ST CLARE'S SCHOOL
Harbard St
Thomastown 3074
9465 8535

ENROLMENT APPLICATION FORM
Information on this form is strictly confidential.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME</td>
</tr>
<tr>
<td>DATE RECEIVED</td>
</tr>
<tr>
<td>ENROLMENT DATE</td>
</tr>
<tr>
<td>RELIGION</td>
</tr>
</tbody>
</table>

- Copy of Certificates
  - [ ] Birth
  - [ ] Immunisation
  - [ ] Baptism
  - [ ] Confirmation
  - [ ] Communion

Please attach copies of Birth, Baptism and Immunisation Certificates with this application.
**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>FIELD</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME:</td>
<td></td>
</tr>
<tr>
<td>FIRST NAME/S:</td>
<td></td>
</tr>
<tr>
<td>PREFERRED NAME:</td>
<td></td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>Post Code:</td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH:</td>
<td>____ / ____ / ____</td>
</tr>
<tr>
<td>SEX:</td>
<td>Male ☐ Female ☐</td>
</tr>
<tr>
<td>Is the student of Aboriginal or Torres Strait Islander origin?</td>
<td>☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal &amp; Torres Strait Islander</td>
</tr>
<tr>
<td>In which country was the student born?</td>
<td>☐ Australia ☐ Other – please specify ____________________________________________</td>
</tr>
<tr>
<td>If not Australia, date of arrival:</td>
<td>____ / ____ / ____</td>
</tr>
<tr>
<td>Citizenship status:</td>
<td>☐ Australian Citizen ☐ Permanent ☐ Non Permanent ☐ Refugee</td>
</tr>
<tr>
<td>How many children in the family?</td>
<td>_________</td>
</tr>
<tr>
<td>Position in the family?</td>
<td>_________</td>
</tr>
<tr>
<td>Name/s of siblings attending St Clare's</td>
<td>___________________________ Year level _________</td>
</tr>
<tr>
<td>Name/s of siblings attending St Clare's</td>
<td>___________________________ Year level _________</td>
</tr>
<tr>
<td>Names of siblings not attending St Clare's</td>
<td>___________________________ Date of Birth _________</td>
</tr>
<tr>
<td>Names of siblings not attending St Clare's</td>
<td>___________________________ Date of Birth _________</td>
</tr>
</tbody>
</table>

**STUDENT RELIGIOUS DENOMINATION DETAILS**

<table>
<thead>
<tr>
<th>RELIGIOUS BACKGROUND:</th>
<th>Catholic ☐</th>
<th>Orthodox ☐</th>
<th>Other Christian ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non Christian ☐</td>
<td>No Religion ☐</td>
<td></td>
</tr>
</tbody>
</table>

| SACRAMENTS already received:                              |                        |                        |                        |
| Baptism                                                      | Date: __________      | Parish: ______________ |
| Reconciliation                                               | Date: __________      | Parish: ______________ |
| Communion                                                    | Date: __________      | Parish: ______________ |
| Confirmation                                                 | Date: __________      | Parish: ______________ |

**PREVIOUS SCHOOL OR KINDERGARTEN**

| YEAR LEVEL to be enrolled in at St Clare's:                   | __________          |
| KINDERGARTEN ATTENDED (if enrolling for Prep)                 | ____________________ |
| ADDRESS                                                        | ____________________ |
| PREVIOUS SCHOOL (if applicable)                               | ____________________ |
| YEAR LEVEL _____ ADDRESS ___________________________________ |
STUDENT'S MEDICAL HISTORY

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS?
- Asthma
- Diabetes
- Epilepsy
- ADHD
- Heart Condition
- Eczema
- Other

IS YOUR CHILD ALLERGIC TO ANY OF THE FOLLOWING?
- Bandaids
- Bee Stings
- Peanuts
- Milk
- Fish
- Walnuts
- Chocolate
- Other

HAS YOUR CHILD SEEN ANY OF THE FOLLOWING?

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PLEASE TICK</th>
<th>DETAILS</th>
<th>REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Pathologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometrist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiologist</td>
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</tr>
</tbody>
</table>

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONDITION THAT YOUR CHILD SUFFERS OF WHICH WE NEED TO BE AWARE.


STUDENT LANGUAGE DETAILS

Does your child speak another language other than English at home?

- NO, English only.
- YES. Other language – please specify

Does your child attend Language School?

- NO
- YES

NAME OF LANGUAGE SCHOOL

LANGUAGE BEING STUDIED

FAMILY STATUS

- Married
- Separated
- Divorced
- Single Parent Family
- De facto

Are there any Family Court Orders/Parenting Plans that have been issued in relation to your child?

- NO
- YES If yes, supporting documentation must be provided.
# FAMILY DETAILS

## MOTHER / GUARDIAN INFORMATION

**FAMILY NAME:**

**FIRST NAME:**

**ADDRESS:**

**P/CODE**

**TELEPHONE:**

- (H)
- (B)
- (M)

**EMAIL ADDRESS:**

**RELIGION:**

**AUSTRALIAN CITIZEN:**

- Yes
- No

**COUNTRY OF BIRTH:**

**NATIONALITY:**

**RESIDENCE STATUS:**

- Permanent
- Non Permanent
- Refugee

Does the mother/guardian speak a language other than English at home?

If more than one language, indicate the one that is spoken most often

- English only
- Other, please specify

**MOTHER’S/GUARDIAN’S OCCUPATION:**

What is the occupation group of the mother/guardian? Please select the appropriate parental occupation group from the attached list (A, B, C, D or N)

If not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please write last occupation. If not been in paid work in the last 12 months, enter ‘N’

**EMPLOYER:**

What is the highest year of primary or secondary school the mother/guardian 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

What is the level of the highest qualification the mother/guardian has completed?

- Bachelor Degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including Trade Certificate)
- No non-school qualifications
FAMILY NAME:

FIRST NAME:

ADDRESS:

P/CODE

TELEPHONE: (H)

(B)

(M)

EMAIL ADDRESS:

RELIGION:

AUSTRALIAN CITIZEN: ☐ Yes ☐ No

COUNTRY OF BIRTH: NATIONALITY:

RESIDENCE STATUS: ☐ Permanent ☐ Non Permanent ☐ Refugee

Does the father/guardian speak a language other than English at home?
If more than one language, indicate the one that is spoken most often

☐ English only ☐ Other, please specify

FATHER'S/GUARDIAN'S OCCUPATION: ________________________________

What is the occupation group of the father/guardian? ________ Please select the appropriate parental occupation group from the attached list (A, B, C, D or N)

If not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please write last occupation. If not been in paid work in the last 12 months, enter ‘N’

EMPLOYER:

What is the highest year of primary or secondary school the father/guardian 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

What is the level of the highest qualification the father/guardian has completed?

☐ Bachelor Degree or above ☐ Advanced Diploma/Diploma

☐ Certificate I to IV (including Trade Certificate) ☐ No non-school qualifications
EMERGENCY INFORMATION

Every effort will be made to contact you in the case of an emergency or illness. However should you be unavailable, please nominate two relatives, neighbours, or friends who can drive and are available during school hours.

Emergency 1:  
Name:  
Relationship to child:  
Contact Telephone:  (H)  
(M)  
(B)  

Emergency 2:  
Name:  
Relationship to child:  
Contact Telephone:  (H)  
(M)  
(B)  

Name of Family Doctor:  
Telephone No.:  
Address:  

Please note that in an emergency an ambulance will be called and that any expenses incurred will be the responsibility of the parent/guardian.

FINANCIAL INFORMATION

NAME OF PERSON WHO WILL BE PAYING ACCOUNTS:

Account to be addressed to:

Name:  
Address:  Post Code:  

Name:  
Address:  Post Code:  

DO YOU HOLD A CURRENT HEALTH CARE CARD? Yes ☐ No ☐
OCCUPATION GROUP A
Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (section head or above), regional director, health / education / police / fire services administrator

Other administrative [school principal, faculty head / dean, library / museum / gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- Air/sea transport [aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller]

OCCUPATION GROUP B
Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager [finance / engineering / production / personnel / industrial relations / sales / marketing]

Financial Services Manager [bank branch manager, finance / investment / insurance broker, credit / loans officer]

Retail / Sales / Services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts / Media / Sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- Business / Administration [recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager]
- Defence Forces senior Non-Commissioned Officer

OCCUPATION GROUP C
Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks [bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff:

- Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
- Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- Service [aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/manager]

OCCUPATION GROUP D
Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants:

- Office [typist, word processing / data entry / business machine operator, receptionist, office assistant]
- Sales [sales assistant, motor vehicle / caravan / parts salessperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- Assistant / aide [trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

- Defence Forces - ranks below senior NOC not included above
- Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool / hide classifier, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry / logging worker, miner, seafarer / fishing hand]
- Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]