

Enrolment at Good Samaritan

Student Name

Entry Year

Year Level Applied For

Receipt Number



**Good
Samaritan**
CATHOLIC PRIMARY
SCHOOL

Enrolment Application Form

Student Details

First Name Surname

Preferred Name Date of Birth / / Male Female

Home Address Suburb

Postcode Language Spoken at Home

Religion & Sacramental Information

Catholic Rite Other Religion

Baptism Yes No Date / /

Reconciliation Yes No Date / /

Communion Yes No Date / /

Confirmation Yes No Date / /

Current Parish

Nationality

Country of Birth Place of Birth

If born overseas, date of arrival into Australia / /

If born overseas, date child commenced school in Australia / /

Is the child of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Students Not Born in Australia, Citizenship Status Required – Government requirement

Please tick the relevant category below and record the Visa Class and Subclass number (original documents to be sighted and copies to be retained by the school). Please attach Visa / Document of Travel / letter of notification and passport photo page.

Australian citizen not born in Australia

Australian Citizen (Naturalisation Certificate or Australian Passport number / Document of Travel if Country of Birth is not Australia)

Visa **Class** and **Subclass** recorded on entry to Australia (if applicable)

Not currently Australian citizens

Please provide further details as appropriate below

<input type="checkbox"/> Permanent Resident (if ticked, record the Visa Subclass Number)	Visa Subclass No. <input type="text"/>
<input type="checkbox"/> Temporary Resident (if ticked, record the Visa Subclass Number)	Visa Subclass No. <input type="text"/>
<input type="checkbox"/> Other/Visitor/Overseas Student (if ticked, record the Visa Subclass Number)	Visa Subclass No. <input type="text"/>

Kindergarten

Has your child attended kindergarten? Yes No

Name and Address of Kindergarten

Telephone No: Group:

Previous School

Has your child attended another school? Yes No

Name and address of school

Telephone No:

Previous School/Pre-School Permission

I/We give permission for Good Samaritan Catholic Primary School to contact my child's previous school or pre-school to obtain additional information and reports to assist with my child's learning YES NO

Signature

Signature

Medical Information

Do you have Ambulance Cover? Yes No

Medicare Number:

Reference Number:

Expiry:

Medical Conditions: Please specify any medical conditions your child suffers from e.g. Asthma, Anaphylaxis, Diabetes and / or any prescribed medications taken by the child. (If a medical condition is specified please ask to speak to our First Aid Officer).

Allergies: Please list any known allergies your child has e.g. allergy to nuts, penicillin, bee stings etc.

Medical Practitioner Contact Details:

Name:

Telephone No:

Address:

I/we authorise the school to consent to my child receiving such reasonable medical or surgical treatment as may be necessary in an emergency including arrangement of an ambulance where required.

Additional Needs

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.

Does your child present with?

Autism (ASD)

Behavioral Concerns

Hearing Impairment

Intellectual Disability

Language Difficulty

Mental Health Issues

ADD/ADHD

Vision Impairment

Acquired Brain Injury

Other (please specify)

Please assist us by providing the following information

Additional learning needs (Please attach all relevant information)

Yes No

Medical / allied health professional reports attached (please provide all relevant information)

Yes No

Is your child currently receiving NDIS funding? (**Reports must be received prior to Enrolment Meeting**)

Yes No

Family Details: Parent 1 / Guardian 1

Title: (e.g. Mr. Mrs. / Ms. / Dr.) First Name Surname

Home Address Same as Child

Suburb Postcode

Home Phone Work Phone Mobile

Email Language spoken at home

Occupation Employer

Country of Birth Nationality Religion

Your Relationship to the Student seeking Enrolment

Interpreter Required Yes No

Centrelink pensioner concession **OR** Health care card number (CRN) - - -

Highest year of secondary schooling completed by the Parent/Guardian
(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

Highest qualification completed by the Parent 1 / Guardian

No post school Qualification Certificate I to IV (including trade certificate)

Advanced Diploma / Diploma Bachelor Degree or above

PARENTAL OCCUPATION GROUP:

Please select the occupation group that best describes you (refer to the attached guide)

Group A Group B Group C Group D Group N

Family Details: Parent 2 / Guardian 2

Title: (e.g. Mr. Mrs. / Ms. / Dr.) First Name Surname

Home Address Same as Child

Suburb Postcode

Home Phone Work Phone Mobile

Email Language spoken at home

Occupation Employer

Country of Birth Nationality Religion

Your Relationship to the Student seeking Enrolment

Interpreter Required Yes No

Centrelink pensioner concession **OR** Health care card (CRN) - - -

Highest year of secondary schooling completed by the Parent/Guardian
(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

Highest qualification completed by the Parent 2 / Guardian

No Post school Qualification Certificate I to IV (including trade certificate)

Advanced Diploma / Diploma Bachelor Degree or above

PARENTAL OCCUPATION GROUP:

Please select the occupation group that best describes you (refer to the attached guide)

Group A Group B Group C Group D Group N

Living Arrangements for This Student

Status of Parents	Married	Separated	Divorced	Widowed
Living with Mother & Father		Single parent: Mother / Father (please circle)		
Living in a Blended Family		Shared parenting eg. One week with Mother, next with Father		
Living with Guardian(s)		Other		

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 Circuit Court of Australia orders or other relevant court orders must be provided.

