

Our Lady's Primary School Sunshine School Enrolment Form- Primary



Our Lady's 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 Our Lady's 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:

STUDENT DETAILS									
Surname:									
Given name/s:									
Preferred name:									
Does the student have a sibling at this school? Yes \Box									
STUDENT CO	NTACT 1	(PAR	ENT 1/GUARDIAN	I 1/CARE	ER 1)				
Title: (Dr./Mr./Mrs./N	ls./Mx.)		Surname:			Give nan			
House Number	er:		Street Name:						
Suburb:					State:		Postcode:		
Telephone:	Home:			Work:			Mobile:		
SMS messagi	ng: (for en	nerge	ncy and reminder	purposes	s)	Yes	□ No □		
Email:									
Relationship t	o student	t:							
Government Occu Requirement		Occupation:			What is the occupation group? (Select from list of occupation groups B in the School Family Occupation C Index)				
Religion: (incl	ude rite)								
Country of bir	th:	Austra	alia 🗌 Other	[] (pleas	se specify):				
Aboriginal or Torres Strait Islander origin: No 🗌 Yes, Aboriginal 🗎 Yes, Torres Strait Islander 🗍									
Nationality:				Ethnicity if not born in Australia:					
Visa subclass:			,	Visa 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 I home? Note: Red			n at								
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	10 or equivalent	Y	ear 11 d	or equival	ent	t	Year 12	2 or equ	uivalent	
What is the level	What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?										
No post-school qualification	• • • • • • • • • • • • • • • • • • • •	icate I to IV ding trade certific		dvance	d diploma	a/Di _l	iploma	Bachel	or degre	ee or abo	ve
STUDENT CONT	ACT 2 (PAR	ENT 2 /GUARDI	AN 2/CA	RER 2)							
Title: (Dr./Mr./Mrs./Ms./	Mx.)	Surname:					Given name:				
House Number:		Street Name:									
Suburb:			State	:			Postco	de:			
Telephone: H	ome:		Work	:			Mobile	:			
SMS messaging:	: (for emerge	ency and reminde	er purpos	es)	Ye	s [] No 🗌			
Email:											
Relationship to s	student:										
Government Requirement	Occupatio	on:	group? (Select fro occupation			fron tion	he occupation B Dm list of C In groups in the D Amily Occupation N				
Religion: (include	e rite)										
Country of birth:	Australia [Other (please s	pecify):							
Aboriginal or To	rres Strait Is	slander origin: N	lo 🗌 Ye	es, Abor	riginal 🗌	Ye	es, Torres	Strait Is	slander		
Nationality:			Ethnicity if not born in Australia:								
Visa subclass:		Vi	sa expir	y:							
	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 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 equivalent			Year 11 equivale		Year 1	2 or equ	uivalent		
What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?											

No post-school qualification	Certificate I to IV (including trade certificate)		Advanced diploma/I ploma				
STUDENT DETAILS							
Surname							
Given name/s:			Preferred name:				
Entry year (YYYY):			Entry level/grade	: :			
Date of birth:		Religion: (include rite)					
Home Address:							
M (Male): F (Female):				dentified / determinate/Intersex/Unspecified):			
PREVIOUS SCHOOL/PR	RESCHOOL						
Name and address of p	revious sch	ool/preschool:					
I/We give permission for school or preschool and tinformation to support ed	to gather rele	evant reports and	No 🗌	Yes (If yes, please complete the Consent for Transferring Information form.)			
Was the previous school attended interstate?			No 🗆	Yes (If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)			
NATIONALITY AND CITI	7ENSHIP						
Government Requirement		ionality:	Ethnic	city:			
In which country was the student born?			olease specif	•			
Date of arrival in Austra	alia OR Date	of return to Australia	:				
What is the residential	status of the	e student? Perman	ent 🔲 🗆	Femporary			
Evidence of Australian Residency: Australian Citizen Permanent Resident							
☐ Eligible for Australian Passport ☐ Temporary Resident							
☐ Other/Visitor/Oversea	s Student						
Visa sub class**:			Visa exp	iry date:			
Previous visa sub class	s:						
* 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

Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? Note: Record all languages spoken.						
		Student	(Pa	ident Contact 1 arent1/Guardia Carer1)	Student Contact 2 (Parent2/Guardian2/Carer2)	
No	English	n only				
Yes	Other - all lang	- please specify guages				
		boriginal or Torre		_		both)
No 🗌	Yes, A	boriginal 🗌		Ye	s, Torres Strait Is	slander 🗌
		udent must active Government cen		Aborig	inal and/or Tori	res Strait Islander to comply
SACRAMEI	NTAL IN	FORMATION				
Baptism		Date:		Parish:		
Reconciliation		Date:		Parish:		
Eucharist		Date:		Parish:		
Confirmation		Date:		Parish:		
Parish where the student lives:						

