



Melbourne Archdiocese
Catholic Schools
SIMONDS CATHOLIC COLLEGE
Enrolment Form



Simonds Catholic College is a college 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 Simonds Catholic College Enrolment Policy and Procedures. Lodging this form does not guarantee enrolment at the College. 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.

STUDENT DETAILS

Surname:			
Given name/s:		Preferred name:	
Does the student have a sibling at this College? Yes <input type="checkbox"/> No <input type="checkbox"/>			

STUDENT CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)

Title: (Dr./Mr./Mrs./Ms./Mx.)		Surname:		Given name:	
House Number:		Street Name:			
Suburb:			State:		Postcode:
Telephone:	Home:	Work:		Mobile:	
SMS messaging: (for emergency and reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Relationship to student:					
Government Requirement	Occupation:		What is the occupation group? (Select from list of occupation groups in the College Family Occupation Index)		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
Religion: (include rite)					
Country of birth: Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify):					
Aboriginal or Torres Strait Islander origin: No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>					
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 language other than English at home? *Note: Record all languages spoken*

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 College, tick Year 9 or below*)

Year 9 or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent

What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?

No post-College qualification Certificate I to IV (*including trade certificate*) Advanced diploma/Diploma Bachelor degree or above

STUDENT CONTACT 2 (PARENT 2 /GUARDIAN 2/CARER 2)

Title: (Dr./Mr./Mrs./Ms./Mx.) Surname: Given name:

House Number: Street name:

Suburb: State: Postcode:

Telephone: Home: Work: Mobile:

SMS messaging: (*for emergency and reminder purposes*) Yes No

Email:

Relationship to student:

Government Requirement Occupation: What is the occupation group? (*Select from list of occupation groups in the College Family Occupation Index*) A B C D N

Religion: (*include rite*)

Country of birth: Australia Other (please 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 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 College, tick Year 9 or below)*

Year 9 or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent

What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?

No post-College qualification Certificate I to IV *(including trade certificate)* Advanced diploma/Diploma Bachelor degree or above

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):

Self described/
X (Indeterminate/Intersex/Unspecified):

PREVIOUS SCHOOL/COLLEGE

Name and address of previous school/college:

I/We give permission for the College to contact the previous College or School and to gather relevant reports and information to support educational planning:

No

Yes
(If yes, please complete the Consent for Transferring Information form.)

Was the previous School/College attended interstate?

No

Yes
(If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)

NATIONALITY AND CITIZENSHIP

Government Requirement

Nationality:

Ethnicity:

In which country was the student born?

Australia

Other *(please specify):*

Date of arrival in Australia OR Date of return to Australia:

What is the residential status of the student? Permanent Temporary

Evidence of Australian Residency:	
<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Temporary Resident
<input type="checkbox"/> Other/Visitor/Overseas Student	
Visa sub class**:	Visa expiry date:
Previous visa sub class:	
<p>* 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 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.</p>	

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	Student Contact 1 (Parent1/Guardian1 /Carer1)	Student Contact 2 (Parent2/Guardian2 /Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			
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"/>		
Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census				

SACRAMENTAL INFORMATION			
Baptism	Date:	Parish:	
Confirmation	Date:	Parish:	
Parish where the student lives:			

EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT/GUARDIAN/CARER)	
Person 1	Person 2
Surname: Given Name:	Surname: Given Name:
Relationship to student:	Relationship to student:
Home telephone:	Home telephone:
Mobile:	Mobile:

MEDICAL INFORMATION

Doctor's name:

Doctor's address:

Telephone:

Medicare number:

Ref number:

Expiry:

Private health insurance: Yes No

Fund:

Number:

Ambulance cover: Yes No

Number:

Health Care Card: Yes No

Health Care Card No:

Expiry:

Medical condition/ diagnoses: Please specify any relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting 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.

Please list all known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism, Attention Deficit Hyperactivity Disorder (ADHD), Anxiety etc.

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

If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents.

If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.

IMMUNISATION *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit [myGov](https://my.gov.au)) and provide it to the College with this enrolment form.

Immunisation history statement attached: Yes No If no, please provide explanation:

If the student entered Australia on a humanitarian visa, did they receive a refugee health check? Yes No

To meet duty of care obligations and facilitate the smooth transition of your child into the College, please provide all required information. This will assist the College 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
concerns | <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 (<i>please specify</i>) |

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 (<i>please specify</i>) |

Have you attached all relevant information and reports? Yes No

SIBLINGS ATTENDING A COLLEGE/SCHOOL

List all children in your family attending School or College (oldest to youngest) – include applicant:

Name	School/College	Year/grade	Date of birth

HOME CARE ARRANGEMENTS

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

COURT ORDERS OR PARENTING ORDERS (*if applicable*)

Are there any current court orders or parenting orders relating to the student? Yes No

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 College to be aware of?

SCHOOL FEES/LEVIES PAYER DETAILS

To whom is the account for college fees and levies to be sent?

Surname	First name	Address and email	Telephone	Relationship to the student

Please note, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.

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 College, 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 College.

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 College, 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 Government provides the following guidance regarding admission 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 College
- 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 College's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website www.sccmelb.catholic.edu.au

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Birth certificate |
| <input type="checkbox"/> | Immunisation history statement |
| <input type="checkbox"/> | Baptism certificate |
| <input type="checkbox"/> | Consent to contact previous school |
| <input type="checkbox"/> | Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia |
| <input type="checkbox"/> | Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page |
| <input type="checkbox"/> | Medical Management Plan signed by a relevant medical practitioner |
| <input type="checkbox"/> | Most recent school reports |
| <input type="checkbox"/> | Most recent NAPLAN report |
| <input type="checkbox"/> | All relevant information and reports concerning additional needs of your child |
| <input type="checkbox"/> | Any current court orders or parenting orders relating your child |
| <input type="checkbox"/> | Any additional information you wish the College to be aware of |

Thank you for your application



273 Victoria Street, West Melbourne, Vic 3003

T: 03 9321 9200

E: info@sccmelb.catholic.edu.au

W: www.sccmelb.catholic.edu.au