



# St Malachy's School

## Enrolment Application

Student Information					
<b>Student's Full Name</b>					
<b>Preferred Name</b>					
<b>Address</b>				<b>Postcode</b>	
<b>Gender</b>	<i>Male</i>	<i>Female</i>	<b>1<sup>st</sup> Australian School Year</b>		
<b>Religion</b>					
<b>Sacraments Received</b> <i>Please supply copy of Baptism certificate</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Eucharist</i>	<i>Confirmation</i>	
<b>Date of Birth</b>			<b>Country of birth</b>		
<b>Previous School</b>			<b>Previous level</b>		
<b>Travel to School</b>	<i>Car</i>	<i>Walk</i>	<i>Bicycle</i>	<i>Bus (name)</i>	
	<i>If travelling by bus a separate form must be completed.</i>		<b>Distance from bus stop</b>		
<b>Special Needs</b>	<i>e.g speech pathologist, integration aide</i>				
<b>Language background</b>	<i>Does the student speak a language other than English at home?</i>			<i>Yes</i>	<i>No</i>
<i>If yes, please specify</i>					
	<i>Is the student of Aboriginal or Torres Strait Islander origin?</i>			<i>Yes</i>	<i>No</i>
<b>Parent orders</b>	<i>Are there any Family Court orders/Family Plans that have been issued in relation to the enrolling student?</i>				
	<i>Yes</i>	<i>No</i>	<i>If yes, supporting documentation must be provided.</i>		
<b>Other Relevant Information</b>					

Medical Information					
<b>Medical Conditions</b>					
<b>Usual Doctor</b>			<b>Phone Number</b>		
<b>Immunisation Certificate</b>	<i>Yes</i>	<i>No</i>	<b>Exemption Certificate</b>	<i>Yes</i>	<i>No</i>
<b>Tetanus</b>	<i>Date of last tetanus injection/booster</i>				
<b>Asthma Plan</b>	<i>If yes, an asthma plan is required. Please attach a copy with this enrolment.</i>			<i>Yes</i>	<i>No</i>
<b>Anaphylaxis Plan</b>	<i>If yes, an anaphylactic a plan is required. Please attach a copy with this enrolment.</i>			<i>Yes</i>	<i>No</i>

<b>Contact Information - Father/Male Guardian</b>				
<b>Father's Name</b>				
<b>Residential Address</b>				
<b>Postal Address</b>				
	<i>If same as residential please write 'as above'</i>			
<b>Contact Details</b>	Home		Work	
	E-mail address			
<b>Country of Birth</b>			<b>Religion</b>	
<b>Background Details</b>	<b>Does the father/guardian speak a language other than English at home?</b>			
	Yes	No	<i>If yes, please specify</i>	
	<b>What is the highest year of primary or secondary school the father/guardian has completed?</b>			
		Year 12/equivalent		Year 11/equivalent
		Year 10/equivalent		Year 9/equivalent/below
	<b>What is the level of the highest qualification the father/guardian has completed?</b>			
		Bachelor degree/above		Advance diploma/Diploma
		Certificate I - IV (include trade certificate)		No non-school qualification
<b>Father's Occupation</b>			<b>Employer</b>	
	<b>Occupation group (see form attached)</b>			
<b>Responsibility for Fees</b>	<i>% of student fees</i>		<i>% of family fees</i>	

<b>Contact Information - Mother/Female Guardian</b>				
<b>Mother's name</b>				
<b>Residential Address</b>				
<b>Postal Address</b>				
	<i>If same as residential please write 'as above'</i>			
<b>Contact Details</b>	Home		Work	
	E-mail address			
<b>Country of birth</b>			<b>Religion</b>	
<b>Background Details</b>	<b>Does the mother/guardian speak a language other than English at home?</b>			
	Yes	No	<i>If yes, please specify</i>	
	<b>What is the highest year of primary or secondary school the mother/guardian has completed?</b>			
		Year 12/equivalent		Year 11/equivalent
		Year 10/equivalent		Year 9/equivalent/below
	<b>What is the level of the highest qualification the mother/guardian has completed?</b>			
		Bachelor degree/above		Advance diploma/Diploma
		Certificate I - IV (include trade certificate)		No non-school qualification
<b>Mother's Occupation</b>			<b>Employer</b>	
	<b>Occupation group (see form attached)</b>			
<b>Responsibility for fees</b>	<i>% of student fees</i>		<i>% of family fees</i>	

Family Information					
Family Surname					
Mailing Name & Address					
Siblings	brothers		sisters		Child's Rank in family eg. 2/4
Medicare Number			Ambulance Fund?	Yes	No
Who Lives at Home?	Both parents		Father only		Mother only
	Guardian		Other (please specify)		

Emergency Contacts - other than parents			
Emergency Local Contact 1			
Relationship to student			
Phone	Home		Other
Emergency Local Contact 2			
Relationship to student			
Phone	Home		Other

School Fees			
To whom should the account be addressed?			
<i>If same as in 'Family Information' please write 'as above'</i>			
Payment Method	Weekly	Fortnightly	Monthly
Capital Fee	Yes	No	<i>If no, a letter must be presented from the Parish Priest/Administrator</i>
Eligibility for Education Maintenance Allowance	Eligible		Not eligible
	<i>Must be a holder of a Commonwealth Health Care Card/Concession Card</i>		
	<i>A sighting of the original and a copy of this card is required by the school.</i>		

Other Enrolment Notes

# Enrolment Agreements

Please read thoroughly and tick the appropriate boxes below

## Catholicity

I acknowledge the Catholicity of St Malachy's School and will support its ethos and teachings. I agree to support our child's participation in the religious life of the school, including the celebration of Mass and Liturgies, prayer and Religious Education lessons.

## School fees

I am aware of my obligation to pay school fees, levies and other school related costs as required. I am aware that I can approach the Parish Priest, Administrator or Principal should I have a financial concern.

## Publicity

I agree to my child being photographed while being involved in St Malachy's School events and activities and that those photos may be used for educational activities/promotion of the school.

## Head Lice

Head lice is a problematic condition faced by all school communities. In order to best manage known treatments I give permission for a respectful examination of my child's hair in order to advise parents and deal with this problem. (This examination is usually carried out by a community nurse.)

## Contact Details

I give permission for my contact details to be provided for a class and school contact phone list which is distributed to staff. This enables teachers to discharge their duty of care to your child.

## Advisory Bodies

I will support the School Advisory Council in their policy and decision making. I will support the activities of the School Parents' Association and the role they play in fund raising and community building.

## Community Services

I give permission for my child to participate in community services. I give permission for my child to travel with another parent, to be involved in Meals on Wheels. This parent has a current WWCC

## Local Excursions

I give permission for my child to take part in local excursions organized by staff within school hours. In the event of an illness or accident, I authorize staff to obtain medical assistance as may be required.

***Please ensure that you read information in the Parent Handbook prior to signing.***

- I hereby make application for my child to attend St Malachy's School.
- I agree to the conditions of attendance and will support the policies of the school.
- I understand that I may be required to attend an interview with the Principal or nominated representative prior to enrolment being confirmed.
- I understand that I will be notified in writing regarding the success of my application.

Signed:

Date:

**Father/Guardian**

Signed:

Date:

***Mother/Guardian***