

**CHILD'S DETAILS** (Please complete in **BLOCK** letters)

SURNAME: \_\_\_\_\_  
GIVEN NAME/S: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_ ☐ Male ☐ Female  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_  
MAIN LANGUAGE SPOKEN AT HOME: \_\_\_\_\_  
ATTENDING SCHOOL: ☐ Full-time ☐ Part-time  
DO YOU HAVE A BROTHER / SISTER ATTENDING THIS SCHOOL CURRENTLY? ☐ YES ☐ NO

I / WE WISH TO ENROL: \_\_\_\_\_ AT ST. MARY MACKILLOP  
PRIMARY SCHOOL.

YEAR OF PROPOSED ENTRY: \_\_\_\_\_ ENTRY LEVEL: \_\_\_\_\_

**I / WE UNDERSTAND THAT IF THE APPLICATION IS SUCCESSFUL THAT I / WE:**

- 1 Are required to pay a NON-REFUNDABLE family enrolment fee upon acceptance of enrolment.
- 2 Will encourage our / my child to comply and abide by School Policies, rules and regulations for his/her conduct at the School.
- 3 Inform the school of any change to the information provided on this enrolment application throughout the duration of his/her schooling at St. Mary MacKillop Catholic Primary School.
- 4 Will agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges and understand unpaid debt may be referred to a third party for collection.
- 5 Agree to support our child's participation in the religious life of the school (e.g. School liturgies and Masses).

**Signatures of both parents (or legal guardians) are required. If both parties are not signatories, then the signatory shall be solely responsible for the payment of all accounts.**

FATHER'S/LG SIGNATURE: \_\_\_\_\_ MOTHER'S/LG SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE SIGNED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Confidential Enrolment Application

**OFFICE USE ONLY:**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ 4 ATTACHMENTS INCL ☐ YES ☐ NO

## CHILD'S DETAILS

### 1 IS YOUR CHILD:

An Australian Citizen? ☐ YES ☐ NO (Please complete Form A)  
A permanent resident of Australia? ☐ YES ☐ NO (Please complete Form A)  
An Aboriginal or Torres Strait Islander? ☐ NO ☐ YES, Aboriginal ☐ YES, Torres Strait Islander

### 2 NAME OF KINDERGARTEN SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ GROUP (ie: red group, possum group): \_\_\_\_\_

### 3 RELIGIOUS DENOMINATION: \_\_\_\_\_ RITE (ie Roman, Melkit): \_\_\_\_\_

### 4 RECEIVED SACRAMENTS: ☐ YES ☐ NO, Reason: \_\_\_\_\_

BAPTISM Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_ Suburb: \_\_\_\_\_

RECONCILIATION Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_ Suburb: \_\_\_\_\_

EUCCHARIST Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_ Suburb: \_\_\_\_\_

CONFIRMATION Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_ Suburb: \_\_\_\_\_

### 5 MAIN LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

### 6 NAME OF LANGUAGE SCHOOL, IF YOUR CHILD ATTENDS: \_\_\_\_\_

LANGUAGE STUDIED: \_\_\_\_\_

### 7 CHILD'S RANK IN THE FAMILY: \_\_\_\_\_

### 8 MEDICAL DETAILS:

IS YOUR CHILD'S IMMUNISATION UP TO DATE? ☐ NO ☐ YES (Please attach an Immunisation Record, see page 6)

DOCTOR NAME: \_\_\_\_\_ PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CHILD'S MEDICARE NUMBER: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ EXPIRY DATE: \_ \_ / \_ \_ \_ \_

AMBULANCE COVER: ☐ NO ☐ YES – AMBULANCE SUBSCRIPTION NUMBER: \_\_\_\_\_

(MEDICAL DETAILS section continued on Pg 3.)

DOES THE CHILD HAVE A MEDICAL CONDITION OF WHICH THE SCHOOL SHOULD BE AWARE?

