



DOMINIC COLLEGE

Enrolment Application

204 Tolosa Street | PO Box 256 | Glenorchy, Tas, 7010

T: 03 6274 6000 | E: enrol@dominic.tas.edu.au | W: www.dominic.tas.edu.au

Grade you are seeking enrolment for (e.g. 7) _____ Year (e.g. 2024) _____ Total children in family _____

Current School/Child Care Centre _____

Have you applied to any other school? No Yes If yes, please specify school(s) _____

Student Details

Surname _____ Given Names _____

Preferred First Name _____ Date of Birth ____ / ____ / ____ Gender _____

Home Address _____

Postcode _____

Home Tel _____ Student Mobile _____

Country of Birth _____ Nationality _____

Indicate (please tick) student's residential status if not born in Australia:

- Australian citizen (provide certified copy of Naturalisation Certificate or Australian passport)
- Permanent resident (provide certified copy of passport)
- Temporary resident (provide certified copy of passport and visa)
- Other (provide certified copy of passport and visa)

Is the student of Indigenous or Torres Strait Islander descent? No Indigenous Torres Strait Islander

Does the student speak a language other than English at home? No Yes Language _____

Religion _____ Parish Name (e.g. St Johns) _____ Parish Location (e.g. Glenorchy) _____

Catholic Sacraments Received (if applicable):

Baptism Date ____ / ____ / ____ Communion Date ____ / ____ / ____

Reconciliation Date ____ / ____ / ____ Confirmation Date ____ / ____ / ____

Children in Family

List all dependent children in the family, including the applicant and those not yet at school, from eldest to youngest.

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Family Association with Dominic College

List any members of your family who have previously attended Dominic College.

Name _____ Relationship to student _____ Year left _____ House Colour _____

Name _____ Relationship to student _____ Year left _____ House Colour _____

Name _____ Relationship to student _____ Year left _____ House Colour _____

Name _____ Relationship to student _____ Year left _____ House Colour _____

Other connections with the College _____

Father/Guardian

Title (e.g. Mr/Dr) _____ Surname _____ Given Names _____

Former Name (if applicable) _____ Date of Birth ____ / ____ / ____

Country of Birth _____ Nationality _____

Does the Father/Guardian speak a language other than English at home? No Yes Language _____

Relationship to student _____ Religion _____

Home Address _____

Postcode _____

Postal Address (if different from above) _____

Postcode _____

Personal Mobile _____ Business Mobile _____

Home Tel _____ Business Tel _____

Personal Email _____

Business Email _____

Occupation _____

Employer _____

The fields below refer to the MCEETYA Data Collection, which is a Commonwealth government requirement for assessment, reporting and funding purposes and is mandatory.

School education - Father/Guardian

Select the highest level of schooling completed.
If the Father/Guardian has never attended school,
select 'Year 9 or equivalent or below'.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Further education - Father/Guardian

Select the highest qualification completed.

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Occupational group - Father/Guardian

Select the occupational group. If not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use last occupation. For more information on the occupational groups go to: <http://bit.ly/DCOccGroups>

- Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.
- Group 2: Other business managers, arts/media/sportspersons and associate professionals.
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers.
- Group 8: Not in paid work in last 12 months.

Mother/Guardian

Title (e.g. Mrs/Dr) _____ Surname _____ Given Names _____

Former Name/Maiden Name (if applicable) _____ Date of Birth ____ / ____ / ____

Country of Birth _____ Nationality _____

Does the Mother/Guardian speak a language other than English at home? No Yes Language _____

Relationship to student _____ Religion _____

Home Address _____

Postcode _____

Postal Address (if different from above) _____

Postcode _____

Personal Mobile _____ Business Mobile _____

Home Tel _____ Business Tel _____

Personal Email _____

Business Email _____

Occupation _____

Employer _____

The fields below refer to the MCEETYA Data Collection, which is a Commonwealth government requirement for assessment, reporting and funding purposes and is mandatory.

School education - Mother/Guardian

Select the highest level of schooling completed.
If the Mother/Guardian has never attended school,
select 'Year 9 or equivalent or below'.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Further education - Mother/Guardian

Select the highest qualification completed.

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Occupational group - Mother/Guardian

Select the occupational group. If not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use last occupation. For more information on the occupational groups go to: <http://bit.ly/DCOccGroups>

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- Group 2: Other business managers, arts/media/sportspersons and associate professionals.
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers.
- Group 8: Not in paid work in last 12 months.

