APPLICATION FOR ENROLMENT

Holy Spirit School
Thornbury East
ARCHDIOCESE OF MELBOURNE

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<tr>
<th>CHILD’S NAME</th>
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**BELOW FOR OFFICE USE ONLY**

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<tr>
<th>REGISTRATION NUMBER</th>
<th>YEAR LEVEL:</th>
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<th>COMMENCEMENT DATE</th>
<th>ROOM:</th>
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<th>DOCUMENTATION</th>
<th>SUPPLIED</th>
<th>DATE</th>
<th>SIGNATURE</th>
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<tr>
<td>BIRTH CERTIFICATE</td>
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<td>BAPTISM CERTIFICATE</td>
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<td>IMMUNISATION CERT.</td>
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T: 9480 0391   F: 9484 3125   E: principal@hsthornburyeast.catholic.edu.au

197 CLARENDON STREET THORNBURY EAST VIC 3071
CHILD’S INFORMATION

SURNAME: ____________________________________________

GIVEN NAME(S): _______________________________________

ADDRESS: ____________________________________________

_____________________________________________________

POSTCODE: __________________________________________

PHONE: __________________________ MOBILE: _____________

GENDER: ☐ MALE ☐ FEMALE DATE OF BIRTH: _______ / _______ / _________

PARISH: _____________________________________________

(A copy of your child’s Birth Certificate should be enclosed with this application)

DOES THE STUDENT HAVE A VICTORIAN STUDENT NUMBER? (Please Tick Appropriate Box)

☐ YES – PLEASE SPECIFY: _______________________________________

☐ YES BUT THE VSN IS UNKNOWN

☐ NO THE STUDENT HAS NEVER BEEN ISSUED A VSN

IS THE CHILD KORIE OR TORRES STRAIT ISLANDER? (Please Tick Appropriate Box)

☐ No ☐ Koorie ☐ Torres Strait Islander ☐ Both Koorie & Torres Strait Islander

NUMBER OF CHILDREN IN THE FAMILY: _______________________________

POSITION YOUR CHILD HAS IN THE FAMILY: 1st / 2nd / 3rd etc.: _______________________

NAMES AND AGES OTHER CHILDREN IN THE FAMILY: ________________________________

_____________________________________________________

COUNTRY OF CHILD’S BIRTH: ________________________________

DATE OF ARRIVAL IN AUSTRALIA: (if relevant) ______________________________

KINDERGARTEN ATTENDED: __________________________ PHONE: ______________________

OTHER SCHOOLS ATTENDED: ________________________________________________

DO YOU GIVE CONSENT TO CONTACT WITH PREVIOUS SCHOOLS/PRE SCHOOLS? (Please Tick Box)

☐ Yes ☐ No

Please attach copies of previous reports (School/ Pre School and any other relevant reports)

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? (Please Tick Box)

☐ No English only ☐ Yes, other please specify: ______________________________________

HOLY SPIRIT PARISH THORNBURY EAST - APPLICATION FOR ENROLMENT PAGE 2 OF 12
**SACRAMENTAL INFORMATION**

A copy of your child's Baptism Certificate should be enclosed with this application.

**THE RITE OF THE CATHOLIC CHURCH TO WHICH YOU BELONG:** (Please Tick Appropriate Box)

- [ ] Roman (Latin)
- [ ] Armenian
- [ ] Maronite
- [ ] Chaldean
- [ ] Syrian
- [ ] Melkite
- [ ] Coptic
- [ ] Ukrainian
- [ ] Russian

**HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS?**

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Date</th>
<th>Place</th>
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<tr>
<td>Baptism</td>
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<td>Reconciliation</td>
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<td>Eucharist</td>
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<tr>
<td>Confirmation</td>
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**IF NOT A MEMBER OF THE CATHOLIC CHURCH, IS YOUR CHILD A MEMBER OF ANOTHER RELIGION:**

- [ ] Yes
- [ ] No

**IF YES, PLEASE SPECIFY:**

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**SOCIAL LINGUISTIC PROFILE**

**WHAT LANGUAGES ARE SPOKEN AT HOME?**

**WHAT LANGUAGES DOES YOUR CHILD UNDERSTAND?**

**DOES YOUR CHILD ATTEND LANGUAGE SCHOOL?**

- [ ] Yes
- [ ] No

**IF YES PLEASE NAME __________________ FOR HOW MANY YEARS: ________**

**IN THEIR FIRST LANGUAGE, CAN THE CHILD: READ**

- [ ] Yes
- [ ] No

**WRITE**

- [ ] Yes
- [ ] No

**LANGUAGE SPOKEN AT HOME BY THE CHILD TO THE:**

**FATHER:**

**MOTHER:**

**GRANDPARENTS:**

**SIBLINGS:**

**HAS THE CHILD BEEN OVERSEAS?**

- [ ] Yes
- [ ] No

**IF YES, WHICH COUNTRY:**

**LENGTH OF TIME:**

**DID THE CHILD ATTEND SCHOOL?**

- [ ] Yes
- [ ] No
CHILD’S MEDICAL HISTORY

A copy of the Immunization Certificate must be received before the child commences school.

MEDICARE CARD NUMBER: ___________________________________________________________

HAS YOUR CHILD BEEN IMMUNIZED?  [ ] Yes  [ ] No

If not, a letter from your Doctor must be attached to this Application.

HAS YOUR CHILD HAD ANY OF THE FOLLOWING?  (Please Tick Appropriate Box/ Boxes)

[ ] Asthma  [ ] Chicken Pox  [ ] Measles  [ ] Hepatitis  [ ] Eczema  [ ] German Measles
[ ] Diabetes  [ ] Scarlet Fever  [ ] Mumps  [ ] Epilepsy  [ ] Hay Fever  [ ] Glandular Fever
[ ] Other illnesses? Please specify ___________________________________________________

Any known allergies (e.g. Drug, Food, Plant)?_________________________________________________________________________

List any medication taken (name, dosage, regularity): ________________________________________________________________________

DOES YOUR CHILD WEAR GLASSES?  [ ] Yes  [ ] No  AT ALL TIMES  [ ] Yes  [ ] No

DOES YOUR CHILD HAVE A HEARING PROBLEM?  [ ] Yes  [ ] No

COMMENTS: __________________________________________________________________________________________________________________

Please state any recent family situation which may affect your child’s health and well-being
(eg. death or serious illness in family): _______________________________________________________________________________________

DO YOU GIVE PERMISSION FOR YOUR CHILD TO UNDERGO HEAD LICE INSPECTIONS?  [ ] Yes  [ ] No

MEDICAL AND EMERGENCY INFORMATION

DOCTOR: ________________________________ TELEPHONE: ________________________________

ADDRESS: __________________________________________________________ POSTCODE: __________

EMERGENCY INFORMATION:
Please nominate two relations, neighbours or friends (if possible with a vehicle), who may be contacted
if you are unavailable to collect your child from school.

EMERGENCY CONTACT NAME:  1. ________________________________  2. ________________________________

EMERGENCY CONTACT NUMBER:  1. ________________________________  2. ________________________________

RELATIONSHIP TO YOUR CHILD:  1. ________________________________  2. ________________________________
AUTHORISATION FOR MEDICAL CARE

ONLY IMPLEMENTED IN EMERGENCY SITUATION
(Every effort would be made to contact the parents).

In the event of any illness or accident I authorise the obtaining on my behalf of such medical assistance as my child may require. After notification by the school, I will accept responsibility as soon as possible for any further action necessary in the care of my child, including prompt attendance at any place to which my child may be taken for treatment. I accept all operations, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Signature of Parent/Guardian: __________________________ Date: ______/_____/______

