



St Jude's Parish Primary School

30 Warrandyte Road

Langwarrin VIC 3910

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APPLICATION FOR ENROLMENT

NAME OF STUDENT:

COMMENCEMENT YEAR LEVEL:

COMMENCEMENT YEAR:

OFFICE USE ONLY

Date received:	Enrolment Fee \$ _____ Receipt. RCV _____ Date: _____
Start Date:	Baptismal Certificate Received:
Student/family code:	Birth Certificate Received:
English as second language: Yes / No	Immunisation Certificate Received:

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"/>	VSN (for student transfers): _____
Family Health Card Card: Y <input type="checkbox"/> N <input type="checkbox"/>	Health Care Card Number:	

HOME ADDRESS OF STUDENT

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

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	

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

PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

Name of previous school/pre-school:
I/We give permission for school to contact previous school or pre-school: Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONALITY		
GOVERNMENT REQUIREMENT	Nationality:	
In which country was the student born:	Australia <input type="checkbox"/>	Other – please specify & ask school office for additional form:
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			

MEDICAL INFORMATION				
Doctor's name:				
Street number and 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:		
Medical Condition:	<i>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.</i>			
Allergies:	<i>Please list any known allergies the student has eg. allergy to nuts, penicillin, bee stings including specific details.</i>			
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"/>

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 <input type="checkbox"/>	No <input type="checkbox"/>
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"/>
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FEES/LEVIES				
Who will be responsible for the payment of the school fees and levies? Please tick a box				
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other:

FATHER/GUARDIAN INFORMATION				
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? (select from list of parental occupation groups in the School Family)		
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"/>	Year 12 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"/>	

MOTHER/GUARDIAN INFORMATION				
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? (select from list of parental occupation groups in the School Family)		
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"/>	Year 12 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"/>	

EMERGENCY CONTACTS – OTHER THAN PARENT			
1. Name:		2. Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	
Business:		Business:	

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?

COMMITMENT AND ACCEPTANCE FORM

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
 - Parents & Friends functions.
 - Year level excursions, School Sports Day.
- To attend one family working bee each year or pay a levy as determined by the Parish Education Board.
- To support St Jude's discipline and curriculum policies and to assist the school with the implementation of these policies.

VERY IMPORTANT PLEASE FILL IN AND SIGN

I have attached a copy of the Baptism Certificate YES ☐ NO ☐

I have attached a copy of the Immunisation Certificate YES ☐ NO ☐

I have attached a copy of the Birth Certificate YES ☐ NO ☐

I acknowledge receipt of the School's Privacy Policy YES ☐ NO ☐

I enclose the enrolment fee (non-refundable) of \$50.00
(Foundation Year enrolments only) YES ☐ NO ☐

Mother/Guardian's Signature: _____

Date: _____ / _____ / _____

Father/Guardian's Signature: _____

Date: _____ / _____ / _____