☐ NO (Go to Question 9) ☐ YES (Please identify below and attach an Action Plan provided by the doctor)

☐ ALLERGY to: \_\_\_\_\_

☐ ANAPHYLAXIS to: \_\_\_\_\_ EIPEN: ☐ YES ☐ NO

☐ ASTHMA ( ☐ mild ☐ severe ) ☐ DIABETES ☐ EPILEPSY ☐ FEBRILE CONVULSIONS

☐ OTHER – please specify: \_\_\_\_\_

9 SPECIAL NEEDS? This information assists the school to provide the best program for your child.

☐ NO (Go to Family Details A) ☐ YES – Please identify below:

☐ Chronic Health ☐ Physical Disability ☐ Hearing Impairment ☐ Vision Impairment  
☐ Intellectual Disability ☐ Social/Emotional ☐ Severe Language Disorder ☐ English as a Second Language

FAMILY DETAILS

A ☐ MOTHER ☐ FEMALE GUARDIAN'S contact details

☐ Miss ☐ Ms ☐ Mrs ☐ Dr ☐ Prof

SURNAME: \_\_\_\_\_

GIVEN NAME/S: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

RELIGIOUS DENOMINATION: \_\_\_\_\_

MAIN LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

GROUP: A ☐ B ☐ C ☐ D ☐ N ☐ (Refer to Appendix A, Pg 8)

HIGHEST YEAR OF SCHOOL EDUCATION:

☐ Year 12 or equivalent  
☐ Year 11 or equivalent  
☐ Year 10 or equivalent  
☐ Year 9 or equivalent

LEVEL OF HIGHEST QUALIFICATION:

☐ Bachelor degree or above  
☐ Advanced Diploma/Diploma  
☐ Certificate I to IV (incl. Trade Certificate)  
☐ No non-school qualification

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

☐ FATHER ☐ MALE GUARDIAN'S contact details

☐ Mr ☐ Dr ☐ Prof

SURNAME: \_\_\_\_\_

GIVEN NAME/S: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

RELIGIOUS DENOMINATION: \_\_\_\_\_

MAIN LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

GROUP: A ☐ B ☐ C ☐ D ☐ N ☐ (Refer to Appendix A, Pg 8)

HIGHEST YEAR OF SCHOOL EDUCATION:

☐ Year 12 or equivalent  
☐ Year 11 or equivalent  
☐ Year 10 or equivalent  
☐ Year 9 or equivalent

LEVEL OF HIGHEST QUALIFICATION:

☐ Bachelor degree or above  
☐ Advanced Diploma/Diploma  
☐ Certificate I to IV (incl. Trade Certificate)  
☐ No non-school qualification

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## FAMILY DETAILS

### B OTHER CHILDREN IN THE FAMILY

NAME: \_\_\_\_\_ GENDER: ☐ M ☐ F DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ GENDER: ☐ M ☐ F DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ GENDER: ☐ M ☐ F DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**C MODE OF TRANSPORTATION TO THE SCHOOL:** ☐ WALK ☐ CAR ☐ BIKE ☐ Public Transport ☐ Other

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### D FAMILY STATUS:

☐ MARRIED (go to Section E) ☐ DE FACTO (go to Section E) ☐ DIVORCED (see below) ☐ SINGLE PARENT FAMILY (see below)

In situations where parents are separated, it is the policy of the School to release reports to the mother and father of the student, however, the School will abide by any court orders which prevent the release of such information.

Are there any current court orders relating to the student?

☐ YES (Please attach relevant documents) ☐ NO

Are there any Family Court Orders / Parenting Plans that have been issued to the enrolling student?

☐ YES (Please attach relevant documents) ☐ NO

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### E CHILD LIVES WITH:

☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

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### F RESPONSIBILITIES FOR PAYMENT OF SCHOOL FEES / LEVIES:

☐ Both Parents ☐ Mother \_\_\_\_\_ % ☐ Father \_\_\_\_\_ %

Invoices will be sent to the father's email address stated on page 3, if you prefer your invoices to be sent to a different email address please PRINT clearly below:

EMAIL: \_\_\_\_\_

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### G EMERGENCY CONTACTS (Mother and Father NOT ACCEPTED):

#### EMERGENCY 1

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

#### EMERGENCY 2

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

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# Parental Permission Form

Child's Name: \_\_\_\_\_

## 1 MEDIA:

I give permission for a photograph / video of my child and name to be published in:

- The school website and school publications
- Social media
- Promotional materials
- Newspapers and other media.

I give permission for a photograph / video of my child to be used by the School in agreed publications without acknowledgement, remuneration or compensation.

I understand and agree that if I do not wish to consent to my child's photograph / video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the School.

☐ YES, I give permission ☐ NO, I don't give permission

FATHER'S/LG SIGNATURE: \_\_\_\_\_ MOTHER'S/LG SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 2 MEDICAL:

In the event of illness or serious injury to my child, I understand that I will be notified as soon as possible, but I authorise the person in charge, where it is impractical to communicate with me, to consent to my child receiving such medical treatment as may be deemed necessary or to be transported to hospital by ambulance. I agree to pay all medical expenses on behalf of my child.

