

## ST MONICA'S PRIMARY SCHOOL Application for Enrolment

St Monica's is a school which operates with the consent of the Bishop of the Catholic Diocese of Sandhurst and is owned, operated and governed by Catholic Education Sandhurst (CES) Limited, where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life. This application form is part of the CES Limited's Enrolment Framework which is available from your school or at <a href="https://catholiceducationwodonga.vic.edu.au/enrolment/">https://catholiceducationwodonga.vic.edu.au/enrolment/</a>

	Date received:			Birth certificate attached: Yes $\square$ No $\square$			
	Start date:			Baptism certificate attached: Yes □ No □			
Office use only	Student/fam	nily code:		VSN:			
	Immunisation history statement			Visa information attached			
attached:			(if relevant):				
	Yes □	No □			es 🗆 No 🗆		
FAMILY STATUS (pl	ease circle)						
New Family			Existing family				
			•				
DETAILS OF CHILD Please attach copy of child's birth certificate							
Surname:			Entry year (YYYY):		YY):	Entry level/grade:	
First name/s:							
Preferred first name:							
Date of birth:		Religion:	(inclu		ude rite)		
Male: ☐ Female:		Female: □			Other: $\square$		
Starting at the commencement of the school year: Yes $\square$ No $\square$							

HOME ADDRESS OF CHILD					
Street number and name:					
Suburb:		Ро	ostcode:		
Home phone:					
POSTAL ADDRESS IF N	IOT THE SAME	AS HOME ADD	RESS		
Street number and name:					
Suburb:		Ро	Postcode:		
PREVIOUS SCHOOL/P	RESCHOOL				
Name and address of previous school/preschool:					
I/WE GIVE PERMISSION FOR THE SCHOOL TO CONTACT THE PREVIOUS SCHOOL OR PRE-SCHOOL AND TO GATHER RELEVANT REPORTS AND INFORMATION TO SUPPORT EDUCATIONAL PLANNING, IN LINE WITH THE PRIVACY POLICY: (please refer to the School Website for this Policy):  YES  NO (if no, please contact the school to discuss this matter further)					
SACRAMENTAL INFOR	RMATION				
Please attach copy of child's baptism certificate if applicable					
Baptism:	Date:		Parish:		
Confirmation:	Date:		Parish:		
Reconciliation:	Date:		Parish:		
Communion:	Date:		Parish:		
Current parish:					
NATIONALITY		I			
Government Requirement		Nationality:		Ethnicity:	
In which country was the student born?		Australia 🗆		Other – please specify:	

Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both.)							
No [	☐ Yes, Aboriginal ☐		Yes, Torres Strait Islander				
	OT BORN IN AUSTRALIA, CITIZENSHIP STATUS*						
1	se tick the relevant category below and record	the visa si	ubclass number as per government				
	requirements:  (original documents to be sighted and copies to be retained by the school)						
_	tralian citizen not born in Australia, please pro		•				
	Australian citizen						
A	hadian a consent accessor						
Aus	tralian passport number:						
Naturalisation certificate number:							
Visa	subclass recorded on entry to Australia:						
Date	e of arrival in Australia:						
Refu	ugee Status (please circle): YES NO						
Not	currently an Australian citizen, please provide	further d	etails as appropriate below:				
Permanent resident: (if ticked, provide the visa subclass number)							
Temporary resident: (if ticked, provide the visa subclass number)							
Other/visitor/overseas student: (if ticked, provide the							
* -	visa subclass number)						
* Please attach visa/ImmiCard/letter of notification and passport photo page							
IMAN	1UNISATION						
Please attach child's immunisation history statement							
All vaccines are recorded on the Australian							
Immunisation Register (AIR). You are required to Immunisation history statement attache			ation history statement attached:				
obtain an immunisation history statement for Yes			No 🗆				
your child (visit <u>myGov</u> ) and provide it to the school with this enrolment form.  If no, please provide explanation:							
If the student entered Australia on a							
humanitarian visa, did they receive a refugee health check?							

SIBLINGS ATTE	NDING A SCHO	OL/PRESC	CHOOL			
List all children	in your family a	attending	school or presc	thool (oldest to	youngest) – inc	lude applicant:
Name		Sch	nool/preschool		Year/grade	Date of birth
DETAILS OF PA	RENTS/GUARDI	IANS				
PARENT A/GUA	ARDIAN A					
Surname:			Title: e.g. Mr/Mrs/Ms		First name:	
Address:						
Home phone:			Work phone:		Mobile:	
SMS messaging	g: (for emergend	cy and rer	· •	s)	Yes 🗆	No □
Email:						
PARENT B/GUA	APDIAN R					
PARLINI B/GOA	ANDIAN D		Title: e.g.		T	
Surname:			Mr/Mrs/Ms		First name:	
Address:						
Home phone:			Work phone:		Mobile:	
SMS messaging	(for emergence	y and rem	ninder purposes	s): Yes 🗆	No □	•
Email:						
PAYMENT COM						
	olication be acc e school fees an	-		completed, wh	o will be respo	nsible for
Surname	First name	Address	and email		Phone	Relationship to the student
1.						
2.						

**Disclaimer:** Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on the school's website.

By signing below, the applicant/s acknowledge/s:

- this is a request for the named child to be considered for enrolment in the school according to the school's Enrolment Policy, and that the school's receipt of this application does not mean the school has enrolled this child.
- the school will consider this request and endeavor to communicate the outcome of this consideration in a timely manner.
- that any initial offer will be provisional, with the applicants to then be required to provide additional information according to government and other requirements and sign the Enrolment Agreement.

PARENT/CARER/GUARDIAN SIGNATURE:	Date:
PARENT/CARER/GUARDIAN SIGNATURE:	Date:

## Please return the following to: admin@smwodonga.catholic.edu.au

This completed and signed application form
A copy of the child's Birth Certificate
A copy of the child's Baptism Certificate (if applicable)
A copy of Visa information (if applicable)
A copy of the child's Immunisation Certificate

Note: The Victorian Government provides the following guidance regarding admission requirements: Consent can be provided through the signature of:

- student, if they are over 15 and living independently
- parent as defined in the Family Law Act 1975

Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.

- both parents or parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- 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 an 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.

Note: Secondary students may complete parts of the form and co-sign.