Emergency Contacts

The Emergency Contacts listed below will only be called if parents/guardians cannot be contacted. At least two Emergency Contacts is preferred. Do not include the parents/guardians named in this application as Emergency Contacts.

First Emergency Contact

Name _____ Relationship to student _____

Mobile _____ Alternate Tel _____

Second Emergency Contact

Name _____ Relationship to student _____

Mobile _____ Alternate Tel _____

Third Emergency Contact

Name _____ Relationship to student _____

Mobile _____ Alternate Tel _____

Living Arrangements and Court Orders

Are the parents/guardians of the student separated? Yes No

If separated, please indicate who the student lives with (regardless of how much time is spent with each):

Father/guardian: Yes No, not at all Mother/guardian: Yes No, not at all

Are there any current Court Orders, Parenting Plans, Family Violence Orders or other arrangements the College needs to be aware of that relate specifically to the student? Yes No

If you answered yes, please include a copy of the Order with this application. It is important to note the College cannot act on Orders that are in draft form, incomplete, unsigned or have expired.

Please detail below any living arrangements concerning the student that the College needs to be aware of:

Additional Needs

The information you provide here or in future is required to determine the availability of a place at the College during the enrolment process and continued availability of a place at the College for the Student. It will assist the College to develop appropriate strategies to meet the particular needs of the Student. We require full and accurate disclosure of this information and that you provide us with updates on an ongoing basis if circumstances change before or after enrolment. We require you to provide details of any medical condition, educational/learning difficulty/status and/or additional needs that may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided by the College for the Student, staff, other students, parents or visitors to the College. If the information provided is incomplete or misleading, or you fail to provide details of changed circumstances, any decision made regarding enrolment may be amended or (if this occurred post enrolment) the enrolment may be terminated. Please indicate (tick) if your child has any of the following:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Behavioural disorder | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Autism | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Other | | |

Please provide full details here (attach a separate document if required) _____

Health Information

Please indicate if your child suffers from any medical conditions, allergies, phobias or has specific dietary requirements. It is mandatory for parents/guardians to provide a management plan from a medical practitioner for medical conditions or allergies identified as severe or life threatening in this application. Medical conditions which adversely impact on the College's ability to provide particular services or facilities to the Student or other students, and/or which may potentially put at risk the health, safety and well-being of the Student or others at the College may impact on the College's ability to offer enrolment, may result in the offer of enrolment being withdrawn or may result in enrolment being terminated. Please attach the necessary information.

Medical Condition

Condition (please tick)	Severity (Mild/Moderate/Severe/Life Threatening)	Management Plan or Treatment Required (management plan is mandatory for severe/life threatening conditions, attach if applicable)
<input type="checkbox"/> Asthma	_____	_____
<input type="checkbox"/> Bleeding condition	_____	_____
<input type="checkbox"/> Diabetes	_____	_____
<input type="checkbox"/> Dizzy spells/black outs	_____	_____
<input type="checkbox"/> Heart Condition	_____	_____
<input type="checkbox"/> Migraines	_____	_____
<input type="checkbox"/> Seizures	_____	_____
<input type="checkbox"/> Travel sickness	_____	_____
<input type="checkbox"/> Other (please specify)	_____	_____

Allergies

Source of Allergy (e.g. nuts/medications)	Severity (Mild/Moderate/Severe/ Life Threatening/Anaphylactic)	Symptoms and Treatment (GP management plan is mandatory if allergy is severe/life threatening/ anaphylactic, attach if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phobias

Phobia	Severity (Mild/Moderate/Severe)	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific Dietary Requirements

(e.g. vegetarian, lactose intolerant)

Swimming

Can your child swim? No Yes If yes: Poor swimmer Reasonable swimmer Strong swimmer

Immunisation

As part of your Enrolment Application, you are required to provide documentary evidence if your child has been immunised against certain diseases. Following an offer of enrolment and during the period of the enrolment there is an ongoing requirement that you will advise the College of any changes to the Student's immunisation records. Students may be excluded from the College for a period of time at the College's discretion if there is an outbreak of a vaccine preventable disease at the College if the College does not have any evidence that the Student is immunised against that disease. Evidence of your child's immunisation can be obtained by:

- Using your child's personal health record as proof of immunisation if the Doctor or Council staff member who administered each vaccine has clearly signed and printed their name;
- Asking your Doctor or Local Council for written documentation verifying which diseases your child has been immunised against and the date of immunisation;
- Contacting the Australian Childhood Immunisation Register (ACIR).

