

Nazareth College Enrolment Form



Nazareth College is a college which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

DUE DATE:

Please ensure all relevant information is attached to this enrolment form when submitting. Please see the parent/guardian/carer documentation checklist at the end of the form.

ENROLMENT FORM

Name of student:

Address:

Current school family: YES ☐ NO ☐

Email:

Telephone:

Fax:

OFFICE USE ONLY

Date received:

Birth certificate attached:

Yes ☐ No ☐

Enrolment date:

English as an additional language:

Yes ☐ No ☐

Start date:

House colour:

Student/family code:

VSN:

Immunisation history statement attached: Yes ☐ No ☐

Visa information attached (if relevant): Yes ☐ No ☐

STUDENT DETAILS

Surname:

Entry year (YYYY):

Entry level/grade:

First name/s:

Preferred first name:

Date of birth:

Religion: (include rite)

Male: ☐

Female: ☐

Unspecified/Indeterminate/X: ☐

HOME ADDRESS OF STUDENT

Street number and name:

Suburb:

Postcode:

Home telephone:

FAMILY DETAILS

Who will be responsible for payment of the college fees and levies?

Surname:

First name:

Address:

Email:

Telephone:

Relationship to the student:

PARENT 1/GUARDIAN 1/CARER 1**Title:**

(Dr/Mr/Mrs/Ms)

Surname:**First name:****Address:****Home telephone:****Work
telephone:****Mobile:****SMS messaging:** (for emergency and reminder purposes)Yes ☐No ☐**Email:****Relationship to
student:****Government
Requirement****Occupation:****What is the occupation group?**(select from list of occupation
groups in the School Family
Occupation Index)**Religion:** (include rite)**Nationality:****Ethnicity if not born in Australia:****Country of birth:** ☐ Australia ☐ Other (please specify):**What is the highest year of primary or secondary school Parent 1/Guardian 1/Carer 1 has completed?**
(Persons who have never attended secondary school, tick Year 9 or below)

Year 9 or below

☐

Year 10 or equivalent

☐

Year 11 or equivalent

☐

Year 12 or equivalent

☐**What is the level of the highest qualification Parent 1/Guardian 1/Carer 1 has completed?**No post-school
qualification☐Certificate I to IV
(including trade
certificate)☐Advanced
diploma/Diploma☐Bachelor degree or
above☐**PARENT 2/GUARDIAN 2/CARER 2****Title:**

(Dr/Mr/Mrs/Ms)

Surname:**First name:****Address:****Home
telephone:****Work
telephone:****Mobile:****SMS messaging:** (for emergency and reminder purposes)Yes ☐No ☐

Email:			
Relationship to student:			
Government Requirement	Occupation:	What is the occupation group? (select from list of occupation groups in the College Family Occupation Index)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
What is the highest year of primary or secondary school Parent 2/Guardian 2/Carer 2 has completed? (Persons who have never attended secondary school, tick Year 9 or below)			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
What is the level of the highest qualification Parent 2/Guardian 2/Carer 2 has completed?			
No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN/CARER

1. Name:	2. Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:
Confirmation	Date:	Parish:
Current parish:		

PREVIOUS SCHOOL PERMISSION

Name and address of previous school:		
I/we give permission for the college to contact the previous school to gather relevant reports and information to support educational planning:	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete Consent for Transferring Information form.)

NATIONALITY AND CITIZENSHIP

Government Requirement	Nationality:	Ethnicity:	
In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other – please specify:	
Date of arrival in Australia OR Date of return to Australia:			
What is the residential status of the student? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Evidence of Australian Residency: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other/Visitor/Overseas Student			
Visa sub class:		Visa expiry date:	
* Please attach visa/ImmiCard/letter of notification and passport photo page			
Does the student or their parent(s)/guardian(s)/carer(s) speak a language other than English at home? <i>Note: Record all languages spoken.</i>			
		Student	Parent/Guardian/ Carer
No	English only	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other (please specify all languages)		
Is the student of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)</i> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			

MEDICAL INFORMATION

Doctor's name:

Street number and name:

Suburb:

Postcode:

Telephone:

Medicare number:

Ref. number:

Expiry:

Private health insurance:

Yes ☐No ☐

Fund:

Number:

Ambulance cover:

Yes ☐No ☐

Number:

Health Care Card:

Yes ☐No ☐

Health Care Card No:

Expiry:

Medical condition:

Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.

Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.

Has the student been diagnosed as being at risk of anaphylaxis?

Yes ☐No ☐

If yes, does the student have an EpiPen or Anapen?

Yes ☐No ☐**IMMUNISATION (please attach an immunisation history statement)**

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit myGov) and provide it to the College with this enrolment form.

Immunisation history statement attached:

Yes ☐No ☐

If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?

Yes ☐No ☐

To meet duty of care obligations and facilitate the smooth transition of your child into the college, please provide all required information. This will assist the college to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes ☐ No ☐

Does your child present with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Autism (ASD) | <input type="checkbox"/> Behavioural concerns | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Intellectual disability/ developmental delay | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Oral language/communication difficulties |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Giftedness | <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Other condition (<i>please specify</i>) |

Has your child ever seen a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Psychologist/counsellor | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Speech pathologist |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Continence nurse | <input type="checkbox"/> Other specialist (<i>please specify</i>) |

Have you attached all relevant information and reports? Yes ☐ No ☐

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (<i>please specify</i>)

COURT ORDERS OR PARENTING ORDERS (if applicable)

Are there any current court orders or parenting orders relating to the student? Yes ☐ No ☐

If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.

Is there any other information you wish the college to be aware of?

Please note that the completion, signing and lodgement of this enrolment form is a prerequisite for consideration of the enrolment of your child at the college, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the college. Please refer to the terms and conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the college, once offered and accepted.

Parent 1/guardian 1/carer 1
signature:

Date:

Parent 2/guardian 2/carer 2
signature:

Date:

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- Student, if they are over 15 and living independently. Secondary students may complete parts of the form and co-sign
- Parent as defined in the *family law act 1975* (cth)
 - Note: in the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- Both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the college
- An informal carer, with a statutory declaration. Carers:
 - May be a relative or other carer
 - Have day-to-day care of the student with the student regularly living with them
 - May provide any other consent required, e.g. Excursions.

Notes for informal carer:

- Statutory declarations apply for 12 months
- The wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Disclaimer: Personal information will be held, used and disclosed in accordance with the college's Privacy Collection Notice and Privacy Policy enclosed with this enrolment pack and available on its website www.nazareth.vic.edu.au

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that the following documents are attached to the enrolment application form
(as applicable to your child):

Birth certificate

Immunisation history statement

Baptism certificate

Consent to contact previous school

Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia

Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page

Medical Management Plan signed by a relevant medical practitioner

All relevant information and reports concerning additional needs of your child

Any current court orders or parenting orders relating your child

Any additional information you wish the college to be aware of

Responsible director	Director, Learning and Regional Services
Policy owner	General Manager, Learning Diversity
Approving authority	Director, Learning and Regional Services
Approval date	28 October 2022
Risk rating	High
Date of next review	October 2024

POLICY DATABASE INFORMATION

Related documents	Enrolment Policy
Superseded documents	College Enrolment Form – Secondary Schools – v1.0 – 2021
New policy	