

# APPLICATION FOR STUDENT ENROLMENT

This *Application for Student Enrolment* is to be completed in conjunction with the *Enrolment Notes Booklet*. Submission of this application does not guarantee enrolment or placement on any reserve list in any particular order or at all.

A PDF fillable version is available on the school's website.

## 1. STUDENT PERSONAL DETAILS

SURNAME

MALE

FEMALE

FIRST NAME

MIDDLE NAME/S

PREFERRED NAME

If you believe there is a good reason for the student to be known by some other name in day-to-day school life, inform the principal/delegate of this at time of enrolment interview.

DATE OF BIRTH

PLACE OF BIRTH

STUDENT'S RESIDENTIAL ADDRESS

POSTCODE

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

POSTCODE

CALENDAR YEAR OF EXPECTED ENTRY

YEAR LEVEL IN WHICH THE STUDENT IS TO BE ENROLLED

PREP   1   2   3   4   5   6

IS STUDENT REPEATING THIS YEAR? YES   NO

HAS THE STUDENT EVER BEEN EXCLUDED FROM ANOTHER SCHOOL? YES   NO

## 2. STUDENT CULTURAL BACKGROUND

WHAT IS THE STUDENT'S CITIZENSHIP OR RESIDENCY STATUS?

Australian Citizen      Citizen of Another Country      State country of citizenship  
Permanent Resident      Temporary Visa Holder

IF BORN OVERSEAS, WHAT DATE DID THE STUDENT ARRIVE IN AUSTRALIA?

STUDENT'S FIRST LANGUAGE

(What was the language/s used most by the student when learning to talk?)

English      other, please specify

DOES THE STUDENT SPEAK A LANGUAGE/DIALECT OTHER THAN ENGLISH AT HOME? YES      NO

If Yes, please specify

IN WHICH COUNTRY WAS THE STUDENTS PLACE OF BIRTH?

Australia      other, please specify

IS THE STUDENT CURRENTLY ENROLLED AT ANOTHER SCHOOL?

No      Yes, other, please specify

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STUDENT'S INDIGENOUS STATUS - IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

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

IF YES, STUDENT'S INDIGENOUS TRIBAL GROUPING / CLAN NAME / OTHER (IF APPLICABLE)

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Are there any cultural beliefs/requirements of which the school should be aware? (e.g. festivals, dietary, language requirements)

No      Yes, please specify

## 3. INTERNATIONAL STUDENTS

IF THE STUDENT IS A PERMANENT OR TEMPORARY VISA HOLDER PLEASE PROVIDE THE FOLLOWING INFORMATION:

CURRENT VISA CLASS

*For principal holders write "P" in the box, for subordinate holders write "S"*

CURRENT VISA SUB-CLASS      VISA EXPIRY DATE

IS THE STUDENT AN INTERNATIONAL FULL FEE-PAYING

STUDENT ON VISA SUB-CLASS 571? YES      NO

#### 4. STUDENT RELIGIOUS BACKGROUND

STUDENT RELIGIOUS BACKGROUND <i>(Please tick one only below)</i>			
Roman Catholic	Name branch of Orthodoxy (Greek, Russian)		
Orthodox			
Anglican	Jewish		
Methodist	Muslim		
Uniting	Hindu		
Apostolic	Sikh		
Presbyterian	Buddhist		
Church of Christ	Australian Indigenous Traditional		
Baptist	Other Religion, please specify		
Lutheran			
Other Christian, please specify	No Religion		
PARISH OR OTHER LOCAL RELIGIOUS COMMUNITY			
SACRAMENTS <span style="float: right;">If no sacraments celebrated, tick this box</span>			
	Date	Church	Town/Suburb
Baptism			
Reconciliation			
Eucharist			
Confirmation			

#### 5. DETAILS OF STUDENT'S PREVIOUS SCHOOL/S

*(Attach an additional sheet if necessary)*

School and Address	Date of Leaving	Year, Grade or Level attained	State or Territory	Country (if not Australia)

## 6. SPECIAL ASSESSMENT

HAS THE STUDENT BEEN ASSESSED OR TREATED BY ANY OF THE FOLLOWING SPECIALIST SERVICES?

Service	Yes	No	Name of Centre / Practitioner	Date of First Visit	Is Your Child Attending Now?
Child Guidance					
Speech Pathologist					
Occupational Therapist					
Physiotherapist					
Psychiatrist					
Psychologist					
Specialist Clinic					
Audiology Clinic					
Learning Support/ Enrichment Teacher					
Paediatrician					
Optometrist					
Education Guidance Officer					
Other, please specify					

## 7. MEDICAL DETAILS FOR STUDENT

INDICATE IF THE STUDENT HAS BEEN AFFECTED BY OR SUFFERS FROM ANY OF THE FOLLOWING?

(Please select Yes or No)

	Yes	No		Yes	No		Yes	No
Prenatal concerns			Asthma *			Stomach complaints		
Birth concerns			Headaches			Very high temperatures		
Postnatal concerns			Head injury			Glandular fever		
Vision concerns			Frequent colds			Ross River virus		
Hearing concerns			Ear infections			Rheumatic fever		
Speech concerns			Epilepsy/convulsions *			Anorexia nervosa		
Allergies *			Diabetes			Bulimia		
Anaphylaxis *			Specific learning difficulty			Heart Condition/ Concerns		
Knocked unconscious			A.D.D. / A.D.H.D. / O.D.D. / A.S.D. / O.C.D.			Other (please state below)		
Details as necessary (Attach a separate sheet if required)								

\* Medication Action Plan Required (please attach)

DOES THE STUDENT SUFFER FROM ANY SIGNIFICANT ALLERGY?

Yes      No      If yes, please specify

LIST ANY MEDICAL ALERTS, DISEASES, SURGERY OR DISORDERS, OR RECURRING ILLNESSES:

ARE THERE ANY SPORTS OR OTHER PHYSICAL ACTIVITIES IN WHICH THE STUDENT SHOULD NOT PARTICIPATE?

Yes      No      If yes, please specify

IS THE STUDENT TAKING ANY MEDICATION REGULARLY?

Yes      No

If Yes, please specify, and request the *Medication Consent Form* at interview.

IS THERE ANY OTHER MEDICAL INFORMATION OF WHICH THE SCHOOL SHOULD BE AWARE?

FAMILY DOCTOR:

PHONE NUMBER:

## 8. IMMUNISATIONS

To support the management of potential outbreaks of contagious conditions, the immunisation status of your child is requested.

Is your child's immunisation status up-to-date	Yes	No
A copy of your child's Immunisation History Statement (IHS) is required. Please attach a copy	Yes Copy provided	No

## 9. DISABILITY VERIFICATION INFORMATION

HAS THE STUDENT BEEN DIAGNOSED WITH A DISABILITY AS DEFINED IN THE DISABILITY DISCRIMINATION ACT 1992? Yes      No

If Yes, please indicate below the student's current ascertained/verified diagnosis.  
(Please supply documentation)

Category	Tick if applicable	Further Details (if applicable)
Intellectual Impairment		
Vision Impairment		
Speech Language Impairment		
Hearing Impairment		
Physical Impairment		
Social Emotional Disorder		
Autism Spectrum Disorder		
Multiple		

**10. DETAILS OF PERSONS RESPONSIBLE FOR THE DAY TO DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES**

PARENT / GUARDIAN / CARER				PARENT / GUARDIAN / CARER			
Mrs	Miss	Ms	Mr	Mrs	Miss	Ms	Mr
Dr	Other			Dr	Other		
Surname				Surname			
Given Names				Given Names			
Middle Name/s				Middle Name/s			
Religion				Religion			
Parish				Parish			
RELATIONSHIP TO STUDENT				RELATIONSHIP TO STUDENT			
Mother		Father		Mother		Father	
Step-Father		Guardian		Step-Father		Guardian	
Other		Please specify		Other		Please specify	
RESIDENTIAL ADDRESS				RESIDENTIAL ADDRESS			
City				City			
State		Post Code		State		Post Code	
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):				POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):			
City				City			
State		Post Code		State		Post Code	
OCCUPATION				OCCUPATION			
EMPLOYER				EMPLOYER			
HOME PHONE				HOME PHONE			
WORK PHONE				WORK PHONE			
MOBILE PHONE				MOBILE PHONE			
E-MAIL ADDRESS				E-MAIL ADDRESS			

