ST JOSEPH’S PRIMARY SCHOOL
TRAFALGAR

APPLICATION FOR ENROLMENT
(Student & Parent Details)

Student Name: .................................................................

(Office Use Only):
Student Registration No: ..............................................

Date of Enrolment: ..........................................................
DATE OF APPLICATION: ........................................

STUDENT DETAILS:
Surname: ........................................................................................................................................
(As shown on birth certificate – copy of which must accompany this application.)

First Given Name: .................................................................................................................................
(Used on Official Documentation)

Preferred Name: ................................ Second Given Name: ..........................................................

RESIDENTIAL ADDRESS:
(This is the address at which the student resides during the school week)

Number & Street Name: ..........................................................................................................................

Town/City: ................................................ Post Code: .................................................................

DATE OF BIRTH: ........................ Telephone: .................................................................

SEX:   Male    Female

COUNTRY OF BIRTH: ....................................................

RELIGION: ..............................................................

RANK IN FAMILY: ..............................................(E.g. 1st, 2nd, 3rd, 4th, child, etc)

Does the student speak a language other than English at Home?
(If more than one language, indicate the one that is spoken most often.)

No, English only spoken    (Tick)

Yes, Other language spoken, please specify

PREVIOUS KINDERGARTEN: ...................................................

PREVIOUS SCHOOL: ...........................................................................................................................

GRADE AT PREVIOUS SCHOOL: ..........................................................

TRANSPORT TO SCHOOL:  (Tick)
Car    Walk    Bus    Bike

Bus Route Travelled:

Distance from home to school: ..........kms

Bus travellers to complete the official bus application attached.

My child will be regularly picked up by:
1 ................................................................. 2 .................................................................
3 ................................................................. 4 .................................................................

(Please list parents, grandparents, guardians, friend.)

Does the child have a Victorian Student Number?

Yes – please specify    __ __ __ __ __ __ __ __ __ __ (9 digits)

Yes – but the VSN is unknown.

No – the child has never been issued a VSN.
SACRAMENTAL DETAILS:

<table>
<thead>
<tr>
<th>Baptised:</th>
<th>YES: [ ]</th>
<th>NO: [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:……………………………………………………</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place:……………………………………………………</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Copy of Baptism Certificate must accompany this application.**

**Reconciliation:**

| Date:…………………………………………………… |
| Place:…………………………………………………… |

**Eucharist:**

| Date:…………………………………………………… |
| Place:…………………………………………………… |

**Confirmation:**

| Date:………………………………………………… |
| Place:………………………………………………… |

IMMUNISATION:

**Completed immunisation certificates, which are available from Medicare, must accompany this application.** Please note that unfortunately, photocopies from Infant Welfare Booklets are not acceptable.

USE OF PHOTOGRAPHS:

I give permission for my child to be photographed and for the photos to be used without acknowledgement, remuneration or compensation in various St Joseph’s and Catholic Education Office Diocese of Sale publications. Publications may include, but are not limited to, newsletters, parent handbooks, brochures, annual reports, newspaper advertisements, posters and the school/Catholic Education Office Diocese of Sale website.

Signature of Parent/Guardian:………………………………………………………………
Date:…………………………………………………………………………………………

I do not give permission for my child’s photograph to be used at any time.

Signature of Parent/Guardian:………………………………………………………………
Date:…………………………………………………………………………………………

PARENT PARTICIPATION:

Please tick below any areas in which you may like to contribute to our school’s activities:

- Parents & Friends Committee [ ] Library [ ]
- Maintenance [ ] Perceptual Motor Program (PMP) [ ]
- Swimming Program [ ] Reading Parent [ ]
PARENT/GUARDIAN 1 : DETAILS
Please supply details Parent/Guardian 1 of the student, residing in the family home.

NAME:
Surname:..........................................................................................................................................
First Given Name:..............................................................................................................................
Preferred Name:..................................................Second Given Name:..........................................
Title:...........................................(Mr, Mrs, Ms, Miss)

RESIDENTIAL ADDRESS:
Number & Street Name:.....................................................................................................................
Town/City:.........................................................................................................................................
Post Code:...............................................................................................................................
Home Phone:.............................................................................................................................
Mobile Phone:.............................................................................................................................
Work Phone:............................................................................................................................... Email Address:.................................................................................................................................

POSTAL ADDRESS: (if different from residential address)
Address:.............................................................................................................................................
Town/City:.........................................................................................................................................
Post Code:...............................................................................................................................
Correspondence should be addressed to: Guardian 1 ☐ Guardian 2 ☐ Both ☐ (Tick One)
Using the following address: Postal Address: ☐ Residential Address: ☐ (Tick One)

PLACE OF WORK DETAILS:
The following information is required by the Australian Federal Government.
Employer's Name:..........................................................................................................................
Employer's Address:..........................................................................................................................
Town/City:.........................................................................................................................................
Post Code:.........................................................................................................................................
Phone:................................................................................................................................. Can you be contacted at work? Yes ☐ No ☐
(Please include extension if applicable.)
Occupation:................................................................................................................................ Full-Time: ☐ Part-Time: ☐ Casual: ☐
Occupation Group:..................................................................................................................(A, B, C, D or N as per the attached chart.)

Please select the appropriate occupation group letter from the attached chart.
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.
Do you speak a language other than English at home?
No, English only ☐ (Tick)

If more than one language, indicate the one that is spoken most often.
Yes, other – please specify ____________________

What is the highest level of primary or secondary school you have completed? Please tick one.
Year 12 or equivalent… ☐
Year 11 or equivalent… ☐
Year 10 or equivalent… ☐
Year 9 or equivalent or below… ☐

For persons who have never attended school, mark ‘Year 9 or equivalent or below’.

What is the highest qualification the parent/guardian has completed? Please tick one.
Bachelor degree or above… ☐
Advanced Diploma/Diploma… ☐
Certificate I to IV… ☐ (including trade certificate)
No non-school qualification… ☐

RELIGION: __________________________________________________________
COUNTRY OF BIRTH: ________________________________________________
RELATIONSHIP TO STUDENT: _______________________________________
(E.g. Mother, Father, Stepmother, etc.)

FEE PAYER (Please tick one of the following boxes)
PARENT/GUARDIAN 1 (Residential Guardian) ☐
PARENT/GUARDIAN 2 (Residential Guardian) ☐
PARENT/GUARDIAN 3 (Non-Residential Guardian) ☐

If you have any queries regarding payment of fees please contact the office.
Emergency Contact Details

Please Note:
The school requires details of a close friend or relative who is readily available to assist with the collection of a student from the school office, in the event that we cannot contact any of the student’s parents/guardians.

*A person you authorise to make medical decisions on your child’s behalf.*

**Emergency Contact Person 1**

Surname:........................................................................................................................................
Given Name:...................................................................................................................................
Address:...........................................................................................................................................
............................................................................................................................................................
Home Phone:.........................................................
Mobile:.................................................................
Work Phone:...........................................................

Relationship to Student/Family:........................................................................................................
(Uncle, Aunt, Friend, etc)

**Emergency Contact Person 2**

Surname:........................................................................................................................................
Given Name:...................................................................................................................................
Address:...........................................................................................................................................
............................................................................................................................................................
Home Phone:.........................................................
Mobile:.................................................................
Work Phone:...........................................................

Relationship to Student/Family:........................................................................................................
(Uncle, Aunt, Friend, etc)
**ADDITIONAL INFORMATION:**
The following information is required by the Australian Federal Government.

* Is the student of Aboriginal or Torres Strait Island origin?

No………………………………………………………………………………………………………... (Tick One)
Yes, Aboriginal…………………………………………………………………………………………
Yes, Torres Strait Islander…………………………………………………………………………………
Yes, both Aboriginal and Torres Strait Islander……………………………………………………

* Are you eligible for Education Maintenance Allowance?

Yes: □ No: □ (Tick)

* Do you have a current Health Care Card?

Yes: □ No: □ (Tick)

Health Care Card No:…………………………………………………………………………………………
(Please attach a photocopy of your Health Care Card)

**ACCIDENT DECLARATION:**
Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion or activity to:
- Consent to my child receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.
I also accept that my child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any costs associated with this be met by me.

Signature of Parent/Guardian:………………………………………………………………………………
Date:………………………………………………………………………………………………………………

**FEES:**
I undertake to pay school fees as set by the school. I am also familiar with the procedures of St Joseph’s Primary School and I endeavour, along with my child, to support the school in the implementation of these procedures.

Signature of Parent/Guardian:………………………………………………………………………………
Date:………………………………………………………………………………………………………………
Occupation Group

Please select the appropriate group from the following list. 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.

List of Parental Occupations:

**OCCUPATION GROUP A**
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:
- **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]

**OCCUPATION GROUP B**
Other business managers, arts/media/sportspersons 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 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:
- **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
OCCUPATION GROUP C
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 / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

OCCUPATION GROUP D
Machine operators, hospitality staff, assistants, labourers and related workers

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]
MEDICAL INFORMATION:
Please complete and sign, even if the student has no medical condition to report.

CONFIDENTIAL

Student Surname:...........................................................................................................

Student Christian Name:....................................................................................................

Date of Last Tetanus Injection:............................................................................................

Ambulance Cover:    Yes    No     (Tick)

Major illness or disability:    Yes    No     (Tick)

If Yes, please give details:
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

Allergies:    Yes    No     (Tick)

If Yes, please give details:
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

Asthma:    Yes    No     (Tick)

(If severe/life threatening – please complete Asthma Management Form.) Please note that asthma medication will only be given as per Asthma Management Program signed by a GP.

Doctor:..........................................................................................................................

Town:........................................ Telephone:..........................................................

Medicare No:.................................. Expiry Date:..................................................

Medication

Will your son or daughter be required to take medication at school?    Yes / No (Circle)

If yes, please name medication:..................................................................................

Medication must be handed in to the office and held at the Sickbay with clear and thorough instructions for dosage and distribution to the student at the appropriate times.  Students are responsible for reporting to the office and taking medication.

NORMAL PRACTICE AT THE SCHOOL IN THE EVENT OF AN ILLNESS AND/OR EMERGENCY.

- Students are held in sickbay for immediate observation/treatment.
- No analgesic (e.g. Panadol) is permitted to be dispensed from the school office.
- Medication prescribed for students must be left at the office for safekeeping and an authority to administer medication form must be completed and signed by the parent/guardian.
- Parents or emergency contacts are contacted if medical attention is needed or if the student needs to go home.
- An ambulance is called if there is any uncharacteristic loss of consciousness or if there is any doubt about the nature of the injury, when the parents are not contactable, or the situation is deemed urgent.

Signature of Parent/Guardian:..................................................................................

Date:..........................................................................................................................
PARENT/GUARDIAN 2 : DETAILS
Please supply details of the Parent/Guardian 2 of the student, residing in the family home.

NAME:
Surname:............................................................................................................................................
First Given Name:...............................................................................................................................
Preferred Name:........................................Second Given Name:.......................................................
Title:.....................................(Mr, Mrs, Ms, Miss)

RESIDENTIAL ADDRESS:
Number & Street Name:....................................................................................................................
Town/City:...........................................................................................................................................
Post Code:.......................................................................................................................................... 
Home Phone:.................................................................................................................................
Mobile Phone:..............................................................................................................................
Work Phone:.................................................................................................................................
Email Address:..............................................................................................................................

POSTAL ADDRESS: (if different from residential address)
Address:............................................................................................................................................... 
Town/City:........................................................................................................................................
Post Code:........................................................................................................................................
Correspondence should be addressed to: Guardian 1 ☐ Guardian 2 ☐ Both ☐ (Tick One)

Using the following address: Postal Address: ☐ Residential Address: ☐ (Tick One)

PLACE OF WORK DETAILS:
The following information is required by the Australian Federal Government.
Employer's Name:..............................................................................................................................
Employer's Address:............................................................................................................................
Town/City:........................................................................................................................................
Post Code:........................................................................................................................................
Phone:................................................................................................................................. Can you be contacted at work? Yes ☐ No ☐
(Please include extension if applicable.)
Occupation:.................................................. Full-Time: ☐ Part-Time: ☐ Casual: ☐
Occupation Group:........................................... (A, B, C, D or N as per the attached chart.)

Please select the appropriate occupation group letter from the attached chart. 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.**
Do you speak a language other than English at home?
No, English only [Tick]
If more than one language, indicate the one that is spoken most often.
Yes, other – please specify

What is the highest level of primary or secondary school you have completed? Please tick one.
Year 12 or equivalent
Year 11 or equivalent
Year 10 or equivalent
Year 9 or equivalent or below
For persons who have never attended school, mark ‘Year 9 or equivalent or below’.

What is the highest qualification the parent/guardian has completed? Please tick one.
Bachelor degree or above
Advanced Diploma/Diploma
Certificate I to IV (including trade certificate)
No non-school qualification

RELIGION:
COUNTRY OF BIRTH:
RELATIONSHIP TO STUDENT: (E.g. Mother, Father, Stepmother, etc.)
PARENT/GUARDIAN 3 : DETAILS
Please supply details of any caring parent/guardian of the student, WHO IS NOT RESIDING IN THE PRIMARY CARING PARENT/GUARDIAN IN THE FAMILY HOME (E.G. separated parent).

NAME:
Surname:...........................................................................................................................................
First Given Name:.................................................................................................................................
Preferred Name:............................................Second Given Name:...................................................
Title:.............................(Mr, Mrs, Ms, Miss)

RESIDENTIAL ADDRESS:
Number & Street Name:....................................................................................................................
Town/City:........................................................................................................................................
Post Code:......................................................................................................................................
Home Phone:..................................................
Mobile Phone:................................................
Work Phone:...................................................
Email Address:................................................

POSTAL ADDRESS: (if different from residential address)
Address:............................................................................................................................................
Town/City:........................................................................................................................................
Post Code:......................................................................................................................................
Correspondence should be addressed to: Guardian 1 ☐ Guardian 2 ☐ Both ☐ (Tick One)

Using the following address: Postal Address: ☐ Residential Address: ☐ (Tick One)

PLACE OF WORK DETAILS:
The following information is required by the Australian Federal Government.
Employer’s Name:.............................................................................................................................
Employer’s Address:..........................................................................................................................
Town/City:........................................................................................................................................
Post Code:......................................................................................................................................
Phone:................................................................. Can you be contacted at work? Yes ☐ No ☐
(Please include extension if applicable.)
Occupation:.............................................................. Full-Time: ☐ Part-Time: ☐ Casual: ☐
Occupation Group:.............................................. (A, B, C, D or N as per the attached chart.)

Please select the appropriate occupation group letter from the attached chart.
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.
Do you speak a language other than English at home?
No, English only ☐ (Tick)

If more than one language, indicate the one that is spoken most often.
Yes, other – please specify

What is the highest level of primary or secondary school you have completed? Please tick one.
Year 12 or equivalent ☐
Year 11 or equivalent ☐
Year 10 or equivalent ☐
Year 9 or equivalent or below ☐
For persons who have never attended school, mark ‘Year 9 or equivalent or below’.

What is the highest qualification the parent/guardian has completed? Please tick one.
Bachelor degree or above ☐
Advanced Diploma/Diploma ☐
Certificate I to IV ☐
(including trade certificate)
No non-school qualification ☐

RELIGION: .................................................................
COUNTRY OF BIRTH: .................................................................
RELATIONSHIP TO STUDENT: .................................................................
(E.g. Mother, Father, Stepmother, etc.)