



ENROLMENT APPLICATION FORM

FORM A

Welcomed - Valued – Confident

Before you fill in this form please read CSPD's [Privacy Policy](#) and [Standard Collection Notice](#).

The information you give us is important and will be used to assess your child's application based on our [Enrolment Policy](#). We will treat the information you provide to us in accordance with our [Privacy Policy](#) and [Standard Collection Notice](#). Information you provide on this form may be sensitive. We will keep your personal information confidential subject to any requirements of the law to disclose your information to others. For a hard copy of these documents, please contact your school's office.

If you require any help with this form, please call the school administration office or contact Community Liaison on 9840 5796 or via email cl@parra.catholic.edu.au.

1. STUDENT INFORMATION

Student Details			
First Name:		Last Name:	
Middle Name/s:		Preferred Name:	
Gender (circle): Male Female		Date of Birth:	
Primary residential address (where student resides): Street number & name: Suburb & Postcode:			
Mailing address (if different from above): Street number & name: Suburb & Postcode:			

1A. RELIGIOUS INFORMATION

Student's religion:		
Current Parish including suburb (if applicable):		

Sacrament Details	Parish Received (If applicable)	Date Received (if applicable)
Baptism		
Reconciliation		
Eucharist		
Confirmation		

2. ENROLMENT DETAILS

Enrolment Details	
School Name:	
Suburb:	
The calendar year that enrolment is to commence:	
If starting during the school year, indicate the date you wish enrolment to commence:	
The school year of entry for which enrolment is requested (please circle the scholastic year below): K 1 2 3 4 5 6 7 8 9 10 11 12	

3. SIBLING DETAILS

List **in order** below all the children in the family who are attending a school in the school year that enrolment is to commence.

	Birth Order	Full Name	Gender	School Year	School Attending (Name and Location)
Child	1				
Child	2				
Child	3				
Child	4				
Child	5				

4. FAMILY DETAILS

A. Details of Parent/Carer at the student's PRIMARY residence:

Parent/Carer	Parent/Carer
Relationship to student:	Relationship to student:
Title (Circle) Mr Mrs Ms Miss Dr	Title (Circle) Mr Mrs Ms Miss Dr
First Name:	First Name:
Last Name:	Last Name:
Middle Initial/s:	Middle Initial/s:
Preferred Name:	Preferred Name:
Gender (Circle) Male Female	Gender (Circle) Male Female

Parent/Carer	Parent/Carer
Email Address:	Email Address:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Language/s Spoken:	Language/s Spoken:
Occupation:	Occupation:
Nationality:	Nationality:
Country of Birth:	Country of Birth:
Religion:	Religion:
Do you need an interpreter (Circle) Yes No	Do you need an interpreter (Circle) Yes No

Parent/Carer Contact Details for all SMS Alerts (for example attendance alerts, emergency SMS)		
	Contact 1	Contact 2
Name:		
Mobile Phone Number:		

B. Details of Parent/Carer at the student's **SECONDARY** residence or **NOT RESIDING** with the student:

Parent/Carer	Parent/Carer
Relationship to student:	Relationship to student:
Title (Circle) Mr Mrs Ms Miss Dr	Title (Circle) Mr Mrs Ms Miss Dr
First Name:	First Name:
Last Name:	Last Name:
Middle Initial/s:	Middle Initial/s:
Preferred Name:	Preferred Name:
Gender (Circle) Male Female	Gender (Circle) Male Female
Email Address:	Email Address:
Home Phone Number:	Home Phone Number:

Parent/Carer	Parent/Carer
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Language/s Spoken:	Language/s Spoken:
Occupation:	Occupation:
Nationality:	Nationality:
Country of Birth:	Country of Birth:
Religion:	Religion:
Do you need an interpreter (Circle) Yes No	Do you need an interpreter (Circle) Yes No

Does the child spend time residing at this address?

☐

Yes

☐

No

Secondary residential address (where student regularly or occasionally stays, when not staying at their primary address):
Parent/Carer mailing title:
Street number & name: Suburb & Postcode:
Mailing address (if different from above): Street number & name: Suburb & Postcode:

5. DETAILS OF PARENTING/CARER ARRANGEMENTS

Domestic or Children's Court Orders in place relevant to the child?

☐

Yes

☐

No

Is the child in the care of the Minister/foster care?

☐

Yes

☐

No

Is the child in other care arrangements with a non-parent?

☐

Yes

☐

No

Please attach copies of any Orders and Parenting Plans to the enrolment application.

If the child does not live with either parent, please provide details of the foster carer/other carer arrangements:

.....

.....

Parenting Arrangements: if there are no Parenting Orders or Parenting Plans, please set out the arrangements for when the student will be with each parent during school terms:

.....

NOTE: Please advise the school office of any change of address, email, telephone number or other information about the parent/carer, other significant person(s), Parenting Plans, Apprehended Violence Orders (Personal or Domestic), Children's Court Orders or other Court Orders as soon as such changes occur and provide copies of new Court Orders, Parenting Plans or arrangements.

6. STUDENT INFORMATION

Nationality:

Country of Birth:

Is the student Aboriginal? ☐ Yes ☐ No

Is the student Torres Strait Islander? ☐ Yes ☐ No

Do you wish the child to be known as Aboriginal/Torres Strait Islander? ☐ Yes ☐ No

Is the student's home language English only? ☐ Yes ☐ No

If no, list other home language/s spoken

Nationality/Residential status: ☐ Australian Citizen ☐ Permanent Residency

☐ Temporary Resident ☐ Other

Is the student on a Visa? ☐ Yes ☐ No

If yes, answer the questions in the Visa Information table below:

Date of arrival in Australia:
Visa type:
Visa expiry date:
NOTE: Students on Visas 417, 462, 600, 601, 602, 651, 500 or 590, must complete Form D.

6B. PREVIOUS EDUCATION

Early Childcare and Preschool Education (Kindergarten Students Only)			
In the year before school has the child been in non-parental care on a regular basis or attended any other educational programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate all that apply?			
Preschool	Family Day Care	Long Day Care	
Day care (with preschool program)		Grandparent/Other Person	
Name & location of service:			
Name & number of contact person:			
Previous School (if applicable - continued over page)			
Details of the last three schools attended by the student (full name and suburb of school) attended.			
School:		Year attended:	

Previous School (if applicable)			
School:		Year attended:	
School:		Year attended:	

7. STUDENT MEDICAL DETAILS

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions, or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child.

Medical Conditions
<p>Does your child suffer from any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify all medical conditions the student suffers from e.g. asthma and prescribed medication taken by the student:</p> <p>.....</p> <p>.....</p> <p>The school will require further details in relation to prescribed medication. Parents/carers of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form.</p>
Medical Plan
<p>Does your child have a medical plan from a doctor for any of these medical conditions e.g. asthma action plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, it is essential that you attach a copy of the medical plan to this enrolment application.</p>
Allergies
<p>Does your child have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list any known allergies the student has e.g. allergy to nuts, penicillin, bee stings. Include all specific details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If yes, it is essential that you attach a copy of the medical plan to this enrolment application.</p>

Allergies (continued over the page)

Anaphylaxis	
Has the student been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the student have an EpiPen® or Anapen®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of EpiPen®/Anapen®	(Please supply)
If yes, does the student have an ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, it is essential that you attach a copy of the medical plan to this enrolment application.</p> <p>If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date). Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.</p>	
Immunisation Record	
Please indicate if the student has received immunisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>It is essential that you attach an approved Immunisation Certificate to this enrolment application form.</p> <p>Click here for a direct link to receive the child's Immunisation Certificate, also available from Medicare.</p>	

8. EMERGENCY CONTACT DETAILS

Please nominate at least one person who may be contacted in the event of an emergency **if parents/carers cannot be contacted**. Ideally the **contact person should be someone who lives in the neighbourhood of the school**. Please tell your nominated person that you have nominated him/her as an alternate contact. **Please advise the school office of any change of address, email, telephone number or other information about the emergency contacts.**

Alternate Contact Details	Alternate Contact 1	Alternate Contact 2
Name:		
Relationship to Student (e.g. Aunt, Friend):		
Home Phone Number:		
Work Phone Number:		
Mobile Number:		

9. STUDENT'S ADDITIONAL NEEDS

Does your child have a personalised plan? e.g. Behaviour, Learning, Wellbeing ☐ Yes ☐ No

Does your child have a disability or additional needs? ☐ Yes ☐ No

If yes to either of the above, please indicate as applicable below:

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> An intellectual disability | <input type="checkbox"/> Autism | <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Language difficulties | <input type="checkbox"/> Behaviour difficulties |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Other (please specify)..... | |

Does your child have difficulties in the **basic areas of learning**?

☐ Yes ☐ No

If **yes** to the above, please provide details:

.....

.....

What accommodations and/or **learning adjustments**, if any, were provided for your child in their previous school/pre-school?

- ☐ Signing ☐ Braille ☐ Access to technology
- ☐ A reader or scribe ☐ Personal carer support ☐ Alternate teaching & learning strategies
- ☐ Modifications for equipment, furniture and learning spaces
- ☐ Other (please specify).....

Please attach a copy of **all assessment reports** to this enrolment application.

10. STUDENT'S WELLBEING

To your knowledge, is there anything in your child's history or circumstances (including medical history) that might pose a risk of any type to them, other students, or staff at this school?

☐ Yes ☐ No

If **yes** to the above, please provide details:

.....

.....

If **yes**, please provide names and contact numbers of a health professional or others who have knowledge of the issue:

Name	Name	Name
Contact	Contact	Contact

Does your child have a mental health plan?

☐ Yes ☐ No

If **yes**, please attach a copy of the plan to this enrolment application.

Does your child have any history of aggressive/violent behaviour?

☐ Yes ☐ No

Has your child ever been suspended or expelled from any school?

☐ Yes ☐ No

If **yes** to the above, please provide details:

.....

.....