Preferred e-mail address for School Newsletter (if different from above)	
Past student of this school? Yes    N/A	Past student of this school? Yes    N/A
Defence Force family? Yes    No	
Aboriginal/Torres Strait Islander?	Aboriginal/Torres Strait Islander Culture? Yes    No
No	No
Yes, Aboriginal	Yes, Aboriginal
Yes, Torres Strait Islander	Yes, Torres Strait Islander
Yes, Aboriginal and Torres Strait Islander	Yes, Aboriginal and Torres Strait Islander
DOES THE PARENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? No, English only Other/s, please specify	DOES THE PARENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? No, English only Other/s, please specify
IN WHICH COUNTRY WAS THE PARENT BORN? Australia    Other, please specify	IN WHICH COUNTRY WAS THE PARENT BORN? Australia    Other, please specify

## 11. SIBLING INFORMATION

LIST ALL CHILDREN IN THE FAMILY FROM ELDEST TO YOUNGEST - INCLUDING THE ENROLLING STUDENT.

Given names	Surname	DOB	School	House or Home group (If applicable)	Current Year Level

## 12. COLLECTION OF DATA ON PARENT BACKGROUNDS

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL THE PARENTS/GUARDIANS HAVE COMPLETED?

(For persons who have never attended school, mark box *Year 9 or equivalent or below*).  
Please tick the appropriate box.

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	NON RESIDING PARENT
Year 12 or equivalent			
Year 11 or equivalent			
Year 10 or equivalent			
Year 9 or equivalent			

WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION THE PARENTS/GUARDIANS HAVE COMPLETED?

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	NON RESIDING PARENT
Bachelor degree or above			

Advanced Diploma/Diploma			
Certificate I to IV (including trade certificate)			
No non-school qualification			

FOR THE NEXT QUESTIONS, PLEASE SELECT THE APPROPRIATE PARENTAL OCCUPATION GROUP FROM THE LIST BELOW (CONT. ON PAGE 9).

If you are not currently in **paid** work but has had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.

If you have **not** been in **paid** work in the last **12 months**, enter '8' in the box below.

	CODE	OCCUPATION
What is the occupation group of the parent/guardian 1?		
What is the occupation group of the parent/guardian 2?		
What is the occupation group of non residing parent?		

#### PARENTAL OCCUPATION GROUPS

##### GROUP 1: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND DEFENCE, AND QUALIFIED PROFESSIONALS

- Senior executive/manager/department head in industry, commerce, media or other large organisation.
- Public service manager (Section head or above), regional director, health/education/police/fire services administrator
- Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
  - Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
  - Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
  - Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

##### GROUP 2: OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
- Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- Associate professionals generally have diploma/technical qualifications and support managers and professionals.
  - Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
  - Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
- Defence Forces Senior Non-Commissioned Officer

##### GROUP 3: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
- Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]



- Skilled office, sales and service staff.
  - Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
  - Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
  - Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

#### GROUP 4: MACHINE OPERATORS, HOSPITALITY STAFF, ASSISTANTS, LABOURERS AND RELATED WORKERS

- Drivers, mobile plant, production/processing machinery and other machinery operators.
- Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
- Office assistants, sales assistants and other assistants.
  - Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
  - Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
  - Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
  - Defence Forces ranks below senior NCO not included above
  - Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
  - Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

### 13. DETAILS OF PARENTS NOT LIVING WITH STUDENT (NON-CUSTODIAL)

If you complete this section then you must also have completed Section 14 (Special Circumstances)

NON-CUSTODIAL PARENT NO 1				NON-CUSTODIAL PARENT NO 2			
Mrs	Miss	Ms	Mr	Mrs	Miss	Ms	Mr
Dr	Other			Rev	Dr	Other	
Given Names				Given Names			
Middle Name/s				Middle Name/s			
Surname				Surname			
Religion				Religion			
Parish				Parish			
RELATIONSHIP TO STUDENT				RELATIONSHIP TO STUDENT			
RESIDENTIAL ADDRESS				RESIDENTIAL ADDRESS			
City				City			
State		Post Code		State		Post Code	
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):				POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):			
City				City			
State		Post Code		State		Post Code	
OCCUPATION				OCCUPATION			
EMPLOYER				EMPLOYER			
HOME PHONE				HOME PHONE			

WORK PHONE	WORK PHONE
MOBILE PHONE	MOBILE PHONE
Past student of this school? Yes      No      N/A	Past student of this school? Yes      No      N/A
Aboriginal/Torres Strait Islander Culture?	Aboriginal/Torres Strait Islander Culture?
No	No
Yes, Aboriginal	Yes, Aboriginal
Yes, Torres Strait Islander	Yes, Torres Strait Islander
Yes, Aboriginal and Torres Strait Islander	Yes, Aboriginal and Torres Strait Islander
E-MAIL ADDRESS	E-MAIL ADDRESS
Is this person to receive any of the following:	Is this person to receive any of the following:
School Report/Progress Reports      Yes      No	School Report/Progress Reports      Yes      No
School newsletter      Yes      No	School newsletter      Yes      No
School portal access      Yes      No	School portal access      Yes      No
Parent invitation to school events      Yes      No	Parent invitation to school events      Yes      No

#### 14. SPECIAL CIRCUMSTANCES

Is the Student in the Care of the State?

Yes      No

Please advise any special family circumstances e.g. single parent, the student's special living arrangements, legal guardian, foster care, access restrictions (give details). If not applicable, please tick the box below. Parents must provide any updated court orders, undertakings or agreements as soon as possible to the school Principal.

Yes      No

Supporting current legal documents (e.g. Court orders, undertakings, agreements (like parenting plans) access restrictions).

Attached Yes      No

## 15. ADDITIONAL INFORMATION

Indicate any other physical, social/emotional or intellectual conditions which may affect learning or other school activities or which may require additional or emergency attention at school.

I have completed this *Application for Student Enrolment* in conjunction with the *Enrolment Notes Booklet*.

- I have read and understood the Townsville Catholic Education Information Collection Notice, Enrolment Agreement Terms and Financial Terms in the *Enrolment Notes Booklet*.
- The information I have stated in this *Application for Student Enrolment* is a complete, full and frank disclosure of information pertinent to the student seeking enrolment.
- I understand that:
  - I have an obligation to inform the school of any change to the information provided in this *Application for Student Enrolment*. I can do this by contacting the school in writing before I receive a letter of offer from the school.
  - Completion and submission of this *Application for Student Enrolment* does not guarantee that the student will receive an offer of enrolment from the school or placement on any reserve list in any particular order, or at all.
  - The completion and submission of this *Application for Student Enrolment* is not an offer (for enrolment of the student) by me capable of acceptance by the school.
  - If, after consideration of this *Application for Student Enrolment* and student interview, the school makes an offer to enrol the student at the school, that offer will be made on the terms of a separate *Student Enrolment Agreement*, which will include the Enrolment Agreement Terms and the Financial Terms as set out in the *Enrolment Notes Booklet*.
  - If the student is enrolled at the school, I have an ongoing obligation and will provide to the school current information about the student that is relevant to the education, wellbeing and safety of the student, for the entire period of enrolment at the school.

**Please print out – sign this form, and return to the school.**

Mother/Guardian/Carer's name <i>Please print in full</i>	Signature	Date
Father/Guardian/Carer's name <i>Please print in full</i>	Signature	Date

# DOCUMENT CHECKLIST

WHEN APPLYING TO ENROL THE STUDENT AT THIS SCHOOL, PLEASE CHECK THAT YOU HAVE PROVIDED COPIES OF:

- Birth certificate or extract or identity documents
- Australian Citizenship documentation (if required)
- Sacramental certificates
- Transfer documents from previous school (if applicable)
- Year 3 or 5 NAPLAN Results as applicable
- Latest school report and/or reference from previous school
- Documentation relating to student support (any reports, action plans, assessments, etc)
- Medical Action Plan and Medication Consent Form (if applicable)
- Immunisation History Statement
- Court orders or undertakings, agreement and parenting plans (if applicable)

IF THE STUDENT IS **NOT** AN AUSTRALIAN CITIZEN, YOU WILL NEED TO PROVIDE

- Passport or travel documents and current visa and previous visas (if applicable)

IN ADDITION, IF THE STUDENT IS A TEMPORARY VISA HOLDER YOU WILL ALSO NEED TO PROVIDE

- Authority to Enrol or evidence of permission to transfer provided by the International Student Centre (if holding an International full fee student visa, sub-class 571P)
- Authority to Enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
- Evidence of the visa the student has applied for (if the student holds a bridging visa)

OFFICE USE ONLY	
Date Received:	Interview Date:
Interviewed By:	Enrolment Accepted:
Birth Certificate Received: Yes No	Start Date:
Sacramental Certificate Received: Yes No	Deposit Paid: Yes No
Immunisation History Received: Yes No	

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