



St. Joseph's School, Brunswick West

Application For Enrolment

Foundation (Prep) 2024



Melbourne Archdiocese
Catholic Schools

“The Church’s involvement in education is especially demonstrated in the Catholic School. No less than other schools does the Catholic School pursue cultural goals and the natural development of youth. But it also has a distinctive purpose. It aims to create for the school community an atmosphere enlivened by the Gospel spirit of freedom and charity.”

VATICAN II DOCUMENTS

St. Joseph’s School is an integral part of the St. Joseph’s Parish. The school finds its meaning in the context of this Catholic community, who have worked and supported the school since the formation of the Parish in 1911

St. Joseph’s School 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 Ltd (MACS).

This form is informed by the St. Joseph’s School Enrolment Policy.

Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made.

Please ensure all relevant information is attached to this Enrolment Form when submitting as forms will not be processed unless complete. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

OFFICE USE ONLY

DATE RECEIVED.....

- \$50 NON-REFUNDABLE ENROLMENT APPLICATION & ADMINISTRATION FEE PAID
- IMMUNISATION HISTORY STATEMENT
- BIRTH CERTIFICATE
- BAPTISM CERTIFICATE (IF APPLICABLE)
- ADDRESS VERIFICATION DOCUMENTATION
- VISA DOCUMENTATION (IF APPLICABLE)
- ENGLISH ADDIT. LANGUAGE (EAL)
- NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

STUDENT DETAILS

| | | | |
|---|--------------------------------------|--|--|
| Surname: | | Given name(s): | |
| Preferred name: | Date of birth: | | |
| House Number: | Street Name: | | |
| Suburb: | State: | Postcode: | |
| M (Male): <input type="checkbox"/> | F (Female): <input type="checkbox"/> | Self identified / X (Indeterminate/Intersex/Unspecified): <input type="checkbox"/> | |
| Religion: (include rite) | | | |
| Kindergarten/Preschool attended: | | | |
| Address: | | Phone No: | |
| Do you intend to apply for a place at any other school for your child in 2024? | | No <input type="checkbox"/> Yes <input type="checkbox"/> - provide details | |
| Does the student have a sibling at this school? | | Name: _____ Year level in 2023: _____ | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> - provide details | | Name: _____ Year level in 2023: _____ | |

COMMUNICATION

Please nominate an e-mail address the school can use to send future correspondence.

STUDENT NATIONALITY AND CITIZENSHIP

Government Requirement

Nationality:

Ethnicity:

In which country was the student born?

Australia Other (*please specify*):

Date of arrival in Australia OR Date of return to Australia:

What is the residential status of the student? Permanent Temporary

Evidence of Australian Residency:

Australian Citizen Permanent Resident
 Eligible for Australian Passport Temporary Resident
 Other/Visitor/Overseas Student

Visa sub class:**

Visa expiry date:

Previous visa sub class:

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

**** Please note that all enrolments for students with visas require approval through Melbourne Archdiocese Catholic Schools (MACS). Refer to the Dependant Full Fee Overseas Student policy ([link](#)) for further information**

Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified

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/Guardian1/Carer1) | Student Contact 2 (Parent2/Guardian2/Carer2) |
|---|--------------------------|---|---|
| English only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other - <i>please specify all languages</i> | | | |

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

Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census

SACRAMENTAL INFORMATION

Baptism

Date:

Parish:

Parish where the student lives:

