

Holy Family Primary School Doveton

100 Power Road Doveton 3177

Telephone: 9791 1853

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APPLICATION FOR ENROLMENT

Name of FAMILY:

FAMILY MAILING DETAILS

FAMILY SURNAME

MAIL TO

ADDRESS

SUBURB/CITY

POST CODE

FAMILY PHONE NUMBER

OTHER

CURRENT PARISH

DATE OF ARRIVAL IN AUSTRALIA

RESIDENCE STATUS:

☐ Permanent

☐ Non Permanent

☐ Refugee

CONTACT DETAILS

DETAILS	FATHER/CARER Residing at Same Address	MOTHER/CARER Residing at Same Address
TITLE: (MR MRS MS)		
FIRST NAME		
SURNAME		
RELATIONSHIP		
ADDRESS – STREET		
SUBURB & POST CODE		

	FATHER/CARER Residing at Same Address	MOTHER/CARER Residing at Same Address
RESIDENTIAL GUARDIAN	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
HOME TELEPHONE		
WORK TELEPHONE		
MOBILE TELEPHONE		
EMAIL ADDRESS		
WHO IS RESPONSIBLE FOR PAYING FEES?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
OCCUPATION	FATHER/CARER Residing at Same Address	MOTHER/CARER Residing at Same Address
OCCUPATIONAL GROUP (REFER TO LIST OF OCCUPATIONS)	Group 1 <input type="checkbox"/>	Group 1 <input type="checkbox"/>
	Group 2 <input type="checkbox"/>	Group 2 <input type="checkbox"/>
	Group 3 <input type="checkbox"/>	Group 3 <input type="checkbox"/>
	Group 4 <input type="checkbox"/>	Group 4 <input type="checkbox"/>
HIGHEST YEAR OF SCHOOL EDUCATION:	Year 12 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
	Year 11 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>
	Year 10 or equivalent <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>
	Year 9 or equivalent or below <input type="checkbox"/>	Year 9 or equivalent or below <input type="checkbox"/>
LEVEL OF HIGHEST QUALIFICATION	Bachelor degree or above <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
	Advanced Diploma/Diploma <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>
	Certificate I to IV (incl trade cert) <input type="checkbox"/>	Certificate I to IV (incl trade cert) <input type="checkbox"/>
	No non-school qualification <input type="checkbox"/>	No non-school qualification <input type="checkbox"/>
DO YOU SPEAK A LANGUAGE(S) OTHER THAN ENGLISH AT HOME?	Please list below: 1. 2.	Please list below: 1. 2.
COUNTRY OF BIRTH		
NATIONALITY		
RELIGION		

Contact Details

DETAILS	NON RESIDENTIAL PARENT	
	Please only complete if there is a <i>Parent</i> who does not live at the Student's Home Address	
TITLE (MR MRS MS)		
FIRST NAME		
SURNAME		
ADDRESS - STREET		
SUBURB & POST CODE		
HOME PHONE		
BUSINESS PHONE		
EMPLOYER		
OCCUPATION		
OCCUPATIONAL GROUP (REFER TO LIST OF OCCUPATIONS ON THE BACK OF THE FORM)	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?	If yes please specify. 1. _____ 2. _____	
COUNTRY OF BIRTH		
NATIONALITY		
RELIGION		

EMERGENCY CONTACT 1	
Please give the names of a 2 person, who may be contacted in the event of an emergency if parents are UNABLE to be contacted	
NAME	
HOME PHONE	
MOBILE PHONE	
RELATIONSHIP TO CHILD	

EMERGENCY CONTACT 2	
NAME	
HOME PHONE	
MOBILE PHONE	
RELATIONSHIP TO CHILD	

Are there any Family Court Orders/Parenting Plans that have been issued in relation to the student being enrolled?
☐ Yes ☐ No (If yes supporting documentation must be provided to the school)

STUDENT LIVES WITH ☐ Mother ☐ Father

SIGNATURE: MOTHER _____ SIGNATURE: FATHER _____

ENROLEMENT AGREEMENT / COMMITMENT

I wish to apply to enrol my child at Holy Family Doveton.

I support the Catholic ideas and values presented by Holy Family Primary School.