LIVILINGENCY CONT	ACTO - OTTILICT	TIAN STC	DENT CONTACTS (FAILE	NI/GUANDI/	AN/CARER)			
Person 1			Person 2					
Surname Given Name:			Surname: Given Name:					
Relationship to student:			Relationship to student:					
Home telephone:			Home telephone:					
Mobile:			Mobile:					
MEDICAL INFORMA	TION							
Doctor's name:								
Doctor's address:								
Telephone:								
Medicare number:			Ref number:	Expiry:				
Private health insurance:	Yes No [Fund:	Number:				
Ambulance cover:	Yes No No] I	Number:					
Health Care Card:	Yes No [] '	Health Care Card No: Expiry:					
Medical condition/ diagnoses:	diabetes, anaphy A Medical Manag	laxis, cont ement Pla	medical and/or health condit tinence/toileting and/or any r an signed by a relevant med dical conditions listed	medications	prescribed for the student.			
	Please list specifi rye grass, animal		or any known allergies that o	do not lead t	o anaphylaxis, e.g. hay feve	∍r,		
	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 bee	n diagnosed as b	eing at ri	sk of anaphylaxis?	Yes 🗌	No 🗌			
If yes, does the stud	lent have an EpiP	en or Ana	apen?	Yes 🗌	No 🗌			
If the student has id Management policy			alth condition/diagnoses, porting documents.	please cons	sider the Medical			
If the student has ar their supporting doo		anaphyl	axis, please review the An	aphylaxis a	nd First Aid policies and			

IMN	IUNISATION (please atta	ach an	immunisation history state	emen	<i>t)</i>				
	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.								
lmn	Immunisation history statement attached: Yes No 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.									
ADI	DITIONAL NEEDS								
Is your child eligible or currently receiving National Pes No No Disability Insurance Scheme (NDIS) support?									
Doe	es your child present wi	th:							
	autism (ASD)		behavioural concerns		hearing impairment				
	intellectual disability/ developmental delay		mental health concerns		oral language/communication difficulties				
	ADD/ADHD		acquired brain injury		vision impairment				
	giftedness		physical impairment		other condition (please specify)				
Has	your child ever seen a	:							
	paediatrician		physiotherapist		audiologist				
	psychologist/counsellor		occupational therapist		speech pathologist				
	psychiatrist		continence nurse		other specialist (please specify)				
Hav	e you attached all relev	ant inf	ormation and reports?		Yes No No				
SIB	LINGS ATTENDING A S	CHOO	_/PRESCHOOL						
List	all children in your family	attend	ing school or preschool (d	oldest	t to youngest) – include applicant:				
Nan	ne	Schoo	ol/preschool		Year/grade Date of birth				

HOME CARE ARRANGEMENTS								
Living with immediate far	mily		Out-of-home care					
☐ Guardian/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 (pleas	se specify)				
COURT ORDERS OR PARENTING ORDERS (if applicable)								
Are there any current court or orders relating to the student?		Ye	es 🗌	No [
If yes, copies of these court of other relevant court orders) m		ders (e	e.g. AVOs, F	amily Court/Fe	ederal Magistrates Court orders or			
Is there any other information	you wish the scho	ol to b	oe aware of?					
SCHOOL FEES/LEVIES PAY	ER DETAILS							
To whom the account for scho	ool fees and levies	is ser	nt?					
Surname First name	Address and ema	il		Telephone	Relationship to the student			
Please note, the name/s of the child's enrolment at the		ssign	ning are resp	oonsible for th	he payment of fees for the term 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 Contact 2 parent 2 /guardian 2/ carer 2 signature:	Date:							
Note: The Victorian Governme	ent provides the foll	owing	g guidance re	garding admis	sion requirements:			

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.



