



30 Warrandyte Road, Langwarrin, VIC 3910
PO Box 4063, Langwarrin VIC 3910
Reception: 03 9789 7581
admin@sjlangwarrin.catholic.edu.au
www.sjlangwarrin.catholic.edu.au
ABN: 99 451 493 184

APPLICATION FOR ENROLMENT

St Jude's Parish Primary School is a Catholic Primary School for students living in Langwarrin. This Application must be completed and signed by both parents if applicable. The following documents must be attached for this application to be considered:

- ☐ A copy of the Baptismal Certificate
- ☐ A copy of the Birth Certificate
- ☐ A copy of the Immunisation Certificate
- ☐ A copy of the your Child's Visa/Residency status (new arrivals)
- ☐ A copy of the completed Medical Form (if applicable)
- ☐ I acknowledge receipt of the School's Privacy Policy
- ☐ I acknowledge receipt of the Standard Collection Notice
- ☐ I enclose the enrolment fee (non-refundable) of \$50.00 (*Foundation Year enrolments only*)

I/We the undersigned, apply to have the mentioned student enrolled at the school. By signing below I/we undertake to accept the conditions listed below and I acknowledge my responsibilities to the school community by agreeing:

- At your child's baptism you undertook to lead him/her in the way of the Catholic faith and to be an example through your own practise of Christian values. At St Jude's we endeavour to assist our parents in the education and faith development of their child and we ask you to fulfil your obligation by supporting and fostering this faith development in your home.
- To pay the yearly school fees as determined by the Parish Education Board, or if experiencing financial difficulties to advise the school, so that mutually acceptable arrangements can be made.
- To attend parent/teacher and sacramental meetings, when required.
- To be actively involved in the school by helping with:
 - Classroom programs
 - Year level excursions, School Sports Day
- To support St Jude's discipline and curriculum policies and to assist the school with the implementation of these policies.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Office Use Only

FAMILY SURNAME: (as stated on students Birth Certificate) _____

Student Name: _____ Religion: _____

Application for Year Level: PREP ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Start date/year: _____

Date received: / /20 Interview booked: / /20 _____am/pm

House Colour: Crowe (R) Howard (B) Walsh (Y) McInerney (G)

ENROLMENT FORM

ST JUDE'S PARISH PRIMARY SCHOOL

30 Warrandyte Road / PO BOX 4063 LANGWARRIN VIC 3910

Phone: 03 9789 7581 Fax: 03 9776 7365

Email: admin@sjlangwarrin.catholic.edu.au



Office use only	Student/family code:	VSN:
	Enrolment date:	English second language: Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT DETAILS

Surname:	Entry year (YYYY)	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	

HOME ADDRESS OF STUDENT

Street number & name:		
Suburb:	Post Code:	Home Phone:

EMERGENCY CONTACTS – OTHER THAN PARENT

1. Name:		2. Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	
Business:		Business:	

SACRAMENTAL INFORMATION

Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current Parish:		

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

Name of previous school/pre-school:	
Teacher / Pre School Teachers Name:	Preschool Group Name:
I/We give permission for school to contact previous school or preschool to collect verbal & printed information: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Signature:

NATIONALITY **Government requirement**

In which country was the student born:		Nationality:
	Australia <input type="checkbox"/>	Other – please specify:
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin mark 'Yes' to both)		
No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>		

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)

	Student	Mother/guardian	Father/guardian
No English Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes Other – please specify			

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED Government requirement

Please tick the relevant category below and record the Visa Subclass number: (original documents to be sighted and copies to be retained by the school)

Australian Citizen not born in Australia

<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia)	
<input type="checkbox"/>	Australian Passport Number: (If applicable)	Passport No:
<input type="checkbox"/>	Naturalisation Certificate Number :	Certificate No:
	Visa Subclass recorded on entry to Australia	Visa Subclass No:
	Date of Arrival into Australia	Date:

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

<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:

***Please attach Visa/document of travel/letter of notification and passport photo page.**

MEDICAL INFORMATION

Doctor's name:	
Street number & name:	
Suburb:	Post Code: Phone:
Medicare No.:	Ref No: Expiry:
Private Health:	Yes <input type="checkbox"/> No <input type="checkbox"/> Fund: Number:
Ambulance:	Yes <input type="checkbox"/> No <input type="checkbox"/> Number:
Centrelink Pensioner concession OR Healthcare Card number (CRN): _ _ _ - _ _ _ - _ _	
Medical Condition:	Please specify any medical conditions the student suffers from eg. asthma, diabetes and/or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete.
Allergies:	Please list any known allergies the student has eg. allergy to nuts, penicillin, bee stings including specific details.
Has the student been diagnosed as being at risk of anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, does the student have an EpiPen or Anapen? Yes <input type="checkbox"/> No <input type="checkbox"/>	

