



OUR HOLY REDEEMER

311 MONT ALBERT ROAD SURREY HILLS 3127

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APPLICATION FOR ENROLMENT

OFFICE USE ONLY

Student VSN:
Student ID No:

Name of Student:

Family Mailing Details		
Family Surname		
Mail to [eg Mr & Mrs Smith]		
Address	Suburb/City	Post Code
Family Phone Number	Current Parish	
Office Use Only: FFlag		

Student Details	
First Name	Commencement Year or Date
Middle Name	1 st Australian School Year (eg: 2001):
Surname	Current Kinder/School: Level:
Preferred Name	Religion
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Nationality
Country of Birth	Does the student speak a language(s) other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:
Date of Birth	1. 2.
Year eg: Prep, Year 1	Office Use Only: FFlag

Indigenous Identifier Aboriginal \ Torres Strait Islander: Yes No (If Yes, please tick one below)
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Will your child complete their primary education at OHR? Yes No
 If No Please indicate what year your child will leave OHR

Office Use Only:	
Residence Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Non Permanent <input type="checkbox"/> Refugee	Visa Sub Class
Date of Arrival in Australia	Visa Number Visa Expiry Date
Passport Number	OS <input type="checkbox"/> LOTE <input type="checkbox"/> ESLASSIST <input type="checkbox"/>
OSHP Membership	House Name/Colour
Start Date	Exit Year:

Medical Details	
Doctor's Name	Phone Number
Student's Medicare Number	Date of Last Tetanus Injection/Booster
Allergies / Medical Alert	Please specify any allergies/ medical alerts relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc). AN ANAPHYLAXIS ACTION PLAN OR ASTHMA MANAGEMENT PLAN MUST BE PROVIDED BY YOUR CHILD'S DOCTOR PRIOR TO COMMENCEMENT. CHILDREN WHO REQUIRE AN EPIPEN FOR ANAPHYLAXIS MUST HAVE THIS MEDICATION AT SCHOOL PRIOR TO COMMENCING.
Immunisations	Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Needs

Please indicate whether the student applying for enrolment has any known or suspected **special needs** (please tick Yes or No for each of the following). This information is vital in assisting us to better meet the needs of your child.

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Social & Emotional Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered yes to any of the above, please provide **full details** of those needs and any assessment/intervention/support that he/she may be currently receiving (**Relevant documentation must be provided**).

If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.

PLEASE PROVIDE COPIES OF ALL CERTIFICATES RECEIVED THUS FAR.

Parish/Sacramental Details			Office Use Only
Sacrament	Date Received	Parish and Suburb	Copy of Certificate
Baptism			Y/N
Reconciliation			Y/N
Eucharist			Y/N
Confirmation			Y/N

Contact Details

Details	Father/Carer Residing at Same Address	Mother/Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Address – Street		
Suburb and Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Fax Number		
Mobile Number		
Email Address		
Occupation		
Occupational Group (Refer to insert "List of Parental Occupations")	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Country of Birth		
Nationality		
Religion		
SIGNATURE		
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Details		
Details	Non-Residential Parent (if applicable)	Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate a person <i>other than a parent</i> who may be contacted in the event of an emergency, if parents cannot be contacted
Title		
First Name		
Surname		
Address - Street		
Suburb and Post Code		
Home Phone Number		
Business Phone Number		
Mobile Phone Number		
Email Address		N/A
Relationship to Student		
Employer		N/A
Occupation		
Occupational Group (Refer to insert "List of Parental Occupations")	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>	
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	
Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____	
Country of Birth		
Nationality		
Religion		
SIGNATURE		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)	N/A
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Children in Family				
PLEASE LIST BELOW ALL CHILDREN IN THE FAMILY, AT SCHOOL OR KINDERGARTEN AND/OR AT HOME				
	Full Student Name	School Year	Date of Birth	School/Kindergarten Currently Attending
Child				
Child				
Child				
Child				
Child				

Agreement

Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the Information Booklet included with this Enrolment Pack and have specifically noted the following (please tick all boxes as read):
 - a) OHR Enrolment Policy
 - b) OHR Student Welfare /Anti-Bullying /School Discipline Policy
 - c) Supporting Children Protocols
 - d) Acceptable Use of Computers and IT Equipment
 - e) School Privacy/ Standard Collection Notice, including the School's practise of having our contact details (name, email, phone, address) on a Parent Directory handout.
 - f) Schedule of Fees and Charges (which may vary, as advised, from time to time)

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
 - Birth Certificate
 - Baptismal Certificate
 - Immunisation Certificate
 - Citizenship documentation (where applicable)
 - Most recent previous school reports and external test results (where applicable)
 - Relevant Family Court Orders (where applicable)
 - Relevant medical and/or special needs information including clinical/educational assessments (where applicable)

3. 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.

4. 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), and in all areas of the curriculum.

5. If this enrolment application is successful I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges advised each year.

6. 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.

7. I/We understand and agree that we will be responsible for any unfunded liability for tuition fees, should the State or Federal Governments not fund, or not continue to fund, our child's education at Our Holy Redeemer School, such fees and charges to be determined by the School.

8. **I/we have included the enrolment fee of \$300.00 with this Application for Enrolment and I/we understand that this fee will be deducted from the Term 1 fee account but WILL NOT BE REFUNDED if the enrolment offer is not accepted.**

I/we have read all of the information in the Enrolment Package and understand the policies that we will 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 School's Enrolment Policy.**
- **Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).**

Parental Occupation Definition:

Parental Occupation is defined as the **main** work undertaken by the parent/guardian.

If a parent/guardian has more than one job, report their main job.

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, 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]