



ENROLMENT INFORMATION REQUIRED

Please note that along with this completed Enrolment Form we require:

1. Copy of Birth Certificate
2. Copy of Baptism Certificate (if applicable)
3. Copy of School Entry Immunisation Certificate as provided by the Australian Childhood Immunisation Register (ACIR)

Additionally, if you have a child transferring from another school, please provide a copy of the previous two school reports. Other relevant documentation as stated in the form such as custody documentation, medical reports, or visa/citizenship information if applicable.

Please ensure that all sections of the enrolment form are completed.

We know this document is long and tedious but all sections are relevant to:

- The school database
- The Catholic Education Office
- The Victorian Curriculum and Assessment Authority

...our Student welfare coordinator
...our Sacraments coordinator
...our First Aid coordinator



If you have any questions please contact the School Office on 03 9762 5135

1264 Mountain Highway

PO Box 106

THE BASIN VIC 3154

Phone: 03 9762 5135

Fax: 03 9762 1629

Email: office@sbthebasin.catholic.edu.au

ALL SECTIONS OF THIS FORM **MUST** BE COMPLETED

ST. BERNADETTE'S CATHOLIC PRIMARY SCHOOL

1264 MOUNTAIN HIGHWAY

THE BASIN VIC 3154

Telephone - 03 9762-5135 Fax: 9762 1629

Email: office@sbthebasin.catholic.edu.au



APPLICATION FOR ENROLMENT

YEAR OF ENTRY Commencement Level

Office Use Only

Student No. VSN:

BILLING DETAILS:

Person/s to whom account is sent.

Name:

Address:

Post Code:

Telephone:

Who will be responsible for paying school fees and levies? Please tick box.

Both Parents Mother only Father only Guardian Other:

STUDENT DETAILS:

Surname:

Given Names:

Preferred Name:

Date of Birth:

Male

Female

Residential Address:

Postcode:

Religion:

If Catholic please tick appropriate rite:

Roman Catholic/Latin Rite

Armenian Rite

Syrian Rite

Melkite Rite

Russian Rite

Chaldean Rite

Coptic Rite

Ukrainian Rite

Maronite Rite

Current Parish:

Current PreSchool/Child Care Centre:

***Previous Primary School:**

***If transferring from another Primary School, please provide a copy of previous two school reports.**

Victorian Student No. (VSN) if known:

Who we contact when our EMERGENCY MANAGEMENT PLAN is enacted (eg: Code Red Fire Days)

You **must** provide TWO (2) different email addresses and mobile numbers that are regularly checked by parents/guardians:
(This is very important – urgent automated messages will be sent to these contacts)

Email (1):

Mobile (1):

Email (2):

Mobile (2):

