

St Leonard's Primary School Enrolment Form



St Leonard's Primary 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 Leonard's Primary 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. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

DUE DATE: 31/05/2024

STUDENT DETAILS

Surname:

Given name/s:						Prefer	red name:		
Does the student have a sibling at this school?			Yes		No □				
STUDENT CO	ONTAC	T 1 (PA	RENT 1/GUAI	RDIAN 1/C	ARER 1)				
Title: (Dr./Mr./Mrs./Ms./Mx.)			Surname:						
House Numb	er:		Street Name	:					
Suburb :			State:				Postcode:		
Telephone:	Hom	e:		Work:			Mobile:		
SMS messaging: (for emergency and reminder purposes)					Yes	; 	No □		
Email:									
Relationship to student:									
Government Occupation:				What is the occupation group? (Select from list of occupation groups in the School Family Occupation Index)			p? A □ B □ C □ D □ N □		
Religion: (inc	lude rit	e)							
Country of birth: Australia □ Other □ (please specify):									
Aboriginal or	Aboriginal or Torres Strait Islander origin: No \square Yes, Aboriginal \square Yes, Torres Strait Islander \square								
Nationality:				Ethnicity if in Australia		rn			

Visa subclass	: :					/isa 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? Note: Record all languages spoken										
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 Year 1 □ □			10 or equivalent			Year 11 or equivalent □			Year 12 o equivalen □	
What is the le has complete		the hig	hest qualifica	tion S	tude	ent Contact 1	l (Pare	ent 1	/Guardian	1/Carer 1)
No post-school Certifi			ding trade			Advanced diploma			Bachelor above	degree or
STUDENT CO	NTAC	T 2 (PA	RENT 2 /GUAF	RDIAN	2/C	ARER 2)				
Title: (Dr./Mr./Mrs./M	ls./Mx.)	Surname:				Given name:			
House Number	er:		Street Name:							
Suburb :						State:			Postcode:	
Telephone:	Hom	e:	Wor k:	. 1			Мо	bile:		
SMS messaging: (for emergency and reminder purposes) Yes □ No						No □				
Email:										
Relationship t	to stu	dent:								
Government Requirement			ion:		What is the occupation (Select from list of occu groups in the School Fa Occupation Index			pation	A □ B □ C □ D □ N □	
Religion: (incl	ude rit	e)								
Country of bir	rth: A	ustralia	□ Other	□ (plea	ase	specify):				
Aboriginal or Torres Strait Islander origin: No \square Yes, Aboriginal \square Yes, Torres Strait Islander \square										
Nationality:					Ethnicity if not born in Australia:					
Visa subclass	class: Visa				a ex	piry:				
			evidence of vi					ent o	f Home A	ffairs,

Do you speak a English at hom languages spoke								
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	Year 10 □	or equivale	r equivalent Year 11 or equiva			quivale	ent Year 12 or equivalent	
What is the level has completed		qualificati	on Stude	ent C	ontact	2 (Pa	rent 2/Guardian 2/Carer 2)	
No post-school qualification	Certifica (includin certificat				nced na/Diploma		Bachelor degree or above □	
STUDENT DETA	AILS							
Surname								
Given name/s:				Pre nar	ferred ne:			
Entry year (YYYY):				Ent	ry el/grad	le:		
Date of birth:		Religion:	: (include					
Home Address	:							
M (Male): □	e): F (Femal			,			leterminate/Intersex/Unspec	
PREVIOUS SCHOOL/PRESCHOOL								
Name and addr	ess of previous	school/pre	eschool:					
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning: No □ Yes □ (If yes, please complete the Consent for Transferring Information form.)						(If yes, please complete the Consent for Transferring		
(If yes Interst Note a refer to					Yes (If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)			
	AND CITIZENSHII							
Government Re	equirement	Nationality	ty: Ethnicity:			nicity:		
In which count student born?	ry was the	☐ Australia	a □C	Other	(pleas	e spec	ify):	

