APPLICATION FOR ENROLMENT

Mt Maria College Petrie
21 Armstrong Street
PO Box 130
Petrie Q 4502
Ph: 3285 5500 Fax: 3285 5091 Website: www.mmcp.qld.edu.au

STUDENT NAME: ______________________________
YEAR LEVEL: ________ YEAR OF ENROLMENT: ________

An Application for Enrolment Fee of $60 is to accompany your application (this is not refundable)

If your application is successful, you will receive a letter of offer and a Confirmation of Enrolment form which will need to be completed in full and returned to the College along with $240 to confirm your acceptance of placement.

$100 will be credited to your child's first term's fees.

TO BE COMPLETED BY PARENTS/GUARDIANS

I/We hereby authorise the Principal of ________________________________ (current school) to release the information requested in relation to my/our child, to the Principal of Mt Maria College Petrie.

I/We further authorise the release of any guidance or other confidential reports that may assist the Enrolment Support Process at Mt Maria College Petrie.

PARENT/GUARDIAN SIGNATURES: ____________________________
Date: _____ / _____ / _____

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>APPLICATION INFORMATION</th>
<th>INTERVIEW INFORMATION</th>
<th>ENROLMENT CONFIRMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodgement Date</td>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>Application Fee Paid</td>
<td>• Yes</td>
<td>Interviewer Signature</td>
</tr>
<tr>
<td></td>
<td>• No</td>
<td></td>
</tr>
<tr>
<td>Receipt No.</td>
<td></td>
<td>Outcome</td>
</tr>
<tr>
<td>Special Circumstances</td>
<td>( ) Yes</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>( ) No</td>
<td>BCE ID No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPLICATION FOR ENROLMENT**

Mt Maria College Petrie
21 Armstrong Street
Petrie 4502

**Mt Maria College Petrie**

Inspired by Maximilian Kolbe and Marcellin Champagnat

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This form is to be completed in conjunction with the Notes Booklet

When completing this form, please PRINT CLEARLY in blue or black pen

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Please circle the Year Level and indicate the Year for which the enrolment is required.

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Prep</th>
<th>Yr 1</th>
<th>Yr 2</th>
<th>Yr 3</th>
<th>Yr 4</th>
<th>Yr 5</th>
<th>Yr 6</th>
<th>Yr 7</th>
<th>Yr 8</th>
<th>Yr 9</th>
<th>Yr 10</th>
<th>Yr 11</th>
<th>Yr 12</th>
</tr>
</thead>
</table>

Start Date: __ __ __ __ __ __ __ __ __ __ __

Student’s current Year Level is: Yr _____ or Not Applicable

---

**STUDENT INFORMATION**

**Section 1: Student Personal Details**

A legible copy of the student's Birth Certificate (and Change of Name Certificate, if applicable) must be attached.

Legal Surname: ____________________________

Legal First Name: __________________________

Other Given Name(s): ______________________

BCE Student Id: (If known): S __ __ __ __ __ __ __

Preferred Surname: (to be used only with Principal’s approval) ____________________________

Preferred First Name: (If different from Legal First Name) ____________________________

Date of Birth: __ __ __ __ __ __ __ __ __

Gender*: □ Male □ Female

---

**Section 2: Student Cultural Background**

**Country of Birth***: In which country was the student born?

□ Australia

□ Other (Please specify) ____________________________

**Indigenous Status***: Is the student of Aboriginal or Torres Strait Islander origin?

□ No

□ Yes, Aboriginal

□ Yes, Torres Strait Islander

□ Yes, Both Aboriginal and Torres Strait Islander

**First Language Spoken***: What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

□ English

□ Other (Please specify) ____________________________

**Main Language Spoken at Home***: Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

□ No, English Only

□ Yes, Other (Please specify) ____________________________

**Other Language Spoken at Home***: Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

□ No

□ Yes, Other (Please specify) ____________________________

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Page 2 of 13
Section 3: Student Citizenship

Country of Citizenship:
In which country does the student currently hold citizenship?

☐ Australia  (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)

Proceed to Section 5: Current/Previous Schooling

☐ Other Country  (Please specify) _______________________________

Proceed to Section 4: International Details

Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student's Visa, Passport (including passport number) and Health Care documentation must be attached.

Country of Passport Issue: ________________________________

Visa Sub-Class Number:  ________________________________

Visa Expiry Date:  D D / M M / Y Y Y Y

Date of Entry to Australia:  D D / M M / Y Y Y Y

Health Care Number: ________________________________

Health Care Expiry Date:  D D / M M / Y Y Y Y

Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any Transfer Documentation should be attached (if applicable).

<table>
<thead>
<tr>
<th>School Name</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Contact Number (if known)</th>
<th>Year Level(s)</th>
<th>Attended From (Date)</th>
<th>Attended To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Is the Student Catholic ?

☐ Yes.  □ No.  

☐ A legible copy of the student’s Baptismal Certificate is attached and details of any Sacraments Received are provided below

☐ Other Religion  (Please specify) ________________________________

Sacraments Received:

☐ Baptism  Date Received  DD / MM / YY  Parish ____________________________  Suburb __________

☐ Reconciliation  Date Received  DD / MM / YY  Parish ____________________________  Suburb __________

☐ Eucharist  Date Received  DD / MM / YY  Parish ____________________________  Suburb __________

☐ Confirmation  Date Received  DD / MM / YY  Parish ____________________________  Suburb __________
# RELATED PERSONS’ INFORMATION

## Section 7: Related Persons’ Personal Details

### Parent/Legal Guardian/Caregiver 1

- **Legal Surname:**
- **Legal First Name:**
- **Other Given Name(s):**
- **Preferred Surname:** *(If different from Legal Surname)*
- **Preferred First Name:** *(If different from Legal First Name)*
- **Title:**
  - Mr
  - Mrs
  - Miss
  - Ms
  - Dr
  - Fr
  - Sr
  - Br
  - Rev
  - Prof
- **Gender:**
  - Male
  - Female
- **Date of Birth:** D D / M M / Y Y Y Y

### Parent/Legal Guardian/Caregiver 2

- **Legal Surname:**
- **Legal First Name:**
- **Other Given Name(s):**
- **Preferred Surname:** *(If different from Legal Surname)*
- **Preferred First Name:** *(If different from Legal First Name)*
- **Title:**
  - Mr
  - Mrs
  - Miss
  - Ms
  - Dr
  - Fr
  - Sr
  - Br
  - Rev
  - Prof
- **Gender:**
  - Male
  - Female
- **Date of Birth:** D D / M M / Y Y Y Y

## Section 8: Related Persons’ Cultural Background

### Parent/Legal Guardian/Caregiver 1

- **Country of Birth:**
  - Where was this person born?
  - Australia
  - Other *(Please specify)*

- **Country of Passport Issue:**
  - If not eligible for an Australian passport.

- **Main Language Spoken at Home**: Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
  - No, English Only
  - Yes, Other *(Please specify)*

- **Other Language Spoken at Home**: Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?
  - No
  - Yes, Other *(Please specify)*

- **Religion:**

- **Parish of Worship**: *(If applicable)*

### Parent/Legal Guardian/Caregiver 2

- **Country of Birth:**
  - Where was this person born?
  - Australia
  - Other *(Please specify)*

- **Country of Passport Issue:**
  - If not eligible for an Australian passport.

- **Main Language Spoken at Home**: Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
  - No, English Only
  - Yes, Other *(Please specify)*

- **Other Language Spoken at Home**: Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?
  - No
  - Yes, Other *(Please specify)*

- **Religion:**

- **Parish of Worship**: *(If applicable)*
**Section 9: Related Persons’ General Information**

### Parent/Legal Guardian/Caregiver 1

**Occupation Group**: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

**Highest School Level**: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

- [ ] Year 12 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 9 or equivalent or below

**Highest Qualification Level**: What is the level of the highest qualification the parent/caregiver has completed?

- [ ] Bachelor degree or above
- [ ] Advanced diploma/Diploma
- [ ] Certificate I to IV (including trade certificate)
- [ ] No non-school qualification

**Occupation**: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

**Workplace**: Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

**Talents**: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

**Interests**: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

### Parent/Legal Guardian/Caregiver 2

**Occupation Group**: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

**Highest School Level**: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

- [ ] Year 12 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 9 or equivalent or below

**Highest Qualification Level**: What is the level of the highest qualification the parent/caregiver has completed?

- [ ] Bachelor degree or above
- [ ] Advanced diploma/Diploma
- [ ] Certificate I to IV (including trade certificate)
- [ ] No non-school qualification

**Occupation**: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

**Workplace**: Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

**Talents**: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

**Interests**: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.
### Section 10: Related Persons’ Address Information

#### Parent/Legal Guardian/Caregiver 1

**Residential Address Details**
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Postal/Correspondence Address Details**
- **Postal Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (If not Australia):**

**Residential (Alternative) Address Details**
(If required)
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

#### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**

**Postal/Correspondence Address Details**
- **Postal Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (If not Australia):**

**Residential (Alternative) Address Details**
(If required)
- **Street Address:**
- **Suburb/Town:**
- **State:**
- **Postcode:**
- **Country (if not Australia):**
### Section 11: Related Persons’ Contact Information