Confidential

FAMILY INFORMATION			
FATHER/GUARDIAN			
TITLE:	Mr, Dr	SURNAME:	
GIVEN NAMES:		PREFERRED NAME:	
HOME NUMBER:		MOBILE NUMBER:	
WORK NUMBER:		OCCUPATION:	
EMAIL:	Work <input type="checkbox"/> Home <input type="checkbox"/>		
EMPLOYER:		EMPLOYER'S ADDRESS:	
DO YOU LIVE WITH THE FAMILY?	Yes <input type="checkbox"/> No <input type="checkbox"/>	FATHER'S ADDRESS (if different to child's):	
DO YOU HAVE A WORKING WITH CHILDREN CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO Card Type: Volunteer <input type="checkbox"/> Employment <input type="checkbox"/> Contractor <input type="checkbox"/> Card Number: Card Expiry Date:		
COUNTRY OF BIRTH:	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
CURRENT NATIONALITY:	<input type="checkbox"/> Australian <input type="checkbox"/> Other (please specify):		
RELIGION:			
LANGUAGE(S) SPOKEN AT HOME:	<input type="checkbox"/> English <input type="checkbox"/> Other/s (please specify):		
What is the highest year of primary or secondary school education you have 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		
What is the level of the highest qualification you have completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> No post school qualifications		
What is your occupation group? <i>(Please refer to Attachment A headed "Occupation Groups" for your selection)</i>	<input type="checkbox"/> GROUP A <input type="checkbox"/> GROUP B <input type="checkbox"/> GROUP C <input type="checkbox"/> GROUP D <input type="checkbox"/> GROUP N		
MOTHER/GUARDIAN			
TITLE:	Miss, Mrs, Ms, Dr	SURNAME:	
PREFERRED NAME:		GIVEN NAMES:	
HOME NUMBER:		MOBILE NUMBER:	
WORK NUMBER:		OCCUPATION:	
EMAIL:	Work <input type="checkbox"/> Home <input type="checkbox"/>		
EMPLOYER:		EMPLOYER'S ADDRESS:	
DO YOU LIVE WITH THE FAMILY?	Yes <input type="checkbox"/> No <input type="checkbox"/>	MOTHER'S ADDRESS (if different to child's):	
DO YOU HAVE A WORKING WITH CHILDREN CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO Card Type: Volunteer <input type="checkbox"/> Employment <input type="checkbox"/> Contractor <input type="checkbox"/> Card Number: Card Expiry Date:		
COUNTRY OF BIRTH:	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
CURRENT NATIONALITY:	<input type="checkbox"/> Australian <input type="checkbox"/> Other (please specify):		
RELIGION:			
LANGUAGE(S) SPOKEN AT HOME:	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify):		
What is the highest year of primary or secondary school education you have 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 equivalent		
What is the level of the highest qualification you have completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> No post school qualifications		
What is your occupation group? <i>(Please refer to Attachment A headed "Occupation Group" for your selection)</i>	<input type="checkbox"/> GROUP A <input type="checkbox"/> GROUP B <input type="checkbox"/> GROUP C <input type="checkbox"/> GROUP D <input type="checkbox"/> GROUP N		

*OPTIONAL - CUSTODIAL PARENT'S PARTNER			
TITLE:		SURNAME:	
GIVEN NAMES:		PREFERRED NAME:	
HOME NUMBER:		MOBILE NUMBER:	
WORK NUMBER:		OCCUPATION:	
EMPLOYER:		EMPLOYER'S ADDRESS:	
DO YOU LIVE WITH THE FAMILY?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
MEDICAL INFORMATION			
Doctor's Name:			
Doctor's Telephone:			
Medicare No.:		Ref No.:	Expiry Date:
Private Hospital Cover:		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Name of Fund:		M'ship No:	
Ambulance Subscriber:		No <input type="checkbox"/> Yes <input type="checkbox"/> M'ship No:	
STUDENT'S MEDICAL HISTORY			
Does your child suffer from any of the following?	Allergies	Diagnosed Conditions	
<input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Blackouts <input type="checkbox"/> Fits of any type <input type="checkbox"/> Heart condition/ Palpitations <input type="checkbox"/> Migraine <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Anxiety Attacks	<input type="checkbox"/> Grass <input type="checkbox"/> Pollen <input type="checkbox"/> Peanuts <input type="checkbox"/> Dairy Products <input type="checkbox"/> Bee-stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Panadol <input type="checkbox"/> Sulphur <input type="checkbox"/> Band-Aids Other: _____	<input type="checkbox"/> ADHD <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Migraine <input type="checkbox"/> Asthma <input type="checkbox"/> Glandular Fever Other: _____ _____ _____	
Do you require the school to hold and dispense any medication for your child?: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please notify the school office so that a Medical Action Plan can be completed before commencement.	Does student require an Epi-pen for allergy? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Any Other Medical Information:			
IMMUNISATION STATUS is:			
Complete <input type="checkbox"/> Partially Complete <input type="checkbox"/> Not Complete <input type="checkbox"/> Conscientious Objection* <input type="checkbox"/> By Law ALL children must produce a full certificate of Immunisation/Non-Immunisation upon school entry including a Conscientious Objection Certificate*. Please contact the ACIR on 1 800 653 809 for an up-to-date certificate if necessary.			
EMERGENCY CONTACTS			
In the event of any emergency the parents will be contacted first. If they cannot be contacted then the following will be contacted:			
Contact 1		Contact 2	
Name:		Name:	
Telephone:		Telephone:	
Mobile:		Mobile:	
Relationship To child:		Relationship To child:	