Our Lady's School Enrolment Agreement



Acceptance of enrolment

Danant Almanalian Alaanan A

- By signing this Enrolment Agreement, I acknowledge that I enter into an agreement with Melbourne Archdiocese
 Catholic Schools Ltd (MACS), as the owner and governing authority for the school, and I understand and accept the
 terms and conditions of enrolment as set out in this Enrolment Agreement. I agree that there are certain expectations,
 obligations and guarantees required of parents/guardians/carers of the school's students, so that a harmonious
 relationship may be established.
- I accept the offer of enrolment of my child at the school in the entry year and entry level noted on the enrolment application form.
- I will support and abide by all MACS and school policies and procedures (including processes, guidelines and other governance documentation), as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school.
- I will ensure that the information I have provided is kept up-to-date throughout the period of enrolment and I will notify the school promptly of any changes to that information (e.g. change of residential address, changes to parenting orders).
- I will pay the current school fees and levies for my child and also pay any variation or increase of fees and levies as required by the school, or I will otherwise notify the school immediately if I am experiencing financial difficulties.
- I will support my child's participation in the religious life of the school (e.g. school liturgies, retreat programs).
- I will attend parent/teacher and information evenings which relate to my child.
- I will participate in a working bee once a year or make a financial contribution.
- In the event I have any concerns, I will raise them initially with the relevant teacher or the school principal.
- I will treat all members of the school community with respect as befits a Catholic school.
- If in time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred.
- As a parent/guardian/carer, I will support the vision of MACS, the school and parish. In accepting the enrolment, I agree to abide by all MACS and school policies and procedures which are reviewed regularly and may be subject to change at the school's discretion. I will work with the school to support the academic/social/behavioural needs of my child. I understand that the consequence of not complying with MACS' and the school's policies and procedures may result in the termination of the enrolment.
- I have read and understand the Parent/Guardian/Carer Code of Conduct and the criteria for termination of enrolment as provided for in the Our Lady's School policies and/or procedures and agree to comply with expected parent/guardian/carer behaviour and conduct, including any Parent/Guardian/Carer Code of Conduct as may be published from time to time on the school's website and notified to parents.
- I accept that my child will read and understand the Our Lady's School Student Code of Conduct and agree to comply with expected student behaviour and conduct, including any Our Lady's School Student Code of Conduct as may be published from time to time on the school's website and notified to parents.
- I understand that if any misleading information has been provided, or any omission of significant information is made
 in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be
 withdrawn.

signature	Date:
Parent 2/guardian 2/carer 2	
signature	Date:

Disclaimer: Personal information will be held, used and disclosed in accordance with the MACS Privacy Collection Notice and Privacy Policy enclosed in the enrolment pack and available on the school website.

Our Lady's School Photography and **Recording Permission Form**



At certain times throughout the year, students may have the opportunity to be photographed, recorded or filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Melbourne Archdiocese Catholic Schools Ltd (MACS) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs or recordings in print and online promotional, marketing, media, and educational materials.

•	We would like permission to use your child's photograph and/or recording for the above purposes.						
	er permission / authorisa	ations					
Permission is given for my child's: Description			Yes / No				
Name							
Photograph							
Recording							
To be published by the school in the	ne following ways:						
Description			Yes / No				
School website							
Social media							
Promotional materials							
Newspaper and other media							
				Yes / No			
I authorise MACS and the CECV to use photographs and recordings in material available free of charge to schools and education departments around Australia for MACS and CECV promotional material, marketing, media and educational purposes							
	and recording of my child to be used by thout acknowledgement, remuneration						
	ot wish to consent to my child's photogorif I wish to withdraw this authorisation						
Licensed under NEALS The photograph and recording may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes. Name of parent / guardian / carer (please circle)							
Signature			Date				
If the child is aged 15 years or over,	they may also sign						
Name of child							
Signature			Date				
	ay be withdrawn by the parent/guardia any photograph or recording being ma		ent (if they are aged	15 or over)			

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on the school website.





As a member of Our Lady's School Community, I agree that it is not appropriate for me to make a public comment that is, or could be perceived to be:

- · inconsistent with Our Lady's school values, beliefs and principles
- made on behalf of the school
- embarrassing to the school

Parent 1/guardian 1/carer 1

- critical of the school so as to compromise the relationship of trust between the school and the parent community
- a gratuitous or personal attack on any member of our school community including students, staff and parents
- compromising public confidence and defaming the school's reputation.

sign	ature	Date:						
	ent 2/guardian 2/carer 2 ature	Date:						
PAR	PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST							
	Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):							
	Birth certificate							
	Immunisation history statement							
	Baptism certificate							
	Consent to contact previous school or preschool							
	Proof of address (eg Rates Notice, Utilities Bill)							
	Australian passport or naturalisation certificate number/document fo	r travel if country of birth is not Australia						
	Visa information – visa grant notice/ImmiCard/letter of notification ar	nd passport photo page						
	Medical Management Plan signed by a relevant medical practitioner							
	All relevant information and reports concerning additional needs of y	our child						
	Any current court orders or parenting orders relating your child							
	Any additional information you wish the school to be aware of							

