILY MAILING DETAILS

(Correspondence will be addressed to the details you provide)

| | | |
|--------------------------------|--------------------------------|-----------|
| Surname: | | |
| Mail to: (e.g. Mr & Mrs Smith) | | |
| Address: | Suburb: | Postcode: |
| Family Phone Number: | Other: | |
| Current Parish: | Office Use Only: F Flag | |

ACCOUNTS TO BE SENT TO

(Accounts will be addressed to the details you provide)

| | | |
|---|---------|-----------|
| As above: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide details below. | | |
| Surname: | | |
| Mail to: (e.g. Mr & Mrs Smith) | | |
| Address: | Suburb: | Postcode: |

STUDENT DETAILS

| | |
|---|---|
| First Name: | VSN (Victorian Student Number): <i>Required if your child has previously attended school in Victoria.</i> |
| Middle Name: | 1 st Australian School Year (e.g. 2014): |
| Surname: | Previous School: Year Level: |
| Preferred Name: | Religion: |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality: Ethnic Origin: |
| Country of Birth: | Does the student speak a language(s) other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list below: 1. _____ 2. _____ |
| Date of Birth: | |
| Kindergarten attending: Address: | Session Times: Telephone: |
| Indigenous Identifier - Aboriginal/Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please tick one below) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander | |
| Visa Student: Is the student a Visa Student? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Office Use Only: | Office Use Only: F Flag <input type="checkbox"/> |
| Residence Status: Refugee <input type="checkbox"/> Non Permanent <input type="checkbox"/> Permanent <input type="checkbox"/> | Visa Sub Class: |
| Date of Arrival in Australia: | Visa Number: |
| Passport Number: | Visa Expiry Date: |
| Start Date: | |

| MEDICAL DETAILS | |
|-------------------------------|---|
| Doctor's Name: | Phone Number: |
| Student's Medicare Number: | Date of last Tetanus Injection/Booster: |
| Health Insurance Provider: | Health Insurance Membership Number: |
| Ambulance Membership Details: | |
| Immunisations | Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| SPECIAL NEEDS | | | | |
|---|--|--|---|--|
| Indicate whether the student applying for enrolment has any known or suspected special needs (please tick Yes <input type="checkbox"/> or No <input type="checkbox"/> for each of the following). | | | | |
| Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/> | Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Other: _____ | Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Other: _____ | Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/> | Any other special needs: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Allergies/ Medical Alert | Please specify and provide details of any allergies/medical alerts relating to the student applying for enrolment (e.g. Allergies to nuts, penicillin, bee stings etc, asthma management etc). | | | |
| <p>If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving (supporting documentation must be provided).</p> <p>If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student.</p> | | | | |

| PARISH/SACRAMENTAL DETAILS | | | |
|----------------------------|---------------|-----------------|------------------------------|
| SACRAMENT | DATE RECEIVED | PARISH RECEIVED | COPY OF CERTIFICATE SUPPLIED |
| Baptism | | | |
| Reconciliation | | | |
| Eucharist | | | |
| Confirmation | | | |

OTHER CHILDREN IN THE FAMILY

| | Full Student Name | Year to Commence School | Birth Order | Kinder/School Attending if applicable |
|-------|-------------------|-------------------------|-------------|---------------------------------------|
| Child | | | 1 | |
| Child | | | 2 | |
| Child | | | 3 | |
| Child | | | 4 | |

OTHER APPLICATIONS

In order of preference, please list the names of any other Catholic Schools at which you have made an application for enrolment, including St Bernadette's Primary School.

| | | | |
|-------------------------------|--|-------------------------------|--|
| 1 st Preference | | 3 rd Preference | |
| 2 nd Preference | | 4 th Preference | |

AGREEMENT

Please tick the following boxes and sign below:

- I/We understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- I/we agree to support our child's participation in the religious life of the school, which would include prayer and liturgy. The teachings and values of the Catholic Church are supported through the pastoral care programs for students, families and staff.
- I/We understand that my child participates fully in all school programs including sport, camp and concerts.
- I/We understand that Camp costs are payable regardless of attendance.
- I/We understand that the child upholds the standards of behaviour set by the school and that the parents support the school's Wellbeing Policy.
- I/We undertake to uphold the parent Code of Conduct.
- I/We understand that the school uniform is properly worn at all times.
- I/We understand that an email or flexibuzz will be forwarded to the classroom teacher fully explaining any absences from school.
- That we will participate in activities for fundraising and social activities.
- In the event of an accident and in the event of the school being unable to contact me I/we give permission for the school to make appropriate arrangements for transport to a doctor for medical treatment – by ambulance if necessary – and the cost associated borne by me/us.
- I understand that the school will take reasonable care in the event of my child suffering an accident or illness, but that it will not be responsible for the costs of any medical or dental treatment or attention administered to my child in such an event. Nor will it be responsible either directly or indirectly for any act of omission by any medical or dental practitioner or medical officer attending my child.
- I consent to my child travelling on a school bus or any form of public transport or private transport where such transport has been deemed by the school to be necessary or desirable. I expect specific notification before each child travels in such transport.
- I give permission for my child to attend walking excursions around the immediate neighbourhood.
- If this enrolment application is successful I/we agree to honour the financial commitments required by the school and to ensure fees are paid by the term and finalised by October each school year.
- I/We have included the enrolment fee of \$400 with this application. This fee is non-refundable if you do not attend the school.
- I/We agree to abide by the Code of Conduct and understand that continued breaches of the code can result in review of enrolment at the school.

I/We have read all the information in the Enrolment Package and understand that we will need to abide by this information should this enrolment application be successful. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application of enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

I agree with the above conditions: _____ (Mother/Carer)
 _____ and _____ (Father/Carer)

DATE: _____

Please note:

- Acceptance of this application for enrolment is subject to our Enrolment Policy available on our website.
- Acceptance at this school does not constitute acceptance into any other Catholic School (Primary or Secondary).