

## Offer of Enrolment:

### Request for Information Form

This is a School which operates with the consent of the Bishop of the Catholic Diocese of Sandhurst and is owned, operated and governed by Catholic Education Sandhurst (CES) Limited, 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. This form is part of the CES Limited's Enrolment Framework which is available at [St Kilian's School Website - Enrolments](#).

#### 2<sup>nd</sup> Stage – INFORMATION TO COMPLETE ENROLMENT – to be completed after an Offer of Enrolment is made by the School

<b>OFFICE USE ONLY</b>	Date received:	Student/SC1 code:
	Year level:	VSN:
	Start date:	House:
	Birth certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	English as an Additional Language: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Immunisation history attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa information attached: N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <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"/>	
<b>HOME ADDRESS OF STUDENT</b>			
Street number and name:			
Suburb:		Postcode:	
Home phone:			

#### PREVIOUS SCHOOL/PRESCHOOL PERMISSION

Name and address of previous school/preschool:	
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning, in line with the Privacy Policy ( <i>please refer to the School Website for this Policy</i> ): Yes <input type="checkbox"/> No <input type="checkbox"/> ( <i>If no, please contact the school to discuss this matter further</i> )	

Does the student or their parent(s)/guardian(s) speak a language other than English at home?			
<i>Note: Record all languages spoken</i>		Student	Parent A/Guardian 1
<b>No</b>	English only	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	Other – please specify all languages:		

MEDICAL INFORMATION			
Doctor's name:			
Street number and name:			
Suburb:		Postcode:	Phone:
Medicare number:		Ref number:	Expiry:
Private health insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance cover:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
<i>In the event of an emergency an ambulance will be called if required.</i>			
Medical condition: <i>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.</i>			
<i>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</i>			
<b>Has the student been diagnosed as being at risk of anaphylaxis?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, does the student have an EpiPen?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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			
<b>Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Does your child present with:</b>			
hearing impairment <input type="checkbox"/>	vision impairment <input type="checkbox"/>	mental health issues <input type="checkbox"/>	
autism (ASD) <input type="checkbox"/>	behavioural concerns <input type="checkbox"/>	oral language/communication difficulties <input type="checkbox"/>	
ADD/ADHD <input type="checkbox"/>	acquired brain injury <input type="checkbox"/>	intellectual disability/developmental delay <input type="checkbox"/>	
giftedness <input type="checkbox"/>	physical impairment <input type="checkbox"/>	other condition (please specify) <input type="checkbox"/>	

<b>Has your child ever seen a:</b>			
paediatrician <input type="checkbox"/>	physiotherapist <input type="checkbox"/>	speech pathologist <input type="checkbox"/>	
audiologist <input type="checkbox"/>	occupational therapist <input type="checkbox"/>	other specialist (please specify) <input type="checkbox"/>	
psychiatrist <input type="checkbox"/>	continence nurse <input type="checkbox"/>	psychologist/counsellor <input type="checkbox"/>	
<b>Have you attached all relevant information/reports?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

	PARENT A/GUARDIAN 1	PARENT B/GUARDIAN 2
Surname:		
Title: (e.g. Mr/Mrs/Ms)		
First name		
Address:		
Relationship to Child:		
Home phone:		
Mobile:		
SMS messaging:	Yes <input type="checkbox"/> No <input type="checkbox"/> (for emergency and reminder purposes)	Yes <input type="checkbox"/> No <input type="checkbox"/> (for emergency and reminder purposes)
Email:		
Work phone:		
Employer:		
<b>Government Requirement:</b>		
Occupation:		
Occupation Group: Select from list of parental occupation groups in the <a href="#">School Family Occupation Index</a>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> 12 mths not in paid work – Group N <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> 12 mths not in paid work – Group N <input type="checkbox"/>
Religion:		
Nationality:		
Ethnicity if not born in Australia		
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>What is the highest year of primary or secondary school Parent/Guardian has completed?</b> (Persons who have never attended secondary school, tick 'Year 9 or below'.)		
Highest Year of School:	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"/>	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/Guardian completed?</b>		
Highest Qualification:	No post-school qualification <input type="checkbox"/> Certificate I to IV (incl trade certificate) <input type="checkbox"/> Advanced diploma/diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>	No post-school qualification <input type="checkbox"/> Certificate I to IV (incl trade certificate) <input type="checkbox"/> Advanced diploma/diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/>

<b>EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN</b>		
	EMERGENCY CONTACT 1:	EMERGENCY CONTACT 2:
Name:		
Relationship to Child:		
Home Phone:		
Mobile:		

HOME CARE ARRANGEMENTS	
<input type="checkbox"/> Living with immediate family	<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"/> Carer/guardian	
<input type="checkbox"/> Kinship care	
<input type="checkbox"/> Out-of-home care	<input type="checkbox"/> Other (please specify)
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"/> If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.	
Is there any other information you wish the school to be aware of?	

<b>PARENT/CARER/GUARDIAN SIGNATURE:</b>		Date:
<b>PARENT/CARER/GUARDIAN SIGNATURE:</b>		Date:

**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 available on its website [St Kilian's School Website](#)