



Indigenous Boarding Students Enrolment Application Form

ST JOHN'S CATHOLIC COLLEGE DARWIN

10 - 54 SALONIKA STREET, THE GARDENS | LMB 13, DARWIN NT 0801

TELEPHONE: 08 8982 2223 | FACSIMILE: 08 8982 2204

EMAIL: MELANIE.LUCK@NT.CATHOLIC.EDU.AU | WEBSITE: WWW.STJOHNSNT.CATHOLIC.EDU.AU

SECTION A – Student Information

Please complete all areas of the form for our records.

Legal Name: <i>Surname or family name</i>				
Given name/s:		Preferred given name:		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:		Place of Birth:	
Student's Phone Number:				
Student's Centrelink Reference Number (CRN):				
Student's Tax File Number (TFN):				
In which country was the student born: Australia <input type="checkbox"/> Other <input type="checkbox"/> <small>(Please specify)</small>				
Indigenous status: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/>				
Does the student speak a language other than English at home: No, English only <input type="checkbox"/> Yes, other <input type="checkbox"/> _____ <small>(Please specify)</small>				
Year level in which student is enrolling: 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other or unsure <input type="checkbox"/> Date of Commencement: / /				
Has student attended St John's College previously: No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide dates/years attended:				
Previous school:				
Reason for Leaving:				
Other family currently enrolled or enrolling at a Catholic school in the Northern Territory:				
Surname		Given Names	Year Level	
1				
2				
3				
Did the student's mother or father attend St John's Catholic College as a student: Mother <input type="checkbox"/> Father <input type="checkbox"/>				
Are there any special family circumstances: <i>e.g. single parent, dual custody, foster care, access restrictions</i> No <input type="checkbox"/> Yes – supporting legal documents are required by the school – attached No <input type="checkbox"/> Yes <input type="checkbox"/>				
Aboriginal Name:		Skin Group:	Clan:	
Religion:				
Sacraments:				
	No	Yes	Date	Parish
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	/ /	
Communion	<input type="checkbox"/>	<input type="checkbox"/>	/ /	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	/ /	_____

SECTION B – Family Information

MOTHER / PARENT 1 / GUARDIAN 1	
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:
Given name/s:	Preferred given name:
Date of Birth:	Place of Birth:
Community:	
Religion:	Family Parish:
Does parent/guardian 1 speak a language other than English at home: <i>No, English only</i> <input type="checkbox"/> <i>Yes, other</i> <input type="checkbox"/> _____ (Please specify)	
What is your relationship to the student: <i>Birth mother, aunt, grandmother, sister, family friend</i>	
Are you the student's legal guardian: <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/>	Does the student live with you permanently: <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/>

Mailing Address

Title: <i>Mr, Mrs, Miss, Ms, Dr</i>		
Street number and name:		
Town:	State:	Postcode:

Community Address

Street number and name:		
Town:	State:	Postcode:

Contact Details

Home Phone:	Work Phone:	Mobile Phone:
Email: <i>Do you wish to receive the newsletter by email:</i> <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/>		

Education

What is the highest level of primary or secondary school completed:	
<input type="checkbox"/> <i>Year 12 or equivalent</i>	<input type="checkbox"/> <i>Year 11 or equivalent</i>
<input type="checkbox"/> <i>Year 10 or equivalent</i>	<input type="checkbox"/> <i>Year 9 or equivalent</i>
What is the level of the highest qualification completed:	
<input type="checkbox"/> <i>Bachelor degree or above</i>	<input type="checkbox"/> <i>Advanced diploma/ diploma</i>
<input type="checkbox"/> <i>Certificate I to IV (including trade certificate)</i>	<input type="checkbox"/> <i>No non-school qualification</i>

Employment

Are you employed: <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>	Do you receive normal wages: <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>
Occupation:	
Do you receive CDEP wages: <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>	Do you receive any of the following payments: <input type="checkbox"/> <i>Parenting Payment</i> <input type="checkbox"/> <i>Family Allowance</i> <input type="checkbox"/> <i>Sickness Benefit</i> <input type="checkbox"/> <i>Newstart Allowance</i> <input type="checkbox"/> <i>Sole Parent Payment</i> <input type="checkbox"/> <i>Pension</i>

SECTION B – Family Information *Continued...*

FATHER / PARENT 2 / GUARDIAN 2	
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:
Given name/s:	Preferred given name:
Date of Birth:	Place of Birth:
Community:	
Religion:	Family Parish:
Does parent/guardian 1 speak a language other than English at home: <i>No, English only</i> <input type="checkbox"/> <i>Yes, other</i> <input type="checkbox"/> _____ (Please specify)	
What is your relationship to the student: <i>Birth mother, aunt, grandmother, sister, family friend</i>	
Are you the student's legal guardian: <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/>	Does the student live with you permanently: <i>No</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/>