If you believe your child has been immunised against certain diseases, but cannot obtain written evidence, or you conscientiously object to your child being immunised, you must complete the Statutory Declaration below, and have it witnessed and signed by a Justice of the Peace, Commissioner for Declarations or Authorised Person. If the Student is offered enrolment or becomes enrolled at the College you must advise the school of any changes to this information.

Statutory Declaration

(to be completed only if immunisation evidence cannot be provided)

I, (full name) _____

Of (residential address) _____

Occupation _____

do solemnly and sincerely declare that:

1. I am the parent/guardian of (full name of child) _____

2. I believe that my said child's immunisation status in respect of each of the diseases listed below is as specified (please tick):

Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus influenza type B (Hib infection)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pertussis (whooping cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human papilloma virus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus (oral vaccine)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella (German Measles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal W	<input type="checkbox"/> Yes <input type="checkbox"/> No	Varicella (Chicken Pox)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. I conscientiously object to having my child immunised: Yes No

4. I acknowledge that in the event of my child becoming enrolled, the College may exercise its discretion and exclude my child from the College for a period at the College's discretion should an outbreak of a vaccine preventable disease occur at the College, if the College does not have any evidence that my child is immunised against that disease.

I make this solemn declaration under the *Oaths Act 2001*.

Declared at (place e.g. Glenorchy) _____

On (date) ____ / ____ / ____ Signature of Parent/Guardian _____

before me (name) _____

Justice of the Peace, Commissioner for Declarations or Authorised Person

Signature _____

Justice of the Peace, Commissioner for Declarations or Authorised Person

Acknowledgements, Privacy and Consent

Note: The singular includes the plural and the plural includes the singular.

By signing this form you acknowledge and consent to the following:

1. We acknowledge that the information contained in this Enrolment Application is true and correct.
2. We acknowledge that completion of this Enrolment Application does not guarantee an enrolment interview.
3. We acknowledge that submitting an Enrolment Application or having an enrolment interview does not guarantee a place will be offered.
4. We acknowledge that acceptance or non-acceptance of our Enrolment Application is at the discretion of the College.
5. We acknowledge that the Enrolment Application Fee is non-refundable and will not be deducted from future College fees or charges.
6. We consent to the College obtaining information about our child from their previous and/or current school for the purposes of assessing this application and, if the application is accepted, at any time during the course of their enrolment at the College. This information may include, but is not limited to, fee payment arrangements, academic record, additional needs, pastoral care or health issues.
7. If accepted, we will agree to support and comply with the College's values, ethos, policies and General Terms and Conditions, and pay the non-refundable Enrolment Acceptance Fee.
8. We acknowledge that copies of the College's policies and the College's General Terms and Conditions are available from the College Website or from the College Business Office and that we have had the opportunity to read and consider those documents.
9. We have provided, and agree to continue to provide, accurate and relevant information to enable the College to safely, and consistent with the College's philosophy, provide educational services and facilities to our child.
10. We have provided, and agree to continue to provide, full and accurate details of any medical condition, educational/learning difficulty/status and/or additional needs of our child that may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided by the College for our child, staff, other students, parents or visitors to/at the College. We acknowledge the importance of providing up to date details where circumstances change to keep the College fully informed and we agree to provide that information.
11. We acknowledge that any of our child's medical conditions, educational/learning difficulty/status or additional need which adversely impact on the College's ability to provide particular services or facilities to our child or other students, and/or which may potentially put at risk the health, safety and well-being of our child or staff, other students, parents or visitors to/at the College may result in the offer of enrolment being withdrawn, or where our child is an existing student, in the amendment or termination of the enrolment.
12. We have provided the College with full and accurate details of our child's immunisation records and agree to advise the College of any changes to our child's immunisation records as they occur. We acknowledge that our child may be excluded from the College for a period of time at the College's discretion if there is an outbreak of a vaccine preventable disease at the College if the College does not have any evidence that our child is immunised against that disease.
13. We acknowledge and agree that the College may need to obtain additional information (not already requested or provided) where the College has a reasonable suspicion or concern that our child may have a medical condition/learning difficulty/status or additional need that may impact on the granting/maintaining of enrolment particularly where it may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided to our child, other students, staff, parents and other visitors to the College. Where the additional information is reasonably required from a medical professional, allied health professional or academic/educational/learning professional we acknowledge that if we do not reasonably agree to provide our consent for that information to be obtained and reasonably co-operate with the College obtaining the information required, the offer of enrolment may be withdrawn, or where our child is an existing student, the enrolment may be amended or terminated.
14. We acknowledge and agree that if we have provided, or provide in future, misleading information or if we have failed, or fail to provide in the future, any significant relevant information, that failure may result in the offer of enrolment being withdrawn, or where our child is an existing student, in the amendment or termination of the enrolment.
15. We acknowledge and agree that the College may make whatever reasonable adjustments are reasonably necessary to the services and facilities it provides because of the particular needs of a particular student, including our child, particularly where it may impact on the student, staff, other students, parents or other visitors to the College and their health, safety, well-being and/or enjoyment of the services and facilities provided.
16. We acknowledge and agree that if the College is unable to reasonably make adjustments for our child's medical condition, educational/learning difficulty/status and /or additional needs, or where any reasonable adjustments would cause unjustifiable hardship to the College, the offer of enrolment may be withdrawn, or where your child is an existing student, may result in the amendment or termination of the enrolment.
17. We acknowledge that in circumstances where the College is considering withdrawal of an offer of enrolment, or where our child is an existing student, the amendment or termination of the enrolment, the College will reasonably consult with us before any decisions about that are made. We agree to reasonably participate in any reasonable consultation process. We acknowledge and agree that reasonable interim arrangements may need to be put in place by the College during consultation and that we and our child will comply with those arrangements.
18. We acknowledge that the College may collect Personal Information, Sensitive Information and Health Information about parents, guardians and students, which may be necessary for the College's functions and activities. This information may be obtained in writing or in the course of conversations. This information is used and managed in accordance with the Commonwealth Privacy Act and the College's Privacy Policy. We take your privacy seriously. To find out how we may use, disclose and manage your personal and sensitive information, please refer to our Privacy Policy which is available from the College Website or from the College Business Office.
19. We consent to the College using our and our child's Personal Information, Sensitive Information and Health Information for the College's functions and activities, as detailed in the College's Privacy Policy and General Terms and Conditions.
20. If accepted, we consent to the College storing photos and digital media of our child in the school archive for the purpose of using those photos and digital media in certain publications including, but not limited to, the Yearbook, newsletters, website and other promotional material for the College. We understand this consent will remain valid until such time as we revoke our consent in writing.

Signatures and Required Documentation

We have included the following with this application (please tick appropriate boxes):

- \$25 Enrolment application fee, per child (required)
- Recent photograph (required)
- Birth certificate (required)
- Most recent school report (required unless applying for Kindergarten)
- Most recent NAPLAN report, NAPLAN testing occurs in Years 3, 5, 7 and 9 (required unless applying for K-3)
- Immunisation record or Statutory Declaration (required)
- Catholic baptism certificate (if applicable)
- Passport, visa, residency, citizenship documentation (if applicable)
- Current court orders regarding your child (if applicable)
- Management plans for serious medical conditions and other relevant medical documentation (if applicable)
- Reports on any Additional Needs assessments your child has undertaken (if applicable)

Failure to provide the required documentation or pay the enrolment application fee, may delay assessment of your application.

We have read and understand the information and requirements contained in this Enrolment Application and our obligations. We confirm that we have all necessary permission and authority to lodge this Enrolment Application. We understand that if any misleading information has been provided, or any significant, relevant information has been omitted, or we fail to advise of changes to the information provided, acceptance may not be granted or enrolment may be withdrawn or terminated if discovered after acceptance.

Signature Father/Guardian _____ Date ____ / ____ / ____

Signature Mother/Guardian _____ Date ____ / ____ / ____

OFFICE USE ONLY

Enrolment Application Fee – Amount Paid:

Date Paid:

Student ID:

Staff Signature:

Date Application Processed:

Comments _____



ENROLMENT APPLICATION FEE

\$25.00 per child – non-refundable

Payment Methods

Credit Card Mastercard Visa

Name of Cardholder _____

Signature of Cardholder _____

Card Number _____ / _____ / _____ / _____

Expiry _____ / _____ CCV _____

Amount _____

BPOINT
Secure online payment using your credit or debit card. Mastercard or Visa only.
Go to www.dominic.tas.edu.au - Our Families - Payments

Electronic Funds Transfer

Bank: Commonwealth Bank
Account Name: Dominic College
BSB: 067 000
Account: 10114391
Reference: ENR FEE plus child's surname

Cheque - Made payable to Dominic College.

In Person - Cash, Cheque or EFTPOS at the College Business Office.

OFFICE USE ONLY

Student ID _____ Student Name _____

Student ID _____ Student Name _____

Student ID _____ Student Name _____

Student ID _____ Student Name _____