

ENROLMENT FORM - OUR LADY OF THE WAY WALLAN EAST

Our Lady of the Way Wallan East
30 Alcantara Blvd, Wallan East Vic 3756

POSTAL ADDRESS: PO BOX 284, Wallan Vic 3756

Email: admin@ourladywallan.catholic.edu.au

Telephone: 03 8609 1784



Office use only	Date received:	DOCUMENTATION			
	Enrolment date:	Birth		School Reports	
	Start date:	Immunisation		Naplan Yr 3 / Yr 5	
	Student/family code:	Baptism		Eucharist	
	VSN:	Court Orders		Confirmation	
	House colour:	Visa / Citizenship		Health / Medical	
	English second language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Consents signed			

STUDENT DETAILS		
Surname:	Entry year (YYYY)	
First name/s:	Entry level/grade:	
Preferred first name:		
Date of birth:	Religion:	
Male: <input type="checkbox"/> Female: <input type="checkbox"/>		

HOME ADDRESS OF STUDENT	
Street number & name:	
Suburb:	Post Code:
Home phone:	

POSTAL ADDRESS	
Street number & name (PO Box) :	
Suburb:	Post Code:

SACRAMENTAL INFORMATION		
Baptism:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Confirmation:	Date:	Parish:
Current Parish:		

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

Name of previous school/pre-school:

I/We give permission for this school to contact the previous school or pre-school: Yes No

Signature:

Signature:

FATHER/GUARDIAN

Surname:

Title:

First Name:

Address:

Home Phone:

Work Phone:

Mobile:

Email:

Marital Status:

Government Requirement

Occupation:

What is the occupation group? (select from list of parental occupation groups provided)

Religion:

Nationality:

Country of Birth:

 Australia Other (please specify):**What is the highest year of primary or secondary school the father/guardian has completed:***(Persons who have never attended secondary school, mark '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 the father/guardian has completed:**No post school qualification Certificate I to IV (including trade certificate) Advanced diploma/Diploma Bachelor degree or above **MOTHER/GUARDIAN**

Surname:

Title: (eg. Mrs/Ms)

First Name:

Address:

Home Phone:

Work Phone:

Mobile:

Email:

Marital Status:

Government Requirement

Occupation:

What is the occupation group? (select from list of parental occupation groups provided)

Religion:

Nationality:

Country of Birth:

 Australia Other (please specify):**What is the highest year of primary or secondary school the mother/guardian has completed:**Year 9 or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent **What is the level of the highest qualification the mother/guardian has completed:**No post school qualification Certificate I to IV (including trade certificate) Advanced diploma/Diploma Bachelor degree or above

NATIONALITY			
GOVERNMENT REQUIREMENT		Students Nationality:	
In which country was the student born:		Australia <input type="checkbox"/>	Other – please specify:
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin mark 'Yes' to both) No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			
Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)			
		Student	Mother/guardian
No	English Only	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify		

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement			
Please tick the relevant category below and record the Visa Subclass number: (original documents to be sighted and copies to be retained by the school)			
Australian Citizen not born in Australia			
<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia)		
<input type="checkbox"/>	Australian Passport Number: (If applicable)	Passport No:	
<input type="checkbox"/>	Naturalisation Certificate Number :	Certificate No:	
	Visa Subclass recorded on entry to Australia	Visa Subclass No:	
	Date of Arrival into Australia	Date:	
Not currently an Australian Citizen please provide further details as appropriate below:			
<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:	
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:	
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:	
*Please attach Visa/document of travel/letter of notification and passport photo page.			

SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL			
List all children in your family attending school or preschool (oldest to youngest) – include applicant			
Name	School/Pre-school	Year/Grade	Date of Birth

MEDICAL INFORMATION			
Doctor's name:			
Street number and name:			
Suburb:		Post Code:	Phone:
Medicare No.:		Ref No:	Expiry:
Private Health:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Health Care Card:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Medical Condition:	<p>Does your child have a medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify any medical conditions the student suffers from eg. Asthma, diabetes and/or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete.</p>		
Allergies:	<p>Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please list any known allergies the student has eg. allergy to nuts, penicillin, bee stings including specific details.</p>		
Has the student been diagnosed as being at risk of anaphylaxis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