Mailing Address

Title: <i>Mr, Mrs, Miss, Ms, Dr</i>		
Street number and name:		
Town:	State:	Postcode:

Community Address

Street number and name:		
Town:	State:	Postcode:

Contact Details

Home Phone:	Work Phone:	Mobile Phone:
Email:		
<i>Do you wish to receive the newsletter by email:</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>		

Education

What is the highest level of primary or secondary school completed: <input type="checkbox"/> <i>Year 12 or equivalent</i> <input type="checkbox"/> <i>Year 11 or equivalent</i> <input type="checkbox"/> <i>Year 10 or equivalent</i> <input type="checkbox"/> <i>Year 9 or equivalent</i>
What is the level of the highest qualification completed: <input type="checkbox"/> <i>Bachelor degree or above</i> <input type="checkbox"/> <i>Advanced diploma/ diploma</i> <input type="checkbox"/> <i>Certificate I to IV (including trade certificate)</i> <input type="checkbox"/> <i>No non-school qualification</i>

Employment

Are you employed: <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>	Do you receive normal wages: <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>
Occupation:	
Do you receive CDEP wages: <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>	Do you receive any of the following payments: <input type="checkbox"/> <i>Parenting Payment</i> <input type="checkbox"/> <i>Family Allowance</i> <input type="checkbox"/> <i>Sickness Benefit</i> <input type="checkbox"/> <i>Newstart Allowance</i> <input type="checkbox"/> <i>Sole Parent Payment</i> <input type="checkbox"/> <i>Pension</i>

SECTION C – Parental Consent

Please complete all areas of the below.

Student's Full Name:

Consent for publication of photographs and student work:

From time to time, photographs or videotapes of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the College and Catholic Education Office (CEO), school magazines, newsletters, displays, journals, professional development materials for teachers, or on the College and/or CEO web site, Facebook and other social media platforms. In addition, student work is also published from time to time.

Publications I give consent for my child's photos / images / videos taken during College activities to be published by the College and CEO, school magazines, newsletters, displays, journals, and professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.

Yes No

Websites I give consent for my child's photos / images / videos taken during College activities to be published on the College and/or CEO web site. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites.

Yes No

Facebook and Social Media I give consent for my child's photos / images / videos taken during College activities to be published on the College and/or CEO Facebook and other social media platforms. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these platforms.

Yes No

Excursion permission

Travel off campus is often required for curriculum based activities, College sports and access to facilities within Darwin. Is parental consent given for the student to attend off campus activities?

Yes No

Consent to contact previous school/s

I give permission to St John's Catholic College to obtain student records in their entirety (including student files, reports, residential reports, special educational reports and behaviour reports) from the student's previous school/s for the purpose of providing information regarding the student's Educational and Social/Emotional history to teachers and involved staff.

Yes No

Parent/Guardian Signature

/ /
Date

Parent/Guardian Signature

/ /
Date

SECTION D – Emergency Contacts

People we can contact in an emergency if we can't contact the first or second parent/guardian.

CONTACT PERSON 1		
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:	
Given name/s:	Preferred given name:	
Relationship to student:		
Home Phone:	Work Phone:	Mobile Phone:
Email:		Fax:

CONTACT PERSON 2		
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:	
Given name/s:	Preferred given name:	
Relationship to student:		
Home Phone:	Work Phone:	Mobile Phone:
Email:		Fax:

CONTACT PERSON 3		
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:	
Given name/s:	Preferred given name:	
Relationship to student:		
Home Phone:	Work Phone:	Mobile Phone:
Email:		Fax:

SECTION E – Other Important Community Contacts

People in your community who will take messages for you if we are unable to reach you or the above listed contacts		
COMMUNITY STORE Contact person's name:	Phone:	Fax:
COMMUNITY CLINIC Contact person's name:	Phone:	Fax:
COMMUNITY COUNCIL Contact person's name:	Phone:	Fax:
COMMUNITY SCHOOL Contact person's name:	Phone:	Fax:

SECTION F – Student Contacts

Family and friends who can visit or take your child out on the weekend. Students will not be allowed to leave the College with any visitors without your signed permission.

CONTACT PERSON 1	
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:
Given name/s:	Preferred given name:
Relationship to student:	Phone Number:
Address:	

CONTACT PERSON 2	
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:
Given name/s:	Preferred given name:
Relationship to student:	Phone Number:
Address:	

CONTACT PERSON 3	
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:
Given name/s:	Preferred given name:
Relationship to student:	Phone Number:
Address:	

CONTACT PERSON 4	
Title: <i>Mr, Mrs, Miss, Ms, Dr</i>	Surname or family name:
Given name/s:	Preferred given name:
Relationship to student:	Phone Number:
Address:	

Parent/Guardian Signature

/ /
Date

Parent/Guardian Signature

/ /
Date

SECTION G – Information About Your Child’s Health

This information is to allow the Health Centre at the College to keep your child healthy and strong while they are going to school.

Student’s Family Name:	Date of Birth:
Student’s Given name/s:	Other family names used (also known as)
Medicare Number: ()	Valid to:
Health Care Card Number:	
Community Health Care Centre:	Phone Number:
	Fax Number:
Does the birth mother or father have any of the following chronic conditions: <i>Please tick the box or write details below</i>	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Epilepsy or fits	
<input type="checkbox"/> Kidney disease or other kidney problems	
<input type="checkbox"/> Asthma or other breathing problems	
<input type="checkbox"/> Rheumatic heart disease or other heart sickness	
<input type="checkbox"/> Other: (please specify)	
Does your child have any of the following chronic conditions: <i>Please tick the box or write details below</i>	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Epilepsy or fits	
<input type="checkbox"/> Kidney disease or other kidney problems	
<input type="checkbox"/> Asthma or other breathing problems	
<input type="checkbox"/> Rheumatic heart disease or other heart sickness	
<input type="checkbox"/> Other: (please specify)	
Does your child have treatment or medicine for this:	
Allergies: <i>Does any food or medicine make your child sick, give them a rash or make it hard for them to breathe. Write down the name of the allergy and the reaction</i>	
Has your child had an accident or serious sickness: (please specify)	
Is your child taking any other medication:	
Does your child have any other sickness: <i>Please tick the box or write details below</i>	
<input type="checkbox"/> Migraines	
<input type="checkbox"/> Hearing problems	
<input type="checkbox"/> Ear infection or perforation (hole in ear drum)	
<input type="checkbox"/> Eye problems or glasses	
<input type="checkbox"/> Other: (please specify)	

SECTION G *Continued* Parent/Guardian Medical Consent

This information is to allow the Health Centre at the College to keep your child healthy and strong while they are boarding and going to school.

Student Full Name: _____

Date of birth: _____

Other names student may be known as: _____

St John's Catholic College provides a School Health Program to keep your child healthy and strong. This School Health Program includes a Healthy School Age Check and an Immunisation Program. These programs are offered to every child that lives at the College.

I allow my child to participate in the School Health Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I allow the health and boarding staff to give medicines to my child healthy (i.e. Panadol, vitamins, anti-inflammatories, antihistamines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I allow my child to have immunisation according to the NT Immunisation schedule for Indigenous people	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I allow my child to have checks for hearing, vision and dental	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I allow the Principal or their delegate to sign on my behalf for my child to participate in the School Health Program and Immunisation program when annual consent is required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I allow St John's Catholic College staff to arrange any counselling or service support that is deemed necessary or requested by my child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give my permission for St John's Catholic College staff to act on your behalf or accept instruction from nominated emergency contact/s to make medical decisions for your child, including in the event of an emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Health Centre where you live may have health information about your child that could help the St John's Health Centre keep your child healthy and strong while they are at school. Both the Community Health Centre and the St John's health Centre will keep the information private and confidential.		
I allow the Community Health Centre to share health information and records about my child with the Health Centre at St John's Catholic College. I give my permission for St John's Catholic College Medical Staff to contact Health Clinic's directly to obtain my child's medical records, including immunisation records.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Community Health Centre: _____		
Phone Number: _____ Fax Number: _____		

Consent to medical attention:

An authorised officer may take such action as he or she deems appropriate in relation to the health and wellbeing of the student, including the arrangement of nursing and medical services for the student and the admission of the student to a hospital or other medical facility, and without limiting the generality thereof for the student to:

- Receive such emergency treatment (inc. general anaesthetic or blood transfusion) as is in accordance with medical services.
- Take part in immunisation programs, conducted by the Northern Territory Government
- Have dental, orthodontic or associated treatment carried out by registered professionals with respect to both and annual screening and advised treatment

In the event of illness or injury requiring urgent medical treatment, appropriate medical and/or hospital attention will be sought (if ambulance travel is required the cost is covered by the College ambulance cover). Parents' emergency contact will be contacted immediately in these events. If prescription medication is required to be administered, it must be sent to school with the student, accompanied with a note giving details of dosage and permission for College staff to administer medication.

