

Our Holy Redeemer Enrolment Form – Primary



Our Holy Redeemer is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

ENROLMENT FORM

Name of student:

Address where student lives:

Current school family: YES ☐ NO ☐

Tel:

OFFICE USE ONLY

Date received:

Enrolment date:

Start date:

Student ID:

Immunisation history statement attached: Yes ☐ No ☐

Birth certificate attached: Yes ☐ No ☐

English as an Additional Language: Yes ☐ No ☐

House colour:

VSN:

Visa information attached (if relevant): Yes ☐ No ☐

Student Contact 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title:
(Dr/Mr/Mrs/Ms)

Surname:

Given name:

House Number:

Street Name:

Suburb:

State:

Postcode:

Telephone:

Home:

Work:

Mobile:

Silent number: Yes ☐ No ☐

SMS messaging: (for emergency and reminder purposes) Yes ☐ No ☐

Email:

Relationship to student:

Government Requirement	Occupation:	What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth: ☐ Australia ☐ Other (please specify):			
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? (Persons who have never attended secondary school, tick Year 9 or below)			
Year 9 or below ☐	Year 10 or equivalent ☐	Year 11 or equivalent ☐	Year 12 or equivalent ☐
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?			
No post-school qualification ☐	Certificate I to IV (including trade certificate) ☐	Advanced diploma/Diploma ☐	Bachelor degree or above ☐

Student Contact 2 (PARENT 2 /GUARDIAN 2/CARER 2)			
Title: (Dr/Mr/Mrs/Ms)		Surname:	
House Number:		Street Name:	
Suburb:		State:	Postcode:
Telephone:	Home:	Work:	Mobile:
Silent number: Yes ☐ No ☐			
SMS messaging: (for emergency and reminder purposes) Yes ☐ No ☐			
Email:			
Relationship to student:			
Government Requirement	Occupation:	What is the occupation group? (select from list of occupation groups in the School Family Occupation Index)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth:	☐ Australia	☐ Other (please specify):	
What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed? (Persons who have never attended secondary school, tick Year 9 or below)			
Year 9 or below ☐	Year 10 or equivalent ☐	Year 11 or equivalent ☐	Year 12 or equivalent ☐

What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?

No post-school
qualification
☐

Certificate I to IV
(including trade
certificate)
☐

Advanced
diploma/Diploma
☐

Bachelor degree or
above
☐

STUDENT DETAILS

Surname:

Entry year (YYYY):

Entry level/grade:

Given name/s:

Preferred name:

Date of birth:

Religion: (include rite)

Male: ☐

Female: ☐

Unspecified/Indeterminate/X: ☐

PREVIOUS SCHOOL/PRESCHOOL

Name and address of previous school/preschool:

I/We give permission for the school to contact the
previous school or preschool and to gather relevant
reports and information to support educational planning:

No ☐

Yes ☐

(If yes, please complete the
Consent for Transferring
Information form.)

NATIONALITY

Government Requirement

Nationality:

Ethnicity:

**In which country was the
student born?**

☐ Australia

☐ Other (please specify):

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both)

No ☐

Yes, Aboriginal ☐

Yes, Torres Strait Islander ☐

**Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other
than English at home? Note: Record all languages spoken.**

Student

Student Contact 1
(Parent1/Guardian
1/Carer1)

Student Contact 2
(Parent2/Guardian
2/Carer2)

No

English only

☐

☐

☐

Yes

Other – please specify all languages

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*

Please tick the relevant category below and record the visa subclass number as per government requirements:

(original documents to be sighted and copies to be retained by the school)

Australian citizen not born in Australia:

☐ Australian citizen *(Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)*

Australian passport number:

Naturalisation certificate number:

Visa subclass recorded on entry to Australia:

Date of arrival in Australia:

Not currently an Australian citizen, please provide further details as appropriate below:

☐ Permanent resident: *(if ticked, record the visa subclass number)*

☐ Temporary resident: *(if ticked, record the visa subclass number)*

☐ Other/visitor/overseas student: *(if ticked, record the visa subclass number)*

*** Please attach visa/ImmiCard/letter of notification and passport photo page**

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:	
Confirmation	Date:	Parish:	
Reconciliation	Date:	Parish:	
Communion	Date:	Parish:	
Parish where the student lives:			

EMERGENCY CONTACTS – other than student contacts (PARENT/GUARDIAN/CARER)

1. Name:	2. Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION

Doctor's name:

Telephone:

Medicare number:

Ref number:

Expiry:

Private health insurance:

Yes ☐ No ☐

Fund:

Number:

Ambulance cover:

Yes ☐ No ☐

Number:

Health Care Card

Yes ☐ No ☐

Health Care Card No:

Expiry:

Medical condition:

Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.

Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.

Has the student been diagnosed as being at risk of anaphylaxis?

Yes ☐ No ☐

If yes, does the student have an EpiPen or Anapen?

Yes ☐ No ☐

IMMUNISATION *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit [myGov](#)) and provide it to the school with this enrolment form.

Immunisation history statement attached:

Yes ☐

No ☐

If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?

Yes ☐

No ☐

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes ☐ No ☐

Does your child present with:

- | | | |
|--|--|--|
| ☐ autism (ASD) | ☐ behavioural concerns | ☐ hearing impairment |
| ☐ intellectual disability/developmental delay | ☐ mental health issues | ☐ oral language/communication difficulties |
| ☐ ADD/ADHD | ☐ acquired brain injury | ☐ vision impairment |
| ☐ giftedness | ☐ physical impairment | ☐ other condition (<i>please specify</i>) |

Has your child ever seen a:

- | | | |
|--|---|---|
| ☐ paediatrician | ☐ physiotherapist | ☐ audiologist |
| ☐ psychologist/counsellor | ☐ occupational therapist | ☐ speech pathologist |
| ☐ psychiatrist | ☐ continence nurse | ☐ other specialist (<i>please specify</i>) |

Have you attached all relevant information and reports? Yes ☐ No ☐

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS

☐ Living with immediate family	☐ Out-of-home care
☐ Guardian/Carer	☐ Shared parenting, <i>e.g. one week with each parent:</i> Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
☐ Kinship care	☐ Other (<i>please specify</i>)

COURT ORDERS OR PARENTING ORDERS (if applicable)

Are there any current court orders or parenting orders relating to the student? Yes ☐ No ☐

If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.

Is there any other information you wish the school to be aware of?

FAMILY DETAILS

To whom the account for school fees and levies is sent?

Surname	First name	Address and email	Telephone	Relationship to the student

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.

I/We have included the enrolment fee of \$300.00 with this Enrolment Application and I/We understand that this fee will be deducted from the Term 1 fee account but WILL NOT BE REFUNDED if the offer to enroll by/our child is not accepted.

Student Contact 1
PARENT 1/GUARDIAN 1/
CARER 1 SIGNATURE:

Date:

Student Contact 2
PARENT 2 /GUARDIAN 2/
CARER 2 SIGNATURE:

Date:

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- parent as defined in the *Family Law Act 1975*
 - Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
 - may be a relative or other carer
 - have day-to-day care of the student with the student regularly living with them
 - may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website.

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST	
Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):	
☐	Birth certificate
☐	Immunisation history statement
☐	Baptism certificate
☐	Consent to contact previous school or preschool
☐	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
☐	Visa information – visa/ImmiCard/letter of notification and passport photo page
☐	Medical Management Plan signed by a relevant medical practitioner
☐	All relevant information and reports concerning additional needs of your child
☐	Any current court orders or parenting orders relating your child
☐	Any additional information you wish the school to be aware of