STUDENT'S NATIONALITY	
Country of Birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
Current Nationality:	<input type="checkbox"/> Australian <input type="checkbox"/> Other (please specify):
If not born in Australia, but an Australian Citizen, please provide the following information:	<input type="checkbox"/> Naturalisation Certificate No. or <input type="checkbox"/> Australian Passport No. <input type="checkbox"/> Visa Subclass recorded on entry to Australia
Date of Arrival in Australia:	
Year commenced School in Australia:	
If not currently an Australian Citizen please provide further details:	<input type="checkbox"/> Permanent Resident. Visa Subclass No. <input type="checkbox"/> Temporary Resident. Visa Subclass No.: <input type="checkbox"/> Other/Visitor/Exchange Student. Visa Subclass No.
*Please attach copy of Visa/Document of Travel/Letter of Notification and passport photo page.	
Does the student have an Aboriginal or Torres Strait background?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the student identify him/herself as an Aboriginal or Torres Strait Islander?	No <input type="checkbox"/> Yes <input type="checkbox"/>
LANGUAGES:	
Language/s spoken by your child:	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify):
Does your child attend a foreign language school?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of School attended:	
Language studied:	
SACRAMENTS	
Baptism Date:	
Place of Baptism:	
CUSTODY INFORMATION	
Marital Status:	Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Date of Separation/Divorce:	
Please indicate Home Care Arrangements for this student:	
<input type="checkbox"/> Living with Mother full time <input type="checkbox"/> Living with Father full time <input type="checkbox"/> Guardian <input type="checkbox"/> Out-of-Home Care <input type="checkbox"/> Living in a Step Family <input type="checkbox"/> Shared parenting between Mother and Father. Please specify arrangement below:	
You must have a court order stating sole custody, to deny a parent access to a child. If a court order is not in place joint custody is presumed.	
PLEASE NOTE: <i>In the absence of a direction of the court to the contrary, all signatories to this enrolment form are jointly and separately entitled to access to, and information about, the student.</i>	

A copy of the court order must be supplied with this enrolment form before a parent can be denied access to the child named on this enrolment form.	
Is there any person to whom you wish to deny access to the child named on this form ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of person:	
Relationship to child:	
Is the abovenamed person a parent of the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a signed letter, denying access been provided for the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a copy of the court order stating that you have sole custody of the child been supplied?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL NEEDS INFORMATION

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.

Is there any factor, physical or otherwise, that may affect your child's school life?

Does your child have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavioural 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) | |

Has your child ever seen a:

- | | | |
|---|---|---|
| <input type="checkbox"/> 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 | |

Do you authorise us to liaise with these practitioners/agencies: Yes No

please sign authorisation

Practitioner/Agency Name:

Contact person:

Telephone number:

If your child does require additional services, considerations or special funding please provide the following information:

- Details of additional needs required
- Copies of Medical/Allied health professional reports.

Enrolment at St Bernadette's is conditional on our ability to provide the appropriate resources that your child may need.

EMERGENCY SITUATIONS

Implemented in emergency situations when parents cannot be contacted.

In the event of any illness or accident, I authorise the obtaining on my behalf, of such medical assistance as my child may require. I/we will accept all responsibility for any further action necessary in the care of my child, including attendance at any place to which my child may be taken for treatment.

I/we accept all operation/blood transfusion and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Parents/Guardian

Signature _____ **Date** _____

Print name _____

Signature _____ **Date** _____

Print name _____



ENROLMENT AGREEMENT

I/We _____ the parent(s) of _____
acknowledge that St Bernadette's School, together with its sister school St Joseph's, is a parish Primary School.