STUDENT CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------|------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|--|--|
| Title: (Dr./Mr./Mrs./Ms./Mx.) | | Surname: | | Given name: | | | | | | | | | | | | | |
| House Number: | | Street Name: | | | | | | | | | | | | | | | |
| Suburb: | | | State: | | Postcode: | | | | | | | | | | | | |
| Telephone: | Home: | | Work: | Mobile: | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | |
| Relationship to student: | | | | | | | | | | | | | | | | | |
| Government Requirement | Occupation: | What is the occupation group? (Select from list of occupation groups in the School Family Occupation Index) <table style="float: right; margin-left: 20px;"> <tr> <td>A</td><td><input type="checkbox"/></td> <td>B</td><td><input type="checkbox"/></td> </tr> <tr> <td>C</td><td><input type="checkbox"/></td> <td>D</td><td><input type="checkbox"/></td> </tr> <tr> <td>N</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> </table> | | | | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | N | <input type="checkbox"/> | | |
| A | <input type="checkbox"/> | B | <input type="checkbox"/> | | | | | | | | | | | | | | |
| C | <input type="checkbox"/> | D | <input type="checkbox"/> | | | | | | | | | | | | | | |
| N | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Religion: (include rite) | | | | | | | | | | | | | | | | | |
| Country of birth: Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify): | | | | | | | | | | | | | | | | | |
| Aboriginal or Torres Strait Islander origin: No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Nationality: | | Ethnicity if not born in Australia: | | | | | | | | | | | | | | | |
| Visa subclass: | | Visa expiry: | | | | | | | | | | | | | | | |
| Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified | | | | | | | | | | | | | | | | | |
| Do you speak a language other than English at home? <i>Note: Record all languages spoken</i> | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> | Year 10 or equivalent <input type="checkbox"/> | Year 11 or equivalent <input type="checkbox"/> | Year 12 or equivalent <input type="checkbox"/> | | | | | | | | | | | | | | |
| What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) 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"/> | | | | | | | | | | | | | | |

STUDENT CONTACT 2 (PARENT 2 /GUARDIAN 2/CARER 2)

| | | | | | |
|---|--------------------|---|---------------|----------------------------|----------------------------|
| Title: (Dr./Mr./Mrs./Ms./Mx.) | | Surname: | | Given name: | |
| House Number: | | Street Name: | | | |
| Suburb: | | | State: | | Postcode: |
| Telephone: | Home: | | Work: | | Mobile: |
| Email: | | | | | |
| Relationship to student: | | | | | |
| Government Requirement | Occupation: | What is the occupation group? (Select from list of occupation groups in the School Family Occupation Index) | | A <input type="checkbox"/> | B <input type="checkbox"/> |
| | | | | C <input type="checkbox"/> | D <input type="checkbox"/> |
| | | | | N <input type="checkbox"/> | |
| Religion: (include rite) | | | | | |
| Country of birth: Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify): | | | | | |
| Aboriginal or Torres Strait Islander origin: No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> | | | | | |
| Nationality: | | Ethnicity if not born in Australia: | | | |
| Visa subclass: | | Visa expiry: | | | |
| Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified | | | | | |
| Do you speak a language other than English at home? <i>Note: Record all languages spoken</i> | | | | | |

| | | | |
|--|--|--|--|
| 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 <input type="checkbox"/> | Year 9 or below <input type="checkbox"/> | Year 9 or below <input type="checkbox"/> | Year 9 or below <input type="checkbox"/> |
| What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed? | | | |
| No post-school qualification <input type="checkbox"/> | No post-school qualification <input type="checkbox"/> | No post-school qualification <input type="checkbox"/> | No post-school qualification <input type="checkbox"/> |

EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT/GUARDIAN/CARER)

| Person 1 | Person 2 |
|-------------------------------------|-------------------------------------|
| Surname Given Name: | Surname: Given Name: |
| Relationship to student: | Relationship to student: |
| Home telephone: | Home telephone: |
| Mobile: | Mobile: |

MEDICAL INFORMATION

| | | | |
|----------------------------------|--|-----------------------------|----------------|
| Doctor's name: | | | |
| Doctor's address: | | | |
| Telephone: | | | |
| Medicare number: | | Ref number: | Expiry: |
| Private health insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fund: | Number: |
| Ambulance cover: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Number: | |
| Health Care Card: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Health Care Card No: | Expiry: |

Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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.

Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety

**Medical condition/
diagnoses:**

| | | |
|---|------------------------------|-----------------------------|
| 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"/> |
| If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents. | | |
| If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents. | | |
| IMMUNISATION <i>(please attach an immunisation history statement)</i> | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> If no, please provide explanation: | | |
| If the student entered Australia on a humanitarian visa, did they receive a refugee health check? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your child present with: | | |
| <input type="checkbox"/> autism (ASD) | <input type="checkbox"/> behavioural concerns | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> intellectual disability/ developmental delay | <input type="checkbox"/> mental health concerns | <input type="checkbox"/> oral language/communication difficulties |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> vision impairment |
| <input type="checkbox"/> giftedness | <input type="checkbox"/> physical impairment | <input type="checkbox"/> chronic health problem |
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> Other condition (please specify): | | |
| Has your child ever seen a: | | |
| <input type="checkbox"/> paediatrician | <input type="checkbox"/> physiotherapist | <input type="checkbox"/> audiologist |
| <input type="checkbox"/> psychologist/counsellor | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> speech pathologist |
| <input type="checkbox"/> psychiatrist | <input type="checkbox"/> continence nurse | <input type="checkbox"/> optometrist |
| <input type="checkbox"/> Other specialist (please specify): | | |
| Have you attached all relevant information and reports? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | |
|--|---------------|---|
| FUTURE ENROLMENTS | | |
| To assist with our future planning, please list any younger siblings in your family and which year you anticipate they will commence school. | | |
| Name | Date of Birth | Expected Year of Entry into Foundation (Prep) |
| | | |
| | | |
| | | |

HOME CARE ARRANGEMENTS

Living with immediate family

Out-of-home care

Guardian/Carer

Kinship care

Shared parenting, e.g. *one week with each parent*:

Days with Parent 1/Guardian 1/Carer 1: _____

Days with Parent 2/Guardian 2/Carer 2: _____

Other (*please specify*)

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?

SCHOOL FEES/LEVIES PAYER DETAILS

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

Parent/Guardian #1 100%

Parent/Guardian #2 100%

Parent/Guardian #1 50% / Parent/Guardian #2 50%

Other arrangements (please specify):

Please note, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.

CONDITIONS OF APPLICATION

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 St. Joseph's 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 St. Joseph's 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 St. Joseph's School, once offered and accepted.

Proof of residence is required for **all families** and parents/guardians should be aware that all address details may be verified by an external source. **ORIGINAL** documents required to be sighted are:

A CURRENT PASSPORT or DRIVER'S LICENCE

AND

AN ELECTRICITY/GAS ACCOUNT or TELEPHONE ACCOUNT SHOWING CURRENT RESIDENTIAL ADDRESS

These documents will need to be presented at the school office when submitting this form.

In making this application I/we:

- Give consent for St. Joseph's School to use an external agency to verify addresses
- Agree to information sharing between my child's kindergarten and St. Joseph's School and have completed the *Consent for Transferring Information* form (attached)
- Acknowledge having been provided with an indication (in the form of the current School Fees and Student Levies and Uniform Price List) of the likely costs associated with schooling at St. Joseph's School
- Acknowledge having read and understood the school's *Enrolment Policy*
- Acknowledge having read, understood and signed the school's *Privacy Policy – Standard Collection Notice* (attached)

Should this application be successful and an offer of enrolment made which we accept, I/we:

- Agree to support the St. Joseph's *Behaviour Management Policy*
- Agree to pay any and all fees and costs by the nominated due dates
- Agree to purchase and wear only the prescribed school uniform from the uniform supplier, *A Plus Schoolwear*

I/we accept the Conditions of Application outlined above and certify that the information given in this document is true.

I/we understand that the provision of any misleading or inaccurate information, or the deliberate withholding of relevant information, will make this application or subsequent offer of a place at St. Joseph's School, null and void.

I/we also understand that failure to meet financial obligations may jeopardise ongoing enrolment, and result in any outstanding amounts being placed in the hands of a collection agency.

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: sjbwickw.catholic.edu.au

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