Date of arri	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 fo	or Austr	alian Passport	☐ Tempo	rary F	Resident						
☐ Other/Vis	sitor/Ove	erseas Student									
Visa sub cl	ass**:			Visa expiry date:							
Previous v	isa sub	class:									
** Please n Melbourne Student po Please pro	* 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										
		or their student co at home? Note: R					s)) speak a language				
	Student Student Contact 1 Student Contact 2 (Parent1/Guardia (Parent2/Guardian2/n1/Carer1) Carer2)										
No	Englisl	n only									
Yes	Other – please specify all languages										
	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 □		•	rres etran ron	arraci			,				
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:							
Confirmation	on	Date:		Par	ish:						
Parish where the student lives:											

(PARENT/GUARDIAN/CARER) Person 2 Person 1 Surname: Surname **Given Name: Given Name:** Relationship to Relationship to student: student: Home Home telephone: telephone: Mobile: Mobile: **MEDICAL INFORMATION** Doctor's name: **Doctor's address:** Telephone: Medicare number: Ref number: Expiry: Private health Yes □ No □ Fund: Number: insurance: Ambulance cover: Yes □ No □ Number: **Health Care Card: Health Care Card No:** Yes □ No □ **Expiry:** Medical Please specify all relevant medical and/or health conditions for the student. e.g. asthma, diabetes, anaphylaxis, continence/toileting and/or any condition/ diagnoses: 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 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 □

EMERGENCY CONTACTS - OTHER THAN STUDENT CONTACTS

Medical Management policy, first aid policy, and supporting documents.

If the student has identified medical and/or health condition/diagnoses, please consider the

If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents. IMMUNISATION (please attach an immunisation history statement) 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 □ No \square If no, please provide explanation: If the student entered Australia on a humanitarian Yes □ No □ visa, did they receive a refugee health check? 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 Yes No □ Disability Insurance Scheme (NDIS) support? Does your child present with: □ autism (ASD) ☐ behavioural concerns hearing impairment ☐ intellectual disability/ ☐ mental health oral language/communication developmental delay concerns difficulties ADD/ADHD acquired brain injury vision impairment giftedness physical impairment other condition (please specify) Has your child ever seen a: physiotherapist audiologist paediatrician psychologist/counsellor occupational therapist speech pathologist other specialist (please specify) psychiatrist continence nurse Yes □ No □ Have you attached all relevant information and reports? SIBLINGS ATTENDING A SCHOOL/PRESCHOOL List all children in your family attending school or preschool (oldest to youngest) - include applicant: Name School/preschool Year/grade Date of birth

HOME CARE	ARRANGEME	NTS							
☐ Living wi	ith immediate fa	mily	□ Out-of-home care						
☐ Guardiai	n/Carer		□ 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:						
☐ Kinship	care			□ Other (please specify)					
COURT ORD	ERS OR PARE	NTING ORDERS (i	f app	licable)					
	current court or g to the student	rders or parenting ?	Ye	es 🗆	No				
		orders/parenting ord t court orders) mus			amily Court/Fe	ederal Magistrates			
Is there any o	other information	you wish the scho	ol to l	oe aware of?					
SCHOOL FE	ES/LEVIES PAY	ER DETAILS							
To whom the	account for sch	ool fees and levies	is ser	nt?					
Surname	First name	Address and ema	Address and email Telephone Relations the stude						
		the parent / carers d's enrolment at t			oonsible for tl	he payment of			
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 the 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 the 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 the School, once offered and accepted.									
Student Contact 1 parent 1/guardian 1/ carer 1 signature: Date:						: :			
Student Con parent 2 /gua carer 2 signa	ardian 2/				Date	:			
Note: The Vict requirements:	orian Governme	ent provides the follo	owing	guidance re	garding admis	sion			

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 www.leonardsgwav.catholic.edu.au.

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