



School of the Good Shepherd

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Gladstone Park, 3043

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ENROLMENT APPLICATION FORM FOR

Name: _____

Year Level: _____ **20**_____

| OFFICE USE ONLY | | | |
|-----------------------|--|---------------------------------------|--|
| Date Received | | VSN | |
| Enrolment Date | | Start Date | |
| Family Code | | Student's Teacher | |
| Student Code | | Student Registration | |
| Copy of Certificates: | <input type="checkbox"/> Birth | <input type="checkbox"/> Communion | |
| | <input type="checkbox"/> Baptism | <input type="checkbox"/> Confirmation | |
| | <input type="checkbox"/> Reconciliation | <input type="checkbox"/> Immunisation | |
| | <input type="checkbox"/> Passport (if applicable) | | |
| Special Needs Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | New Arrivals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | English Second Language | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature of Mother/Guardian _____ Date: ____/____/20____

Signature of Father/Guardian _____ Date: ____/____/20____

FAMILY DETAILS

| | MOTHER or Guardian | FATHER or Guardian |
|--|---|---|
| (Mr/Mrs/Ms/Miss) | | |
| Surname | | |
| Christian Name | | |
| Relationship to Child | | |
| Home Address | | |
| Home Phone No | | |
| Work Phone No | | |
| Mobile | | |
| Occupation | | |
| Employer | | |
| Highest year of school completed | <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or below | <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or below |
| Highest Qualification Completed | <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Certificate 1 to 1V (including Trade Certificate) <input type="checkbox"/> No Qualification beyond school | <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Certificate 1 to 1V (including Trade Certificate) <input type="checkbox"/> No Qualification beyond school |
| Occupation Group (see appendix attached) | A B C D N | A B C D N |
| Religion | | |
| Australian Citizen | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country of Birth | | |
| Main languages spoken at home | | |
| Email Address | | |

STUDENT DETAILS

| | | | |
|-------------------------------------|-----------------|---|---|
| SURNAME | | FIRST NAME/S | |
| | | Preferred Name/s | |
| ADDRESS | | | |
| | Postcode | | |
| DATE OF BIRTH | | GENDER | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Country of Birth | | If not in Australia, date of Arrival | |
| How many children in family? | | Position in Family | |

| Names of other Siblings | AGE | Year Level | School Attending (if attending elsewhere) |
|-------------------------|-----|------------|---|
| | | | |
| | | | |
| | | | |

Is the student of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

STUDENT LANGUAGE DETAILS

| | | | |
|---|--|--|--|
| What is the main language spoken by your child at home? | | What other languages does the child speak? | |
| Does your child attend a Language School? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Language | |
| | | Name of Language School | |

STUDENT RELIGIOUS DENOMINATION DETAILS

Religious Denomination: _____ Rite: _____

CATHOLIC RITE examples: Latin/Roman Rite, Armenian Rite, Chaldean Rite, Coptic Rite, Maronite Rite, Melkite Rite, Russian Rite, Syrian Rite, Ukrainian Rite.

| Sacraments already received | Date | Parish |
|-----------------------------|------|--------|
| Baptism | | |
| Reconciliation | | |
| Eucharist | | |
| Confirmation | | |

PRESCHOOL/KINDER/CHILD CARE or SCHOOL

Name of Previous Preschool /School: _____
 Address: _____
 Year Level: _____ (if transferring from another school)
 I/We give permission for school to contact previous school or pre-school: Yes No
 Signature: _____ Signature: _____

MEDICAL HISTORY

Medical Condition
 Please specify any medical conditions the student suffers from eg. Asthma, diabetes etc...

Allergies Please list any known allergies the student has eg. Allergy to nuts, penicillin, beestings etc.....

IMMUNISATION (please indicate if the student has been immunized against the following)

| | | Date | | Date |
|------------------------------------|--|------|-------------|--|
| Diphtheria/Tetanus/Whooping Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Hepatitis B | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Haemophilus Influenza type B (Hib) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Polio | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Measles-Mumps-Rubella | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Rotavirus | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Meningococcal C disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pneumococcal disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

ADDITIONAL NEEDS (Does your child have any of the following)

| | | | | | | | |
|-------------------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|------------------------|--------------------------|
| autism | <input type="checkbox"/> | behaviour disorders | <input type="checkbox"/> | mental health issues | <input type="checkbox"/> | acquired brain injury | <input type="checkbox"/> |
| intellectual disability | <input type="checkbox"/> | language disorder | <input type="checkbox"/> | vision impairment | <input type="checkbox"/> | other (please specify) | <input type="checkbox"/> |
| ADD/ADHD | <input type="checkbox"/> | giftedness | <input type="checkbox"/> | hearing impairment | <input type="checkbox"/> | | |