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

Financial Information

Who will be responsible for the payment of the school fees and levies? Please tick a box

Both Parents	Mother Only	Father Only	Guardian Only	Other
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Fee accounts are sent out in term 1 each year with an annual payment plan form, where parents elect how they wish to pay fees for the year.

Other Children in the Family

Does your child have a sibling(s) attending Good Samaritan Catholic Primary School? Yes No

Name: Current YearLevel:

Name: Current YearLevel:

Name: Current YearLevel:

Does your child have any other siblings not attending Good Samaritan? Yes No

Name: Date of birth:

Name: Date of birth:

Name: Date of birth:

Name: Date of birth:

School Reports

Is an additional copy of your child's report required for parent not living with the student? Yes No

If yes, please complete the following information regarding the parent to whom the report should be sent.

Name Relationship to Child

Email

Emergency Contacts – Other Than Parent /Guardian

Contact Person 1

Name

Relationship to Child

Home Phone

Work Phone

Mobile

Contact Person 2

Name

Relationship to Child

Home Phone

Work Phone

Mobile

Head Lice Inspection

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. A trained person approved by the principal will conduct the inspections of students.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

I/we give consent for my child to participate in the school's headlice inspection program for the duration of their schooling at this school. I understand if I wish to withdraw this authorisation and consent, it is my responsibility to notify the School in writing.

Photography for Publications

By signing this Enrolment Agreement, I acknowledge that I enter into an agreement with Melbourne Archdiocese Catholic Schools Ltd (MACS), as the owner and governing authority for the school, and I understand and accept the terms and conditions of enrolment as set out in this Enrolment Agreement. I agree that there are certain expectations, obligations and guarantees required of parents/guardians/carers of the school's students, so that a harmonious relationship may be established.

- I will support and abide by all MACS and school policies and procedures (including processes, guidelines and other governance documentation), as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school.
- I will ensure that the information I have provided is kept up-to-date throughout the period of enrolment and I will notify the school promptly of any changes to that information (e.g. change of residential address, changes to parenting orders).
- I will pay the current school fees and levies for my child and also pay any variation or increase of fees and levies as required by the school, or I will otherwise notify the school immediately if I am experiencing financial difficulties.
- I will support my child's participation in the religious life of the school (e.g. school liturgies, retreat programs).
- If in time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred.
- As a parent/guardian/carer, I will support the vision of MACS, the school and parish. In accepting the enrolment, I agree to abide by all MACS and school policies and procedures which are reviewed regularly and may be subject to change at the school's discretion. I will work with the school to support the academic/social/behavioural needs of my child. I understand that the consequence of not complying with MACS' and the school's policies and procedures may result in the termination of the enrolment.
- I have read and understand the Parent/Guardian/Carer Code of Conduct and the criteria for termination of enrolment as provided for in the Good Samaritan Catholic Primary School policies and/or procedures, and agree to comply with expected parent/guardian/carer behaviour and conduct, including any Parent/Guardian/Carer Code of Conduct as may be published from time to time.
- I understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be withdrawn.

I/we give permission for my child's photograph / video and name to be published according to conditions listed in this form

Conditions of Enrolment (please read before signing)

1. Good Samaritan Catholic Primary School is a Christian Community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop a real and practical concern for others. The School philosophy encourages the development of personal responsibility, recognises individual differences and encourages each student to reach their potential. It is a philosophy that provides an environment which allows students to experience the hope and optimism of the Gospel. Parents and students agree to support in every way possible the religious dimension of the School's philosophy.
2. Students shall comply with any requirements the School may make regarding dress, general appearance, behaviour and participation in the School's program of activities.
3. Parent / Guardians making applications for their child to be admitted as a student of Good Samaritan Catholic Primary School will support the School and its policies.

Parent / Guardian Declaration

- I/we agree that the school fees and levies determined by the School will be paid according to the annual payment plan that I/we complete.
- I/we agree that the School will not be held liable for loss of property incurred by my child for any reason whatsoever.
- I/we understand the Parent Code of Conduct and will comply with the expectations as stated.

I / We agree that the information contained in this application is true and accurate.

Signature of Parent 1 / Guardian

Signature of Parent 2 / Guardian

Date:

Date:

Information submitted in this form is stored in accordance with the School's Privacy Policy which can be found at the school's website:
www.gsoxburghpark.catholic.edu.au

Please attach your Enrolment Orientation Fee of \$50 (GST Inc.). This is a NON-REFUNDABLE fee.

Enrolment Checklist

PLEASE ENSURE THAT THE FOLLOWING COMPULSORY ITEMS ARE ATTACHED WITH YOUR APPLICATION. APPLICATIONS WITHOUT RELEVANT DOCUMENTATION CANNOT BE PROCESSED.

- Birth Certificate
- Baptism Certificate
- Immunisation History Statement
- Medicare Card
- Pension / Health Care Card
- Recent School Report (for Application in Years 1-6)
- Previous NAPLAN Results (where applicable)
- Visa Documentation and Immi Card (for any Applicant Not Born in Australia)
- \$50 Enrolment Fee (non-refundable)

OFFICE USE ONLY

INTERVIEW DATE: ____ / ____ / ____ @ ____ AM/PM, HELD WITH _____