Is parent consent given for the above: Yes No

Parent/Guardian Signature

Parent/Guardian Signature

SECTION H – Agreement

To the Principal,

We/I wish to enrol _____ as a student at St John’s Catholic College.

We/I have read the material provided in the information brochure in respect of the aims of the College, details of uniform, scale of fees and other relevant information and accept the responsibilities contained therein.

We are/I am prepared to co-operate with the school authorities in all matters of discipline and to support the requirements of the College which may be modified from time to time, and in particular the Conditions of Enrolment set out below:

Both student and parent must undertake to accept both the spiritual and operational aspects of College life. The philosophy of the College is based on an atmosphere of Christian caring; a demonstrated lack of willingness to comply with these principles may result in the student being asked to leave.

The acceptance that reporting to parents goes further than keeping them apprised of the academic development of the student, and acknowledges that reporting on character development, is essential.

The College operates within the framework of a caring and Christian environment, which essentially means that students, along with their problems and limitations, are accepted by all members of the College community. Adherence to these principles is expected.

A system of rules and responsibilities is necessary if order is to be maintained amongst a large group of people. Students and parents must accept the need for such discipline in the College.

Parents are expected to maintain a reasonable level of contact with staff at the college; at least one contact per year is expected.

We/I support the spirit and aims of St John’s Catholic College as set out in the Vision Statement of the College in both the senior and Middle School Course Handbooks and the Information Folder.

We/I give permission to the Principal to sign on our/my behalf for medical emergency if we/I cannot be contacted.

We/I give permission for our/my son/daughter/child in my care, to leave the School grounds for any minor excursions that will be held during the course of each year, provided normal care is taken. We/I will not hold the College or its employees responsible for any misadventure that could occur.

We/I certify that all the information provided in this Application for Enrolment is correct.

We/I agree to an interview with the Principal, if required before this enrolment application may be finalised.

We/I agree to pay all School Fees upon receipt of account, unless other written arrangements have been made with the Principal.

We/I hereby indemnify St John’s Catholic College against any legal fees, debt collection commissions and disbursements incurred in the recovery of any outstanding monies owed by us/me.

We / I have read and agree to abide by the Conditions of Enrolment.

Guardian 1 Signature

/ /
Date

Guardian 2 Signature

/ /
Date

Principal Signature

/ /
Date

Please note: It is the responsibility of the parent/guardian to ensure students have black lace up shoes to wear during school, or the parent/guardian must send \$50.00 with the student to purchase school shoes on arrival.

CHECKLIST



The following information needs to be submitted with your Enrolment Application. Please return this checklist with your application:

- Copy of latest school reports
- Copy of Boarding/Residential Reports (if previously boarded)
- NAPLAN results (available from previous school)
- Hand written letter to the Principal from the student introducing themselves and why they would like to attend St John's Catholic College, and their interests.
- Copy of Medicare Card
- Copy of Low Income Health Care Card (if applicable)
- Immunisation records
- Consent for Immunisations
- Copy of Students Birth Certificate

ABSTUDY

- Students CRN (Centrelink Reference Number)
- ABSTUDY 'Authorising a person or organisation to enquire or act on your behalf' form completed and signed. *This is to allow us to contact ABSTUDY travel for arranging your child's travel to and from the community to school etc and also our Finance Officer to follow up payment from ABSTUDY. **Please complete in students name, not the guardians name.***
- Students Tax File Number – for students turning 16 years or older (*ABSTUDY requires any student 16 years and older to have a Tax File Number, payments will be ceased until TFN if obtained. If the student does not have a Tax File Number, please contact Centrelink*)

Please note that ABSTUDY is means-tested. If parents/guardians are working, the student may not qualify for full ABSTUDY funding and may have to pay some school and boarding fees. ABSTUDY Boarding and Tuition payments **does not** cover pocket money or money for personal essential items. Guardians need to provide regular pocket money to students whilst in boarding.

If you have not already applied for ABSTUDY, claims can be made directly through Centrelink. Please visit your local Centrelink office or agent or alternatively you can make your claim over the phone by calling the Centrelink Indigenous Call Centre on 1800 136 380. The College cannot make or submit the claim on your behalf

APPLICATION SUBMISSION

- Complete applications can either be
Emailed to melanie.luck@nt.catholic.edu.au
faxed to 08 8982 2204
Posted to LMB 13, DARWIN NT 0801