I understand that the daily life of the School involves the children's participation in prayer, Mass and the sacraments. I am aware of my obligation to initiate and continue this participation in their lives. As first and essential educators of my child, I recognize my obligation to be actively involved in the life of the School and Parish community.

I undertake to pay all school fees as determined by Holy Family Parish Education Board, unless circumstances require that I seek a concession from the Principal. I understand that these monies are due and payable when accounts are rendered at the end of Terms 1, 2 and 3.

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 accept responsibility for any further action necessary regarding 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 transfusion and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

I understand Holy Family School may be contacting previous educational facilities that my child has attended in order to ascertain the educational needs of my child.

I understand that excursions, swimming and overnight camps are an integral component of the School's educational program and I fully support my child's participation in these activities.

- | | |
|---|--------------------------|
| • Birth Certificate | <input type="checkbox"/> |
| • Baptismal Certificate | <input type="checkbox"/> |
| • Sacramental Certificates (Eucharist, Reconciliation, Confirmation) | <input type="checkbox"/> |
| • Most recent previous school reports and external test results (where applicable) | <input type="checkbox"/> |
| • Relevant Family Court Orders (where applicable) | <input type="checkbox"/> |
| • Relevant medical and/or special needs information including clinical/educational assessments (where applicable) | <input type="checkbox"/> |
| • Immunisation Certificate (primary school applications only) | <input type="checkbox"/> |
| • Passport details and entry date
(If newly arrived in Australia within the last 18 months) | <input type="checkbox"/> |

Transfer note from previous School (if applicable)

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.

If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges

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.

SIGNED: _____ Father/Carer)

and/ or

_____ (Mother/Carer)

Please note:

- Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee.
- Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).



PARENT 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 AND 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, SPORTSPERSON 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 SERVICE MANAGER [bank branch manager, finance/investment/insurance broker, credit/loans officer]

RE

TAIL SALES/SERVICES MANAGER [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, and 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 AND 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

HOSPITAL 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 AND 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]

STUDENT DETAILS

FIRST NAME:	COMMENCEMENT YEAR LEVEL:
SURNAME:	1 ST AUSTRALIAN SCHOOL LEVEL:
DATE OF BIRTH:	YEAR LEVEL:
<input type="checkbox"/> MALE: <input type="checkbox"/> FEMALE:	COUNTRY OF BIRTH:
RELIGION:	NATIONALITY:
NAME OF KINDERGARTEN/DAYCARE CRECHE :	Does the student speak a language other than English at home? If yes please list.
INDIGENOUS Aboriginal \ Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please tick v one below) Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/>	
RESIDENCE STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent <input type="checkbox"/> Refugee	
DATE OF ARRIVAL IN AUSTRALIA example (01/10/2005):	

MEDICAL HISTORY

DOCTOR'S NAME:	PHONE NUMBER:
STUDENT'S MEDICARE NUMBER:	OF LAST TETANUS INJECTION/BOOSTER:
PRIVATE HEALTH INSURANCE: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	AMBULANCE COVER: YES <input type="checkbox"/> NO <input type="checkbox"/>
ASTHMA: Does your child have Asthma: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, it is a requirement to fill in an Asthma Management Plan Form(Available from the School Office)	
ALLERGIES: Please specify any allergies relating to the student applying for enrolment (Allergies to nuts, penicillin, bee stings etc:)	
MEDICAL CONDITIONS: Has your child ever had any of the following: Hearing Difficulties, Tubes in Ears, Eyesight Problems, Heart Condition, Epilepsy, Diabetes, Speech Problems, Extended stay in Hospital, Emotional Upset, Please specify:	
IMMUNISATIONS: Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL NEEDS

Indicate whether the student applying for enrolment has any known or suspected special needs:

Physical Needs

Yes ☐ No ☐

Education Needs

Yes ☐ No ☐

Behavioural Needs

Yes ☐ No ☐

Dietary Needs

Yes ☐ No ☐

If you have answered yes to any of the above, please provide full details of those needs and any supporting documentation. If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the students.

SACRAMENTAL DETAILS

BAPTISM

COPY OF CERTIFICATE SUPPLIED Y/N

RECONCILIATION

EUCHARIST

CONFIRMATION