FAMILY INFORMATION

FATHER’S DETAILS
FULL NAME: ____________________________________________

OCCUPATION: ____________________________ EMPLOYER: ____________________________

PHONE: ____________________________ MOBILE: ____________________________ BUSINESS: ____________________________

EMAIL ADDRESS ____________________________________________

COUNTRY OF BIRTH: ____________________________ YEAR OF ARRIVAL: ____________________________

STATUS OF ENTRY: ____________________________ FIRST LANGUAGE: ____________________________

RELIGION: ____________________________________________

MOTHER’S DETAILS
FULL NAME: ____________________________________________

OCCUPATION: ____________________________ EMPLOYER: ____________________________

PHONE: ____________________________ MOBILE: ____________________________ BUSINESS: ____________________________

EMAIL ADDRESS ____________________________________________

COUNTRY OF BIRTH: ____________________________ YEAR OF ARRIVAL: ____________________________

STATUS OF ENTRY: ____________________________ FIRST LANGUAGE: ____________________________

RELIGION: ____________________________________________

☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED

If separated/divorced, please specify custody arrangements.
(Please supply a copy of the court orders-Custody arrangement)
ACCOUNTS

ARE YOU A HOLDER OF A:

Health Benefit Card: □ Yes □ No Card Number: ____________________________
Health Care Card: □ Yes □ No Card Number: ____________________________
Pensioner Health Benefits Card □ ’Yes’ □ No Card Number: ____________________________

SCHOOL ACCOUNTS TO BE ADDRESSED TO:

□ MR. □ MR. & MRS. □ MRS. □ MS.

INITIAL: __________ Surname ____________________________________________
ADDRESS: ____________________________________________________________
_____________________________________________________________ POSTCODE: __________

HOLY SPIRIT PARISH THORNBURY EAST - APPLICATION FOR ENROLMENT PAGE 6 OF 12
PERMISSION TO USE STUDENT PHOTOS

At certain times throughout the year, our students may have the opportunity to be photographed for our school publications, such as the school’s newsletter or website, or to promote the school in local newspapers.

On some occasions Holy Spirit School puts together a school magazine, brochure or publication which will involve your child’s work and photos of different events that have occurred throughout the year.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also require student photographs in print and online promotional and educational materials.

Permission is required for a student’s photograph to be used for the above purposes.

- I give permission for my child’s photo and name to be published in school publications, such as the school’s newsletter, brochures or website, or to promote the school in local newspapers. I understand that newsletters and documents etc could be available online / electronically.

- I give permission for a photograph of my child to be used by the CEOM/CECV for online and printed promotional and educational materials without acknowledgment, remuneration or compensation.

**Licensed under NEALS**

The photograph may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

- I authorise the CEOM/CECV to use the photograph in material available free of charge to schools and education departments around Australia for the CEOM/CECV’s promotional and educational purposes.

- **I understand that this agreement will stay in place for the duration of my child’s enrolment at Holy Spirit. I understand and agree that if I wish to withdraw this authorisation, it is my responsibility to notify the school.**

Signed: Parent/Guardian  _______________________________ Date:  ____________
ENROLMENT AGREEMENT

I/WE HAVE INCLUDED COPIES OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION FOR ENROLMENT (PLEASE TICK APPROPRIATE BOXES)

☐ BIRTH CERTIFICATE
☐ BAPTISM CERTIFICATE
☐ CITIZENSHIP DOCUMENTATION (WHERE APPLICABLE)
☐ MOST RECENT PREVIOUS SCHOOL REPORTS AND EXTERNAL TEST RESULTS (WHERE APPLICABLE)
☐ RELEVANT FAMILY COURT ORDERS (WHERE APPLICABLE)

I/WE UNDERSTAND THAT IF THIS APPLICATION IS SUCCESSFUL THE INFORMATION THAT I/WE HAVE PROVIDED MUST BE KEPT UP TO DATE THROUGHOUT THE PERIOD OF ENROLMENT.