As such the primary school is owned and operated by the parish of St Joseph and St Bernadette, with the Parish Priest:

- being the employer of the Principal and staff; and
- having particular responsibility for the Pastoral Care of school families.

The Parish seeks to be an active Christian Community in the Catholic tradition fostering an intimate link between the wider Parish Community and the school. All who come to be educated are invited to contribute to a sense of belonging, support, celebration, responsibility, service and prayer.

Therefore, I/We agree:

- To participate in the various religious education programs for parents and children during my/our child's education.
- To support my/our child's attendance at special Masses on Sunday throughout their education at this school.
- To assist, as I am able, in the service provided by the Parish Community School.

Furthermore, I/We agree:

- To attend at least one working bee per year and to support the school community in other ways as I/We are able.
- To pay school fees as set annually by the Parish Finance Committee. I/We realise that the fees are to be paid as per the fee schedule, or if paying by instalments, (eg, weekly, monthly) these are to be made on a regular basis.
- To pay class levies, as set annually, by the school.
- That in the time of financial hardship, I/We are required to approach the Parish Priest or Principal in order to discuss a revised payment arrangement. I/We understand that non-payment of fees and levies places an unfair burden on other families and also affects the breadth of education programs the school can offer.
- That school family contact details will be provided to the Parish.

I/We understand that if any misleading information has been provided, or there is any omission of significant, relevant information made in this application, acceptance will not be granted, or if discovered after acceptance, the enrolment may be withdrawn.

Signature _____ (Mother/Carer) Date _____

Signature _____ (Father/Carer) Date _____

PLEASE ENSURE BOTH PARENTS SIGN AND 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 a Catholic secondary school.

PERMISSIONS

LOCAL AREA:

I/We _____ give permission
insert your name/s
for my/our child to participate in short walks with his/her class teacher around the
local area from time to time.

Signed: _____ Signed: _____ Dated: _____

PHOTOGRAPH/VIDEO:

I/We give permission for a photograph/video/podcast of my child/ren to be used without
acknowledgement, remuneration or compensation in publications (print, websites, DVDs,
CD ROMs) and/or other educational and promotional materials of St Bernadette's, The Basin.

Signed: _____ Signed: _____ Dated: _____

HEAD LICE:


I/We give permission for the school staff to examine my child's hair for lice in the event of an
outbreak of hair lice in a classroom.

Signed: _____ Signed: _____ Dated: _____

- I/We understand that these permissions are 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.

PRIVACY STATEMENT

St Bernadette's School is bound by the Australian Privacy Principles contained in the
Commonwealth *Privacy Act 1988* and also the *Health Records Act 2001 (Vic.)*. St Bernadette's
is committed to holding and using personal information responsibly. The primary purpose of
collecting personal information about pupils, parents or guardians is to enable the school to
provide education programs to pupils and to discharge its duty of care. At various times
St Bernadette's is required to disclose personal information to other organisations including
visiting specialist teachers and sports coaches. Parents and pupils may seek to view personal
information collected about them and their children by contacting the school. There may 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. For
more information regarding privacy, refer to the St Bernadette's Privacy Policy document.



OFFICE USE ONLY

THE FOLLOWING INFORMATION HAS BEEN SUPPLIED TO THE SCHOOL:

- Copy of Birth Certificate
- Copy of Baptism Certificate
- An Immunisation Certificate.

- Copy of Previous 2 School Reports (if applicable)
- Copy of Custody Documentation (if applicable)
- Copy of Medical reports/ Specialists reports (if applicable)
- Copy of Visa/Citizenship information (if applicable)

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 organisation, government administration and defence, and qualified professionals
<p>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]</p>	
OCCUPATION GROUP B	Other business managers, arts/media/sportspersons and associate professionals
<p>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</p>	
OCCUPATION GROUP C	Tradesmen/women, clerks and skilled office, sales and service staff
<p>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]</p>	
OCCUPATION GROUP D	Machine Operators, hospitality staff, assistants, labourers and related workers
<p>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]</p>	