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 1</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Method Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 2</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Method Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 12: Related Persons’ Relationship to the Student

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 1</th>
<th>What is the relationship of this person to the student? (Tick one (1) only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother</td>
</tr>
<tr>
<td></td>
<td>Home Stay Sister</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 2</th>
<th>What is the relationship of this person to the student? (Tick one (1) only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother</td>
</tr>
<tr>
<td></td>
<td>Home Stay Sister</td>
</tr>
</tbody>
</table>
### Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Guardian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If this person is not a birth or adoptive parent, then legal documentation must be attached.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person who has responsibility for the general wellbeing of a student on a day-to-day basis.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student must have one (1) main contact.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this person to receive any of the following forms of Communication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Cards/Progress Reports:</td>
</tr>
<tr>
<td>Newsletters:</td>
</tr>
<tr>
<td>Invitations:</td>
</tr>
<tr>
<td>School Portal Access:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this person reside with the student?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this person require the assistance of an interpreter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

### Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Guardian:</th>
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</thead>
<tbody>
<tr>
<td>If this person is not a birth or adoptive parent, then legal documentation must be attached.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
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</tbody>
</table>

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<th>Caregiver:</th>
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<tr>
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<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Contact:</th>
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<tbody>
<tr>
<td>A student must have one (1) main contact.</td>
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<tr>
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<tr>
<td>No</td>
</tr>
</tbody>
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<tr>
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</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does this person require the assistance of an interpreter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
Section 13: Student Address Information

Residential Address Details

☐ Same as Parent/Legal Guardian/Caregiver1
☐ Same as Parent/Legal Guardian/Caregiver2

Street Address:

Suburb/Town:

State: Postcode:

Country (If not Australia):

Residential (Alternative) Details (If required)

☐ Same as Parent/Legal Guardian/Caregiver1
☐ Same as Parent/Legal Guardian/Caregiver2

Street Address:

Suburb/Town:

State: Postcode:

Country (If not Australia):

Section 14: Student Contact Information

Contact Method Type

Home Telephone Number: ( ) ______ ______

Mobile Telephone Number: ______ ______

Email Address:

Order: Indicate best contact order for the student.
Silent: Is this number silent?

Contact Method Type

Home (Alternative) Number: ( ) ______ ______

Order: Indicate best contact order for the student.
Silent: Is this number silent?
## Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

- [ ] Yes. Provide details below.
- [ ] No. Proceed to Section 16: Student Specialist Assessments

<table>
<thead>
<tr>
<th>Condition</th>
<th>Requires Medication#</th>
<th>Has Medical Action Plan#</th>
<th>Brief Description of Condition and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

# Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student’s file.

## Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- [ ] Yes. Provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached.
- [ ] No. Proceed to Section 17: Educational Support Information
Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.

☐ No. Proceed to Section 18: Legal Information

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.


Has the student been diagnosed with a disability? If so, provide details.


Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.


If the student is from interstate or overseas, describe the educational support provided.


Section 18: Legal Information

Is the student in Care of the State?

☐ Yes

☐ No

Are there any legal issues concerning the student of which the school should be aware?

☐ Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.

☐ No. Proceed to Section 19: Sibling Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal First Name and Surname of the person for whom the document is issued</th>
<th>Effective From (Date)</th>
<th>Effective To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Parenting Agreement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Domestic Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Apprehended Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Child Protection Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Other Caring Arrangement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>(Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Guardianship</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

☐ Yes. Provide details below.

☐ No.  Proceed to Section 20: Additional Information

<table>
<thead>
<tr>
<th>Sibling 1</th>
<th>Sibling 2</th>
<th>Sibling 3</th>
<th>Sibling 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Surname</td>
<td>Preferred Surname</td>
<td>Legal First Name</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
</tr>
<tr>
<td>School Name and Suburb (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

☐ Yes. Provide details below.

☐ No.  Proceed to Check List
CHECK LIST

Please complete before submitting the Application for Enrolment form

Note that original documents will need to be sighted to finalise enrolment confirmation.

Documents provided:

- Birth Certificate
  - [ ] Yes
  - [ ] No
- Australian Citizenship Documentation
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Current Visa
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Current Passport
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Health Care Documentation
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Current/Previous School Transfer Form
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Baptism Certificate
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Health or Medical Assessment Reports
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable
- Legal Documentation
  - [ ] Yes
  - [ ] No
  - [ ] Not Applicable

Signature(s)

I declare that:

- I have completed this form in conjunction with the Notes Booklet
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED D M Y Y Y Y

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED D M Y Y Y Y