I/We give consent to the school, on request to contact health professionals or other agencies

☐ Yes ☐ No

TERMS AND CONDITIONS OF ENROLMENT

These Terms and Conditions are part of my enrolment contract if I accept an offer of enrolment from the school, on behalf of Catholic Schools Parramatta Diocese (the school).

What information have I given the school?

I have provided information about my child and me in this Enrolment Application. The information I have given the school in this Enrolment Application are terms and conditions of my enrolment contract.

The information I have provided is accurate and complete. I have fully disclosed my child's additional needs or disability to the best of my knowledge.

I understand this information will help the school to properly assess its ability to:

- provide services to my child;
- communicate with me about my child's needs;
- make necessary adjustments to enable my child to participate;
- assess risks, and
- fulfil its duty-of-care requirements.

I will tell the school as soon as possible if I find out:

- I have not told the school about some information, or
- the information I have given is wrong

What will happen if I do not tell the school about missing or wrong information?

The school may reject my Enrolment Application if I do not tell it as soon as possible about significant and relevant information that:

- I have not given;
- is wrong, or
- no longer applies

What are the changes I must tell you about?

I understand I must continue to tell the school about all changes to the information in my Enrolment Application.

I agree to update the school as promptly as possible when the information in my Enrolment Application changes. This includes:

- my and other relevant persons' contact details;
- my child's health and medical conditions;
- my child's additional needs or disability;
- parenting plans or court orders relating to the child;
- Apprehended Violence Orders;
- Children's Court Orders, and
- visa details (if applicable).

What can happen if I do not tell the school about changes?

I understand the school needs to know about changes to the information in my Enrolment Application so that it can assess if it can continue to meet the needs of my child.

I understand that if I do not tell the school about changes to the information in the Enrolment Application, the school:

- may not be able to meet the needs of my child, and
- the school may terminate my child's enrolment.

What do I need to do if the school asks me for more information?

If the school asks me to give it more information, I agree to give the school this information. I understand this is to support the school to provide services to meet the educational needs of my child during my child's enrolment at the school.

What services am I consenting to?

I consent to the school providing all relevant school services for my child, including counselling where it is appropriate.

What obligations do I have for my child to attend school?

I understand that I have a legal responsibility under the *Education Act 1990* (NSW) for my child to attend school regularly. I understand that if I fail to comply with these attendance requirements, the school may terminate my enrolment contract. If my child is absent from school I will provide a written explanation for the absence.

If I want to apply for my child to have extended leave from school, I will notify the school in advance of the anticipated dates. I understand that the Principal may refuse to approve my request for extended leave or to accept an explanation for an absence.

What is my obligation to pay school fees?

I understand and agree that I will pay all school fees in a timely manner and as set out in the school fees schedule. The school fees schedule is available on the [CSPD website](#).

If I am having financial difficulties that affect my ability to pay school fees, I agree to request special arrangements as outlined in the school fees schedule.

If my personal circumstances that may impact my ability to pay school fees change, I will notify the school promptly. If this happens, I understand that my obligation to pay school fees will continue until there is an agreement with the school to change that obligation.

What if I have school fees owing at another school?

I agree to tell the school if I have any unpaid school fees or charges for my child's attendance at any other school.

I agree that I:

- do not owe any fees or charges for my child's attendance at any other school, or
- have made an arrangement satisfactory to the school to meet all outstanding debt.

What do I need to do if I want to withdraw my child from the school and what fees do I need to pay?

I understand and agree that I must give the school at least **one school term's written notice** of my intention to withdraw my child's enrolment at the school. I understand this does not apply if my child is leaving the school because they have completed Year 6 or Year 12 at the school.

I understand and agree that I must pay **one school term's fees** if I do not give the school this written notice at least one school term before my child's withdrawal. I understand that one school term means 10 school weeks.

What other obligations do I have?

I agree to support and participate in the life of the school, parent-teacher meetings, liturgical celebrations, and social and practical activities offered by the school.

I understand that the school offers the Catholic vision of life as the basis of its teaching program and agree to support and respect the Catholic teaching, values and mission of the school and my child's participation in the full educational program of the school. I agree to support the school's policies, procedures and guidelines for the benefit of the school community.

When is my enrolment contract complete?

I understand this Enrolment Application is the first step in the enrolment process and creating my enrolment contract. I understand it will be finalised when all of the following conditions are met by me (including by both parents where applicable):

- I submit the signed enrolment application;
- I pay the required application fee;
- my application is assessed by the school;
- my child is offered a place at the school by a Letter of Offer from the principal; and
- the school receives from me:
 - payment of the non-refundable enrolment deposit of \$100 (primary) and \$300 (secondary), which will be used towards the first term's school-based fees, and
 - the signed and dated Enrolment Acceptance Agreement which will be attached to the Letter of Offer.

Agreement to Terms and Conditions

I understand and agree to these Terms and Conditions, and I wish to apply for enrolment

of.....

at.....to commence at the school in 20.....

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:
Date:	Date:
Name:	Name:
Relationship to Student:	Relationship to Student: