



Enrolment Application

Please read carefully to ensure all information has been supplied. Sign and return to Catherine McAuley College. This application cannot be fully processed until all areas of the document are completed. Some of the information collected is required by the Catholic Education Office for survey statistics and future planning.

Please attach a recent student photo (only if readily available)

OFFICE USE ONLY

Student Code:

Family Code:

Date Received:

Date Entered:

Name of Student

Enrolment Application is for: Existing Family New Family

Application for entry into Year level: 7 8 9 10 11 12

Commencement Year

FAMILY MAILING DETAILS

Family Surname

Postal Address

Suburb Postcode

Home Phone Number

Preferred email for correspondence



Please ensure the following is completed and attached:

- Completed and signed Enrolment Application Form
- Photocopy of Birth Certificate
- Photocopy of Baptism Certificate
- Photocopy of Visa and Passport (if prospective student is not born in Australia) or
- Photocopy of Australian Citizenship (if prospective student is not born in Australia)
- Copies of Court Order of Parenting Plans (if applicable)

1. STUDENT INFORMATION

First Name	Middle Name	Surname
Preferred Name	Gender: M/F	Date of Birth
Country of Birth	Place of Birth	Nationality
Residential Address (Street, Suburb, Postcode)		
Previous School	Previous Year Level	
First Australian School Year	First Australian School	
Language Spoken at Home	Rank in Family (e.g. 2nd of 4 children)	
Name(s) of other family members currently or previously at the College		

1.1 Religious Background

Religion	Parish/Church	Baptism Date
Eucharist Date	Confirmation Date	Baptism Certificate attached <input type="checkbox"/> Yes <input type="checkbox"/> No

1. STUDENT INFORMATION (continued)

1.2 Indigenous Identifier

Is the student of Aboriginal or Torres Strait Islander origin?
(If yes, please tick)

Aboriginal

Torres Strait Islander

1.3 Visa Student

Is the student a Visa Student: Y/N

If yes, date of arrival in Australia:

Visa Type:

Visa Number and Date (copy must be attached):

Has the student been a refugee?

Yes

No

1.4 Residential Structure

Student lives with:

Both Parents

Mother only

Father only

Shared Custody*

Formal Care (e.g. Out of Home Care, Formal Kinship)

Informal Care (e.g. no court orders)

* Shared Custody/Dual Living Arrangements

Where student has dual living arrangements (lives with both parents at separate addresses), both parents will be regarded by the College as 'residential parents'.

If applicable, please indicate percentage of dual living arrangements, e.g. 50/50.

If the student does not live with both parents, who is the immediate point of contact:

1.5 Court Orders

Are there any Court Orders/Parenting Agreements relating to the powers and responsibilities of the parents in relation the child or access to the child?

Yes

No

If yes, copy supplied?

Yes

No

2. STUDENT MEDICAL DETAILS

Upon acceptance of Enrolment you will be required to complete the a medical profile online for your child via the Parent Access Module (PAM).

Confidential
Medical
Information
& Consent

2.1 Student Medical

Tetanus

Tetanus immunisation is normally given at five years of age (as triple Antigen or CDT) & at fifteen years of age (as ADT)

Year of last Tetanus Immunisation

Date of last Tetanus Immunisation

Allergies

Please tick if your child is allergic to any of the opposite and provide details where appropriate.

Penicillin

Other Drugs

Foods

Allergies

Please specify; What special care is required for these allergies? (Attach additional information if required)

Summary of Medical Conditions Please tick and detail if your child has any of the following.

Diabetes*

Epilepsy*

Anaphylaxis*

Asthma*

Dizzy spells/Blackouts

Depression

Migrane

Heart condition

Cancer/Leukemia

Other (complete in box below)

* Please provide Epilepsy, Diabetes, Asthma and/or Anaphylaxis management plan signed by your doctor.

2. STUDENT MEDICAL DETAILS (continued)

Medication

Is your child taking any medication? Yes No

Details: If Yes, provide the name of the medication, dose, when and how it is to be taken.

All medication must be given to the general office or teacher-in-charge. All containers must be labelled with your child's name, the dosage to be taken as well as when and how it should be taken. The medications will be kept by staff and distributed as required. Inform the general office or teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself. It is recommended that spare medication be supplied and packed separately for emergency purposes. Panadol and other basic medication cannot be dispensed by staff unless provided with permission by Parents/Carers.

Medical Dietary Requirements Please tick and detail if your child has any of the following.

Vegetarian Gluten Free Lactose Intolerant Other

Details (In some cases, the College or camp will contact you for further information.)

2.2 Family Medical Details

Family Doctor

Name	Contact Number
------	----------------

Medicare

Medicare No.	Individual Ref No. (position on card)	Expiry
--------------	---------------------------------------	--------

Health Insurance

Fund Name	Policy Number
-----------	---------------

Ambulance Subscription

Yes No

2.3 Medical Consent

Where the teacher-in-charge, including on excursion or at camp, is unable to contact me, or it is otherwise impractical to contact me, I authorize the teacher-in-charge to:

- Consent to my child receiving any medical or surgical treatment deemed necessary by a medical practitioner
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary
- Administer Panadol

Parent/Guardian

Name of parent/guardian	Signature	Date
-------------------------	-----------	------

Note: You should receive detailed information about the excursion/tour prior to your child's participation and a Parent/Carer Consent form. If you have any further questions, contact the school before the program commences

Consent to Medical Treatment

In the event of an accident or illness, I/we authorise the person in charge to consent, where it is impractical to communicate with me/us, to the student named on this form receiving such medical or surgical treatment as may be deemed necessary.

Refer to back page for signature consent

2. STUDENT MEDICAL DETAILS (continued)

2.4 Wellbeing Services

Is your child accessing any specialist support services? (i.e. CAMHS, Paediatrician, Psychologist, GP.)

1.

2.

3.

Consent to Wellbeing Services

I/we hereby give consent for the student named on this form to access the services of the Wellbeing Office at any point during their schooling. Such services include support, intervention, counselling, advocacy and case management.

Refer to back page for signature consent

Notification of Change to Student Circumstances (Sections 1 & 2)

Should there be any changes to student's circumstances in the previous sections regarding living arrangements, contact details, emergency contacts and medical information, we undertake to alert the College as soon as reasonably possible.

Refer to back page for signature consent

3. STUDENT EDUCATIONAL DETAILS

Name of Current School

Catholic

Government

Independent

Date of Enrolment at Current School

Current Year Level

Address of School

Has the student previously been enrolled in a Victorian school?

Yes

No

Contact Person

Contact Phone Number

Do you give permission for your current school to forward any relevant information about the student?
(e.g. PAT data, PLP, specialist notes, behaviour plan)

Yes

No

Does the student have particular difficulties in any areas of their learning?

Yes

No

If yes, please list and describe any particular learning difficulties

Does the student have any formal diagnoses?

Yes

No

If yes, please list and describe any formal diagnoses and attach relevant reports

Does the student have an individual learning plan to support their needs?

Yes

No

What programs, interventions and/or therapy has the student had to address the learning difficulties? (e.g. reading recovery, speech therapy, small group focus learning, Psych services)

Is there any other information about the student's learning and care that should be taken into account in our planning for his/her enrolment? Please attach any relevant information

Has the student previously been enrolled in the Victorian Certificate of Education? If yes, provide VBOS number

If known, please supply Victorian Student Number (VSN)

If known, please supply Unique Student Identifier (USI for students in Years 10-12)

4. FAMILY DETAILS

Parent/Guardian Occupation Group

- N.** Not Paid in the last 12 months
- A.** Senior management in a large business organisation, government administration and defence, and other qualified professionals.
- B.** Other Business managers, arts/ media/ sportsperson and associate professionals.
- C.** Tradesperson, clerk, skilled office, sales and service staff.
- D.** Machine operators, hospitality staff, assistants, labourers and related workers.

4.1 Student Contact 1 Parent/Carer **Residing with Child**

<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian/Carer	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Single
Title		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Surname	Former/Maiden Name	Given Name			
Preferred Name	Relationship to student	Country of Birth			
Australian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Email		
Mobile	Occupation	Occupational Group (refer top of page)			
Employer	Work Phone	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> B	
Health Care Card Number	Parish/Church	<input type="checkbox"/> C	<input type="checkbox"/> D	Religion	
Do you speak a language other than English at home?	<input type="checkbox"/> No - English Only <input type="checkbox"/> Yes	If yes, what language?			
Highest level of secondary education or equivalent?	<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	
Highest level of qualification?	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate/Trade			
	<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> No non-school qualification			

4.2 Student Contact 2 Parent/Carer **Residing with Child**

<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian/Carer	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Single
Title		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Surname	Former/Maiden Name	Given Name			
Preferred Name	Relationship to student	Country of Birth			
Australian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Email		
Mobile	Occupation	Occupational Group (refer top of page)			
Employer	Work Phone	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> B	
Health Care Card Number	Parish/Church	<input type="checkbox"/> C	<input type="checkbox"/> D	Religion	

4. FAMILY DETAILS (continued)

Do you speak a language other than English at home?	<input type="checkbox"/> No - English Only	<input type="checkbox"/> Yes	If yes, what language?	
Highest level of secondary education or equivalent?	<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12
Highest level of qualification?	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate/Trade	<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> No non-school qualification

4.1 Student Contact 3 Parent/Carer **Not Residing with Child**

<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian/Carer	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Single
Title		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Surname	Former/Maiden Name	Given Name			
Preferred Name	Relationship to student	Country of Birth			
Residential Address (Street, Suburb, State, Postcode)					
Australian Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Birth	Email	
Mobile	Occupation	Occupational Group (refer top of page)			
Employer	Work Phone	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> B	
Health Care Card Number	Parish/Church	<input type="checkbox"/> C	<input type="checkbox"/> D	Religion	
Do you speak a language other than English at home?	<input type="checkbox"/> No - English Only	<input type="checkbox"/> Yes	If yes, what language?		
Highest level of secondary education or equivalent?	<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	
Highest level of qualification?	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate/Trade	<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> No non-school qualification	

5. EMERGENCY CONTACT

Emergency contact (other than a Parent/Carer)

Please give the name and number of a person who will act as a contact should your child become ill at school.

Emergency Contact 1	Relationship to student		
Phone (Business Hours)	Phone (After Hours)	Mobile	
Emergency Contact 2	Relationship to student		
Phone (Business Hours)	Phone (After Hours)	Mobile	

6. PARENT ACCESS MODULE (PAM)

Our Parent Access Module (PAM) provides real-time access to keep parents updated with their child's:

- Progress including Learning Behaviours and Reports
- Timetable
- Personal details – view details and if details are not accurate please email info@cmc.vic.edu.au
- Attendance – view and record absences
- Medical Profile – update your child's medical information at any time
- Excursion Activities – grant permission for excursions
- Interview Bookings – online booking for Pastoral Planning Day, Parent Teacher Interviews, etc.

Please confirm who will have online access to PAM:

Parent/Carer Residing with Child (listed as Student Contact 1 – refer page 5) Yes No

Parent/Carer Residing with Child (listed as Student Contact 2 – refer page 5) Yes No

Parent Not Residing with Child (listed as Student Contact 3 – refer page 6) Yes No

If no, please briefly state your concerns

Information Collection Notice

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, the School's local diocese and the parish, schools within other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
8. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines and on our intranet.
11. We may include pupils' and pupils' parents' contact details in a class list and School directory.
12. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.

Information Collection Notice

I/We have read the Information Collection Notice and are aware of how information about the student named on this form may be used by the College.

Refer to back page for signature consent

7. FAMILY PLEDGE AND ACKNOWLEDGEMENT

7.1 Confirmation of Financial Commitment

As the parent(s)/carer(s) signing this enrolment application, it is important that you are aware you are entering into a legal contract and are therefore legally bound to pay all fees and charges for the enrolled child. Where circumstances dictate that full payment is not possible, the obligation remains on the parent(s)/guardian(s) to discuss this with the Principal at the time of enrolment. Subsequent to enrolment, a change in circumstances does not absolve the signatory(s) from their obligation for payment. Any change impacting the financial commitment of the signatory(s), should be communicated to the College immediately. Please note that the College uses the services of a debt collection agency to collect fees that remain unpaid.

7. FAMILY PLEDGE AND ACKNOWLEDGEMENT (continued)

Parent(s)/Carer(s) Financial Agreement - I/We:

- Undertake to pay all fees and charges applicable to the above named student's enrolment;
- Acknowledge that all fees owing are to be paid in full if exiting the College, including one terms notice.
- Undertake to advise the Finance Office if problems with the payment of fees are foreseen.
- In the event of a change in family circumstances agree to contact the College in writing to inform of changes and how the school fees will be subsequently paid.

If fee account is to be split, please state proportion e.g.. 50%, 100%
▼

<input type="checkbox"/> I/we require a referral to finance.			
Parent/Carer signature	Print Name	Date	%
Parent/Carer signature	Print Name	Date	%
Parent/Carer signature	Print Name	Date	%

7.2 Family Pledge and Acknowledgement of Responsibilities and Rights

Catherine McAuley College is a Mercy Education Ltd school and the community, students, staff and families are expected to uphold and foster the Mercy Education values of compassion, courage, hospitality, justice, respect and service.

7.3 Parent/Carer/Student Acknowledgement

By enrolling, we agree to participate in all school activities: Religious Education classes, Liturgies and Masses, Encounter Days and Year Level Camps and Retreats.

As members of the Catherine McAuley College community we acknowledge responsibility for our conduct, learning and relationships with others. We have read and understood the Enrolment Policy.

In making this application to Catherine McAuley College we acknowledge and accept the responsibility to uphold the Catholic ideals and abide by all College rules and policies.

7.4 Parent/Guardian/Student Acknowledgement

By undersigning this Enrolment Application Form, we acknowledge:

- We have completed the Parent Access Module (PAM) Parent/Carer access detail (refer page 7)
- We have read and understand the College Family Pledge and Acknowledgement (refer page 7-8)

By undersigning this Enrolment Agreement Form, we have read and fully understand the preceding sections and consent to:

- Medical Treatment/First Aid (page 3) Information Collection and Sharing within the College (page 7)
- Wellbeing Services (page 4) Notification of Change in Student Circumstances (page 4)

Parent/Carer signature	Print Name	Date
Parent/Carer signature	Print Name	Date
Parent/Carer signature	Print Name	Date
Student Signature	Print Name	Date

OFFICE USE ONLY

ONLY process application when all items below have been received.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptism Certificate | <input type="checkbox"/> Wellbeing Services | <input type="checkbox"/> Financial Commitment |
| <input type="checkbox"/> VISA | <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Information Collection | <input type="checkbox"/> Family Pledge |