Has your child ever seen a:

| | | | | | | | |
|-------------------------|--------------------------|--------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|
| behavioural optometrist | <input type="checkbox"/> | audiologist | <input type="checkbox"/> | speech pathologist | <input type="checkbox"/> | paediatrician | <input type="checkbox"/> |
| education psychologist | <input type="checkbox"/> | psychologist | <input type="checkbox"/> | occupational therapist | <input type="checkbox"/> | other specialist | <input type="checkbox"/> |

If your child does have a special need, please can you assist us by providing the following information:

| | | |
|--|-----|----|
| | Yes | No |
| Details of additional learning needs/additional needs provided (please provide all relevant information) | | |
| Medical/allied health professional reports attached (please provide all relevant information) | | |

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

| | |
|-----------------------------------|------------------|
| Name and Address of Family Doctor | Telephone No |
| | |

| | | |
|--|---------------|----------|
| Medicare No: | Reference No: | Expiry : |
| Private Health: <input type="checkbox"/> Yes <input type="checkbox"/> No | Fund: | Number: |
| Ambulance: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Additional Needs

Family Status Married Separated Divorced Single Parent family De facto

EMERGENCY DETAILS

Every effort will be made to contact you in the case of an emergency or illness. However, should you be unavailable, please nominate two relatives or friends who can drive and are available during school hours. In the event that both parents/guardians and emergency contacts are unable to be contacted, an ambulance will be called.

| | Emergency Contact 1 | Emergency Contact 2 |
|-----------------------|---------------------|---------------------|
| Name | | |
| Relationship to child | | |
| Home Contact | | |
| Work Contact | | |
| Mobile | | |

ACCOUNT INFORMATION

Who will be responsible for the payment of the school Fees and levies?

both parents mother only father only Guardian Other

Name: _____

Address: _____ Post Code: _____

Signature of person/s responsible for fees: _____

SCHOOL FEES

An Education levy is charged per student, and is due in term 1. The Education Levy covers all the classroom requirements needed, e.g. Books, pencils, paper, art equipment, use of technology equipment, excursions, etc.

School fees are charged per family and not due until terms 2, 3 and 4. You can elect to pay school fees per term, or pay an annual amount in term 1.

Camp and sacramental levies are charged per student and are additional to the education levy and school fees.

PERMISSION FORMS

Medical Consent Form

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 operation, blood transfusions and/or and aesthetical risks involved and the responsibility for payment of any expenses thus incurred.

Yes No

Conduct Head Lice Inspection

Throughout your child's schooling, the school will arrange head lice inspections. The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Any inspections will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why. It will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or less well-kept than anyone else's. It will also be pointed out the head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Yes No

Photo Permission

From time to time your child's photo may be taken to be used for educational purposes. These photos may be displayed in the school newsletter, school website, in your child's digital portfolio or displayed around the school. **In the event that the local newspaper wishes to photograph your child, we will call you and ask for your permission before any photos are taken and published outside of school publications.**

Do you give permission for the school to take photographs of your child to be used at the school's discretion?

Yes No

Signature of parent/guardian/carer:..... Date: ____/____/20__

Parental Occupation Group:

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.

| | |
|----------|---|
| A | <p>Senior management in large business organisations, 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, flight officer, flying instructor, air traffic controller)</p> |
| B | <p>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/service 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. Other library technician, museum/gallery technician, research assistant, proof reader.</p> |
| C | <p>Tradesman/women, clerks and skilled office, sales and service staff Tradesmen/women (electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer). All tradesmen/women are included in this group. Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit 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.) Office (secretary, personnel assistant, desktop publishing operator, switchboard operator). Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher.) Carer (aged/disabled/refuge care worker, child care assistant, nanny) Service (meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendance, fitness instructor, casino dealer/gaming table supervisor.)</p> |
| D | <p>Machine operators, hospitality staff, assistants, labourers and related workers Drivers, mobile plant (car, taxi, truck, bus, tram or train driver, courier/deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator). Production/processing machine operator (engineering, chemical, petroleum, gas, water, sewerage, cement, plastic, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator) Machinery operator photographic developer/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery). Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, fast food cook, usher, porter, and housekeeper). Office assistants, sales assistants and other assistants. Office staff (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 (other ranks(below senior NCO) without trade qualification not include 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).</p> |
| N | <p>Unemployed for more than 12 months 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.</p> |