FATHER'S/LG SIGNATURE: \_\_\_\_\_ MOTHER'S/LG SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 3 PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION:

I give permission for the school to contact the previous school or pre-school: ☐ YES ☐ NO

In the event that the student transfers to another school, I / We give permission for the school to transfer information on this form to that school. ☐ YES ☐ NO

FATHER'S/LG SIGNATURE: \_\_\_\_\_ MOTHER'S/LG SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 4 ACKNOWLEDGEMENT:

I understand this Parental Permission Form is for the duration of my child's schooling at St. Mary MacKillop Primary School and agree if I / We wish to withdraw this authorisation, it is my responsibility to notify the School in writing.

FATHER'S/LG SIGNATURE: \_\_\_\_\_ MOTHER'S/LG SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Checklist

The following documents **MUST** be attached to your enrolment form – if they are not included, the application will not be accepted.

- ☐ Birth Certificate
- ☐ Baptism Certificate
- ☐ Immunisation Record from the Department of Health Service (see below)
- ☐ **CERTIFIED** Rates or Rental Notice in the name and address stated on enrolment application

## Other Applicable Documents

- ☐ Asthma Plan, Anaphylaxis Plan or Medical Management Plan with PHOTO attached.
- ☐ Health Assessment
- ☐ Completed Form A with requested documents attached
- ☐ Court Orders / Parenting Plans

# Immunisation Record

The immunisation History Statement (see picture on right) needs to be attached to your enrolment form. You can obtain your statement from:

- The Australian Childhood Immunisation Register (ACIR) telephone 1800 653 809 or email: [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Visit your local Medicare Office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- If your child has not had their 4 year old injection, please attach a **PARTIALLY** completed Immunisation History Statement. Once you receive your completed Immunisation History Statement, please hand in a copy to the School office.
- Copies of your immunisation record from your health and development record book are **NOT ACCEPTED**.

## ACIR Immunisation History Statement – fully immunised child

Children who have received all of their scheduled immunisations by 3½ - 4 years of age will receive an up to date ACIR Immunisation History Statement showing that the child does not require any further vaccinations before starting primary school.

The screenshot shows the 'Immunisation history statement - online version' from the Australian Government Medicare Australia. It is for a child named KAYDOO O MYERS, born 01 January 2008. The statement lists all scheduled immunisations from 2 months to 4 years of age, all of which have been received on time. The table below summarizes the data from the screenshot:

Schedule	Immunisation	Date given	Brand name given	Provider type
2 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	01 Mar 2008	Infanrix Hexa, Prevenar 7, RotaTeq	GP
4 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	07 May 2008	Infanrix Hexa, Prevenar 7, RotaTeq	GP
6 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	07 Jul 2008	Infanrix Hexa, Prevenar 7, RotaTeq	GP
12 months	Hib, Measles Mumps Rubella, Meningococcal C	03 Jan 2009	Hibertix, Priorix, Meningitec	GP
18 months	Varicella	30 Jun 2009	Varivax	GP
4 years	Diphtheria Tetanus Pertussis Polio, Measles Mumps Rubella	04 Jan 2012	Infanrix IPV, Priorix	GP

Next immunisation(s) due: [blank] Date due: [blank]

This child has received all vaccines required by 5 years of age.

This child is fully immunised.

Select 'Up to Date - Immunisation History Statement' in your Immunisation Register drop down list.

# FORM – A (Other enrolments & VISA's)

Only complete the section that is relevant

GRADE LEVEL ENTRY: \_\_\_\_\_ YEAR: \_\_\_\_\_

## PREVIOUS SCHOOL DETAILS

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

VICTORIAN STUDENT NUMBER (VSN): \_\_\_\_\_

ATTENDED FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_



***Please provide a copy of student's last school report, a copy of their NAPLAN results (IF ANY) and any sacramental certificates ie. Reconciliation, Eucharist and Confirmation (IF ANY) with this enrolment application.***

## Enrolment Application for Grade 1 to Grade 6

IN WHICH COUNTRY DOES THE STUDENT HOLD CITIZENSHIP? \_\_\_\_\_

COUNTRY OF PASSPORT: \_\_\_\_\_

DATE OF ARRIVAL TO AUSTRALIA: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

VISA SUB-CLASS NUMBER: \_\_\_\_\_

VISA EXPIRY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

RESIDENCE STATUS: ☐ PERMANENT ☐ TEMPORARY



***Please provide a copy of student's passport and visa with this enrolment application.***

## Students with VISA's

**Office Use Only:** Please attach Appendix A to the applications sent out as page 8.