IF THIS ENROLMENT IS ACCEPTED I/WE AGREE TO SUPPORT OUR CHILD’S PARTICIPATION IN THE RELIGIOUS LIFE OF THE SCHOOL (eg School Liturgies, retreat programs)

IF THIS ENROLMENT APPLICATION IS SUCCESSFUL I AGREE TO HONOUR THE FINANCIAL COMMITMENTS REQUIRED BY THE SCHOOL AS PER THE SCHEDULE OF FEES AND CHARGES

I/WE ARE NOT AWARE OF ANY OUTSTANDING FEES OR CHARGES, IN RELATION TO THE STUDENT APPLYING TO ENROL, THAT I/WE ARE RESPONSIBLE FOR AT ANOTHER CATHOLIC SCHOOL.

I/WE HAVE INCLUDED THE ENROLMENT FEE OF $50.00 WITH THIS APPLICATION FOR ENROLMENT AND I/WE UNDERSTAND THAT THIS MONEY WILL NOT BE REFUNDABLE IF THE APPLICATION IS UNSUCCESSFUL.

I/WE HAVE READ ALL OF THE INFORMATION IN THE ENROLMENT FORM AND UNDERSTAND THE POLICIES THAT WE NEED TO ABIDE BY SHOULD THIS ENROLMENT APPLICATION BE SUCCESSFUL. I/WE UNDERSTAND THAT IF ANY MISLEADING INFORMATION HAS BEEN PROVIDED, OR ANY OMISSION OF SIGNIFICANT, RELEVANT INFORMATION MADE IN THIS APPLICATION FOR ENROLMENT, ACCEPTANCE WILL NOT BE GRANTED, OR IF DISCOVERED AFTER ACCEPTANCE THE ENROLMENT MAY BE WITHDRAWN.

SIGNED: ___________________________________________ (Father/Carer)

                                                                 and/or

______________________________________________________ (Mother/Carer)

DATE: ________________________________________________

Please Note:
• Acceptance of this application for enrolment is subject to the approval of the Parish Priest.
• Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).
Q2. Does the mother/guardian or father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

Mother / Parent / Guardian 1
No, English only [ ]
Yes, Other - please specify: 

Father / Parent / Guardian 2

Q3. What is the highest year of primary or secondary school the parent/guardian has completed? (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.)

Mother / Parent / Guardian 1
Year 12 or equivalent [ ]
Year 11 or equivalent [ ]
Year 10 or equivalent [ ]
Year 9 or equivalent or below [ ]

Father / Parent / Guardian 2

Q4. What is the level of the highest qualification the parents/guardians have completed?

Mother / Parent / Guardian 1
Bachelor degree or above [ ]
Advanced Diploma/Diploma [ ]
Certificate I to IV (inc. trade certificate) [ ]
No non-school qualification [ ]

Father / Parent / Guardian 2

Q5. What is the occupation of the parents/guardians?

- If person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘N’.

Mother / Parent / Guardian 1
Father / Parent / Guardian 2

Occupation Group Letter

Please select the appropriate occupation group letter from the attached list.
OCCUPATION GROUPS - QUESTION 5

Please select the appropriate group from the following list. If you are 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 your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter ‘N’ into the ‘occupation code’ field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS:

OCCUPATION GROUP A

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:
• 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)

OCCUPATION GROUP B

Other business managers, arts/media/sportspersons and associate professionals
Owner / Manager
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
OCCUPATION GROUPS - QUESTION 5 CONTINUED

OCCUPATION GROUP C

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 / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

OCCUPATION GROUP D

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, kitchen hand, 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]
PRIVACY POLICY (PLEASE DETACH AND KEEP FOR YOUR RECORDS)

In light of the new Commonwealth privacy laws, The Privacy Amendment (Private Sector) Act 2000, that came into effect on 21st December, 2001, we as a school affirm a commitment to the responsible management of the information given to us.

Listed below are the purposes for our collection of personal information:

1. The School [the Diocese both independently and through its Schools] – collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting information is to enable the School to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health [and child protection]* laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Dioceses/other Dioceses, medical practitioners, and people providing services to the school, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information and photographs relating to academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and other media.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the pupil, or where pupils have provided information in confidence.

9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may be disclosed to organizations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list or School directory.

11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

Should you have any questions or objections regarding this statement about our collection of personal information, please contact the Principal.