ADDITIONAL NEEDS

Does your child have:

autism	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>
intellectual disability	<input type="checkbox"/>	language disorder	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>
giftedness	<input type="checkbox"/>	other (please specify)	<input type="checkbox"/>		

Has your child ever seen a:

behavioural optometrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
educational psychologist	<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>
psychologist	<input type="checkbox"/>	other specialist	<input type="checkbox"/>		

If your child does have a special need, please can you assist us by providing the following information:

	Yes	No
Details of additional learning needs/additional needs provided (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACTS – OTHER THAN PARENT

1. Name:		2. Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

<input type="checkbox"/> Living with Mother & Father	<input type="checkbox"/> Single parent: Mother / Father (please circle)
<input type="checkbox"/> Living in a step family	<input type="checkbox"/> Shared parenting eg. One week with mother , next with father FTE with Mother: _____ FTE with Father: _____
<input type="checkbox"/> Guardian	<input type="checkbox"/> Out-Of-Home Care

COURT ORDERS (IF APPLICABLE)

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

If yes, copies of these court 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 school to be aware of?

COPIES OF THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS ENROLMENT FORM:

- BIRTH CERTIFICATE
- IMMUNISATION CERTIFICATE
- CHILD'S BAPTISMAL CERTIFICATE (If child is not baptised, Baptismal certificate of Catholic parent is required.)
- SCHOOL REPORTS
- NAPLAN (Where applicable)
- PROOF OF AUSTRALIAN CITIZENSHIP, PERMANENT RESIDENCY OR VISA STATUS IF CHILD OR BOTH PARENTS WHERE NOT BORN IN AUSTRALIA.
- ANY OTHER RELEVANT REPORTS

PERMISSIONS / CONSENTS – (Please tick)

HEADLICE: I give consent for my child to take part in the school based periodic head lice checks or random checks as may be required.

EXCURSION: Excursions are a normal part of our school curriculum and all children are expected to participate. I give permission for my child to attend local excursions within walking distance from the school. (Separate permission forms for excursions not within walking distance from the school, will be sent home as they occur.)

ACCIDENT/MEDICAL TREATMENT: I authorise the school, where it is impracticable to communicate with me, to seek medical or surgical treatment for my child as may be deemed necessary. I understand that I may be responsible for any costs for such treatment. I agree to be responsible and financially liable for the transport should this be warranted through medical emergency.

PUBLICATIONS PRIVACY AGREEMENT: I give consent for my child to have photos / images / videos taken during school activities and for these to be published from time to time by the school in documents, newsletters, displays and articles in the local paper. I also consent to articles of work produced by my child being published as listed above.

WEBSITE PRIVACY AGREEMENT: I give consent for my child's photos / images / videos taken during class activities, to be published on the school's internet website, which is fully controlled and supervised by the school, the school's server and school network. This may contain photos, images or videos in relation to curricular and co-curricular learning activities. In addition, I also consent to my child's work being published occasionally on the website.

PARISH PERMISSION: I give permission for Our Lady of the Way Catholic Primary School, Wallan East to supply my families' addresses, phone numbers, parent/carer names, student names and class at Our Lady of the Way, to the St. Patrick's Parish, Kilmore. This information will be used only to enable the Parish office to directly contact families about Parish and sacramental matters.

CERTIFICATE OF FINANCIAL RESPONSIBILITY: I/We agree to take responsibility for the due fees and all other charges appearing on the school statement rendered to me/us for this application and that they will be paid within the terms as set out by the school.

PARENT'S CERTIFICATE: I certify that the information herein is correct and if my child is enrolled at Our Lady of the Way, Wallan East, he/she will conform to school regulations of dress, order and discipline. I also agree to cooperate to the best of my ability in matters relating to the school E.g.: Parent / Teacher meetings, School Support Group and general school functions.

I understand that enrolment at this Parish Primary School, does NOT guarantee automatic enrolment of my child in any other Catholic Primary or Secondary School.

I understand that these permissions are valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.

**MOTHER/GUARDIANS
SIGNATURE:**

Date:

**FATHER/GUARDIANS
SIGNATURE:**

Date: