



# St. Francis of Assisi Primary School Enrolment Form

312 Childs Road, Mill Park. Phone 9407.3100  
email principal@sfmillpark.catholic.edu.au

**Confidential**

Student's **FIRST Name / SURNAME** .....

APPLICATION FOR GRADE

IN

2024

Date of this application .....

## APPLICATION PROCESS / PROCEDURE

Families are invited to lodge applications from February prior to the year that your son / daughter will begin school. We close our applications for Prep at the end of May and advise families of their placement in the middle of June.

If you are intending to lodge this application, please ensure that the following documentation is attached:

- A copy of the Birth Certificate.
- A copy of the Baptismal Certificate.
- The original School Entry Immunisation Certificate supplied from the Council or a Certificate from the Australian Childhood Immunisation Register.
- If your child was born out of Australia, we require a copy of their Visa and Passport.
- Signed copy of the Enrolment Form.
- PLEASE NOTE: An enrolment administration fee of **\$80 applies to new families (\$40 for existing)**. This is payable at the time of lodging an application.
- Upon acceptance of a place, a **\$200 non-refundable deposit is to be paid**. This amount will be deducted from the Term 1 school fees.

If you require further information regarding our Open Days, Enrolment Policy, Fees & Charges, Programs and Policies as well as general information, please refer to our website. Should you wish to visit the school for a tour, you are most welcome to call to make an appointment for a personal tour.

Yours sincerely,

**Mark Basile**  
**Principal**

# St Francis of Assisi Catholic Primary School



St Francis of Assisi Catholic 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 (MACS), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

<b>OFFICE USE ONLY</b>	Date received:	Birth certificate attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Enrolment date:	English as an Additional Language:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Start date:	House colour:			
	Student/family code:	VSN:			
	Immunisation history statement attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visa information attached (if relevant):	Yes <input type="checkbox"/>

STUDENT DETAILS		
Surname:	Entry year (YYYY):	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion: (include rite)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>

HOME ADDRESS OF STUDENT	
Street number and name:	
Suburb:	Postcode:
Home phone:	

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

PREVIOUS SCHOOL/PRESCHOOL PERMISSION
Name and address of previous school/preschool:

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL			
List <b>ALL</b> children in your family (oldest to youngest) – include applicant:			
Name	School / preschool /	Year/grade	Date of birth

NATIONALITY				
Government Requirement		Nationality:		Ethnicity:
In which country was the student born?		<input type="checkbox"/> Australia		<input type="checkbox"/> Other – please specify:
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 <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>
<b>Does the student or their parent(s)/guardian(s) speak a language other than English at home?</b> Note: Record all languages spoken.				
		Student	Parent A/Guardian 1	Parent B/Guardian 2
<b>No</b>	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other – please specify all languages			

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*	
<b>Please tick the relevant category below and record the visa subclass number as per government requirements:</b> (original documents to be sighted and copies to be retained by the school)	
<b>Australian citizen not born in Australia:</b>	
<input type="checkbox"/>	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)
Australian passport number:	
Naturalisation certificate number:	
Visa subclass recorded on entry to Australia:	
Date of arrival in Australia:	
<b>Not currently an Australian citizen, please provide further details as appropriate below:</b>	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)
<b>* Please attach visa/ImmiCard/letter of notification and passport photo page.</b>	

IMMUNISATION (please attach an immunisation history statement for your child- most recent)	
All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit <a href="http://myGov">myGov</a> ) 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"/>

**MEDICAL INFORMATION**

Doctor's name:

Street number and name:

Suburb:

Postcode:

Phone:

Medicare number:

Ref number:

Expiry:

Private health insurance:

Yes No 

Fund:

Number:

Ambulance cover:

Yes No 

Number:

Medical condition:

Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, 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.

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 

Please provide the most recent Anaphylaxis Action Plan

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It 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 No 

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 issues  | <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"/> 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"/> other specialist (please specify) |

Have you attached all and any relevant information/reports?

Yes No

## FAMILY DETAILS

### Who Will Be Who Will Be The Nominated Person/s To Receive Fee Invoices & Statements

Surname	First name	Address	Phone	Relationship to the student
Email:				

## PARENT /GUARDIAN - MOTHER

Surname:		Title: (Mrs/Ms/Dr)	First Name:
Address:			
Home phone:		Work phone:	Mobile:
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <small>Please write clearly</small>			
<b>Government Requirement</b>	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation, attached)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
<b>What is the highest year of primary or secondary school Parent A/Guardian 1 MOTHER has completed?</b> (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"/>
<b>What is the level of the highest qualification Parent A/Guardian 1 has completed?</b>			
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"/>

## PARENT /GUARDIAN - FATHER

Surname:		Title: (Mr/ Dr )	First Name:
Address:			
Home phone:		Work phone:	Mobile:
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <small>Please write clearly</small>			
<b>Government Requirement</b>	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation, attached)	
Religion: (include rite)		Nationality: Ethnicity if not born in Australia:	
Country of birth:	Australia	Other (please specify):	
<b>What is the highest year of primary or secondary school Parent B/Guardian 2 has completed?</b> (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"/>
<b>What is the level of the highest qualification Parent B/Guardian 2 has completed?</b>			
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"/>

HOME CARE ARRANGEMENTS	
<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Carer/guardian	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (please specify)

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN (in the event we cannot contact you )	
<b>1. Name:</b>	<b>2. Name:</b>
Relationship to child:	Relationship to child:
Home phone:	Home phone:
Mobile:	Mobile:

COURT ORDERS OR PARENTING ORDERS (if applicable)	
Are there any current court orders or parenting orders relating to the student?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) <b>must be provided.</b></i>	
Is there any other information you wish the school to be aware of?	

COMMITMENT OF PARENTS	
I/We undertake the responsibility for payment of school fees and levies for the duration of the student's enrolment at St Francis of Assisi.	
I/We acknowledge that all signatories listed on this application remain jointly and severally liable for 100% of all school fees, levies and charges for students enrolled at St Francis of Assisi.	
I/We understand that any future changes to my/our marital status does not impede the responsibility of either signatory in regards to the above terms and conditions.	
I/We make a personal commitment that I/we will enable our child to participate in both Church and School activities as active members of the Parish	
I/We agree to observe the regulations regarding uniform and conduct.	
I/We understand that our family information will be shared between the school and the parish.	
Mother's Signature: .....	Date: .....
Print Name: .....	
Father's Signature: .....	Date: .....
Print Name: .....	

**PERMISSION FOR HEAD LICE INSPECTION**

I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.

I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.

Mother's Signature: ..... Date: .....

Print Name: .....

Father's Signature: ..... Date: .....

Print Name: .....

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.

**MOTHER – Print Name**

Date:

**PARENT/CARER/GUARDIAN**

**SIGNATURE:**

**FATHER - Print Name**

Date:

**PARENT/CARER/GUARDIAN**

**SIGNATURE:**

**SIGNATURE:**

**Note:** The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- student, if they are over 15 and living independently
- 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 @ <https://sfmillpark.catholic.edu.au/>.