IMMUNISATION

Have you included a copy of your child's current Immunisation Certificate? (download from Medicare http://www.humanservices.gov.au)	
Yes <input type="checkbox"/> No <input type="checkbox"/> if No please provide a reason:	
Tetanus Yes <input type="checkbox"/> No <input type="checkbox"/> Date received: / / 20	

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:**

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

Has your child ever seen a:

behavioural optometrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
educational psychologist	<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>
psychologist	<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)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY DETAILS					
MOTHER/GUARDIAN					
Surname:		Title: (eg. Mrs/Ms)		First Name:	
Address:					
Home Phone:		Work Phone:		Mobile:	
Would you like to receive SMS Messaging: (for emergency & reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Government Requirement	Current Occupation:		What is your occupation group? (Refer to parental occupation groups in the School Family Occupation Index pg 6 & 7)		
Employer:			Employer Position:		
Religion:			Nationality:		
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):			
What is the highest year of primary or secondary school the mother/guardian has completed: (Persons who have never attended secondary school, mark 'Year 9 or below')					
Year 9 or below <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
What is the level of the highest qualification the mother/guardian has completed:					
No post school qualification <input type="checkbox"/>		Certificate I to IV (including trade certificate) <input type="checkbox"/>		Advanced diploma/Diploma <input type="checkbox"/>	
Bachelor degree or above <input type="checkbox"/>					
FATHER/GUARDIAN					
Surname:		Title:		First Name:	
Address:					
Home Phone:		Work Phone:		Mobile:	
SMS Messaging: (for emergency & reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Government Requirement	Occupation:		What is the occupation group? (Refer to parental occupation groups in the School Family Occupation Index pg 6 & 7)		
Employer:			Employer Position		
Religion:			Nationality:		
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):			
What is the highest year of primary or secondary school the father/guardian has completed: (Persons who have never attended secondary school, mark 'Year 9 or below')					
Year 9 or below <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
What is the level of the highest qualification the father/guardian has completed:					
No post school qualification <input type="checkbox"/>		Certificate I to IV (including trade certificate) <input type="checkbox"/>		Advanced diploma/Diploma <input type="checkbox"/>	
Bachelor degree or above <input type="checkbox"/>					

SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL

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

Name	School/Pre-school	Year Level	Date of Birth

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

<input type="checkbox"/> Living with Mother & Father	<input type="checkbox"/> Single parent: Mother / Father (please circle)
<input type="checkbox"/> Living in a step family	<input type="checkbox"/> Shared parenting eg. One week with mother, next with father Time with Mother: Time with Father:
<input type="checkbox"/> Guardian	<input type="checkbox"/> Out-Of-Home Care

COURT ORDERS (IF APPLICABLE)Are there any current court orders relating to the student? Yes ☐ No ☐*If yes, copies of these court 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?

APPLICATION FOR ENROLMENT DECLARATION

I/We acknowledge that the school is a Catholic school in which prayer and liturgy are vital aspects of religious life in the school. The pastoral care and support for student for students, families and staff are based on the teachings of Jesus Christ.

I/We are prepared to support the school in the catholic education of my child/children and I/we will be involved as much as possible.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

FEE ARRANGEMENTS

Who will be responsible for the payment of the school fees and levies? Please tick a box

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ Other:

Parents/guardians must recognise and be prepared to meet their financial responsibilities for the ongoing enrolment of the child. (Any difficulties to in this regard should be discussed with the Principal)

Signing this form indicates your commitment and responsibility to fee/levy payments.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

SCHOOL FAMILY OCCUPATION INDEX

PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

GROUP N: 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.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

Qualified Professionals – generally have a degree or higher qualifications and experience in applying this knowledge to: -design, develop or operate complex systems, identify, treat and advise on problems, teach others

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]

- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts / media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration

- **Medical, science, building, engineering, computer technician/associate professional**

- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

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.

Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despacher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. 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** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

PERMISSION FOR HEAD LICE INSPECTION

- ☐ I give permission for my child's hair to be checked for head lice by the parent managed head lice program every term, in the event of an outbreak or when required
- ☐ I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.

PARENT/GUARDIAN Name:

Signature:

PHOTOGRAPH / VIDEO PERMISSION FORM

Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media including our school prospectus.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

STUDENT'S NAME:

YEAR LEVEL:

- I give permission for my child's photograph/video and name to be published in:
 - the school newsletter (hardcopy and online)
 - the school intranet
 - the school website
 - social media
 - promotional materials
 - newspapers and other media.
- I authorise the CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I UNDERSTAND AND AGREE THAT IF I DO NOT WISH TO CONSENT TO MY CHILD'S PHOTOGRAPH/VIDEO APPEARING IN ANY OR ALL OF THE PUBLICATIONS ABOVE, OR IF I WISH TO WITHDRAW THIS AUTHORISATION AND CONSENT, IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL.**

Licensed under NEALS: The photograph/video 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.

Name of Parent / Guardian:
(please circle)

Signed: Parent/Guardian:

Date:

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth)