



CATHOLIC EDUCATION
Archdiocese of Canberra & Goulburn

ENROLMENT APPLICATION FORM

**Application to Enrol in a Catholic Early Learning Centre
Archdiocese of Canberra and Goulburn**

Hope

Joy

Wonder

SECTION 1 INTRODUCTION

We thank you for considering to enrol your child in to Catholic Education.

This form is to be used for applications to Catholic Early Learning Centres within the Archdiocese of Canberra and Goulburn. Primary and Secondary Schools have a separate form.

Use only one form per student.

To complete the application form you will need to submit the following information. Original documents will need to be presented at the time of interview.

Birth certificate (not commemorative) or passport.

Certificate of Baptism (if applicable).

Student's immunisation records.

Family Law, Personal Protection Order or Other Relevant Court Orders (if applicable).

Any previous ELC reports (if applicable).

Visa grant notice for permanent and temporary visa-holders (if applicable) – for both student and parent(s) / legal guardian(s), including passport copies of parents.

students with additional learning needs (if applicable).

Proof of residential address, such as rates notice, electricity, water or telephone bill.

Complete all relevant sections of this application form and submit via email or in person to your first choice of Catholic Early Learning Centre.

Submission of an application does not guarantee a place in your ELC of choice.

A non-refundable application fee of \$50 applies.

This application form is to be read in conjunction with the Catholic Schools Enrolment Information Pack available on the Catholic Education website www.enrolments.cg.catholic.edu.au.

Please ensure you read and understand the information contained within Section 1 'Commitment from Parents and Enrolment Declaration' before completing this application form.

SECTION 1 INTRODUCTION

Commitment from Parents and Enrolment Declaration

Application for enrolment of your child in a Catholic school means that you are choosing a Catholic education for your child. It requires your commitment to support the philosophy, values and aims of the school and a willingness to co-operate in their implementation. Specifically, it means:

- Religious Education is a core subject which includes participation in prayer and liturgy
- Catholic values are emphasised

Your child is expected to adhere to the school's standards for:

- Participation in school activities

Your co-operation is essential to assist your child attain these goals. Parents are expected to participate in the total life of the school.

Ensuring your privacy is protected

The *Privacy Act 1988* (Cth) (*Privacy Act*) regulates how personal information is handled and the *Education Act 2004* (ACT) (*Education Act*) sets out arrangements for education including for compulsory education. Catholic Education Canberra & Goulburn (CECG) collects personal information on this application form to enable it to effectively manage enrolment in its Systemic schools. This information is stored securely.

The information is also used or disclosed for the following purposes:

- The education and welfare of the student
- Communication with students, parents or carers
- The health, safety and welfare of students, staff and visitors to the school
- Provision and management of IT services including student administration services
- National and international assessment and reporting purposes
- Quality assurance activities such as high quality education and to enable CECG to perform its functions and activities under the Privacy Act and the Education Act
- Any other purpose required by law or authorised under privacy legislation

CECG provides this enrolment information (on request) to other government agencies and third party entities, such as assessment entities authorised to receive it.

Information may also be shared between Catholic Systemic schools your child has been enrolled at previously.

Please contact the school to access or correct any personal information or if you have any concerns about the collection, use or disclosure of personal information.

Each person signing agrees:

I have read and agree to the responsibilities in the 'Commitment from Parents and Enrolment Declaration' and apply for enrolment of my child subject to those conditions. I agree to adhere to the policies and guidelines determined by the school.

I agree to pay jointly and severally all school fees, levies and charges incurred while my child is enrolled, including any expenses incurred by the School as a result of late or non-payment of amounts owing.

(Note: No student will be refused enrolment because of an inability, as distinct from an unwillingness, of a parent/legal guardian to meet their school fee commitments. Please contact the Principal or Bursar to discuss your particular circumstances).

SECTION 1 INTRODUCTION

I acknowledge that providing false, misleading or incomplete information on this application form may result in the school cancelling or not accepting my child's enrolment.

I acknowledge that the school for which I am seeking enrolment for my child is part of a System of schools and I understand that the Government funding attracted to the System and school fees, may be distributed among member schools according to need as determined by the Approved System Authority.

I agree to work in collaboration and cooperation with the school to support the learning of my child.

I give consent for the school to obtain information about my child from their previous school specified in Section 3. I understand that I can request to see the information received by the school from my child's previous school.

I have read and understand the 'Enrolment Information Collection Notice' from the Catholic Schools Enrolment Information Pack, available on the CECG website at www.enrolments.cg.catholic.edu.au

SECTION 2 ADMISSION DETAILS

Year of Enrolment

(This is the calendar year in which the student will start at the school)

Expected Date of Commencement (if not starting in Term 1)

Student's Name *(as stated in the birth certificate or passport)*

Student's Legal Family Name:

Student's Legal Given Names:

First:

Second:

Preferred Option(s) *(indicate if you wish to enrol your child on a part-time or full-time basis, as well as if any before and/or after school care is required.)*

Option 1 *Pre-school – Part Time (15 Hours)*

Preference 1 Monday, Tuesday and alternate Wednesday, OR

Preference 2 Alternate Wednesday, Thursday and Friday

Option 2 *Pre-school – Full Time (30 Hours)*

Before and/or After School Care *(available 7.30 – 9.00 am and 3.00 – 6.00 pm)*

Not sure at this stage

SECTION 3 STUDENT DETAILS

3.1 Personal Information

Gender Male Female

Date of Birth *(dd/mm/yyyy)*

Student's Citizenship or Residency Status Australian Citizen Permanent Resident
Temporary Resident (Other Visa Category) New Zealand Citizen

Visa Sub-class No. Date arrived in Australia *(dd/mm/yyyy)*

Date Started School in Australia

In which country was the student born?

What is the cultural background of the student?

3.2 Diversity Information

Student's Religion

If Catholic, indicate date and place of baptism

Does the student speak a language other than English at home Yes No

If more than one language is spoken, please indicate the main language and other languages spoken at home.

Main language at home <hr/>	Other languages 1. <hr/> 2. <hr/> 3. <hr/>
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Is the student of Aboriginal and Torres Strait Islander Origin? No Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Prefer not to state

SECTION 4 ASSESSING STUDENT NEEDS, MEDICAL INFORMATION, SAFETY AND WELFARE INFORMATION

This information is requested by the school to plan for any additional needs the student may have. Provision of this information will have no impact on the outcome of the application.

Does the student have any type of additional needs Yes No

If 'Yes', please provide additional details in the table below.

Additional student needs	Current plan
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Does the student currently have a learning difficulty in any of the following areas, such as communication, concentration and social skills Yes No

If 'Yes', please provide additional details in the table below.

Additional details
<hr/>
<hr/>

Please specify any medical conditions or allergies the student may have and any other information that would assist with the care of the student.

Medical condition / allergy	Current treatment
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Additional Information
<hr/>
<hr/>

Have all immunisations been completed? Yes No

SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.1 Student's Contact Details

Primary residential address *(this is the student's principal place of residence during term).*

No. or Roadside Mail Box (RMB)	
Street	
Property Name	
Suburb or Town	
Postcode	
State	

Other residential address (only if applicable). *(This is the student's alternative place of residence during term when the student lives with parents and/or guardians who live apart and/or who live with other partners).*

No. or Roadside Mail Box (RMB)	
Street	
Property Name	
Suburb or Town	
Postcode	
State	

Primary email address *(This will be the email address used for correspondence from the school, including school news, school reports and billing information. In the case of split billing arrangements, please contact the school, as specified in Section 6 of this form).*

Primary email address	
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SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.2 Parent or Legal Guardian Information

Family Details	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
Title		
Legal Family Name		
Legal Given Name: First		
Legal Given Name: Second		
Address <i>(please tick relevant address)</i>	Same as student's primary residence Same as student's other	Same as student's primary residence Same as student's other
Phone <i>(please provide at least one)</i>	Home Business Mobile	Home Business Mobile
Email		
Parent Eligible for Childcare Subsidy	Yes No	Yes No
Parent's Date of Birth		
Parent's Centrelink Reference Number (CRN)		
Child's Centrelink Reference Number (CRN)		
Are you a member of the Australian Defence Force	Yes No	Yes No
Employment Details	Full Time Part Time Self-employed Not Stated	Full Time Part Time Self-employed Not Stated
Name of Employer		
Occupation		
Parent / Guardian's Citizenship or Residency Status		
If on a Visa, please state Visa Sub-Class Number		

SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.2 Parent or Legal Guardian Information *Continued*

Parent / Guardian's Country of Birth		
Do you speak a language other than English at home	Yes	No
If more than one language is spoken, please indicate the main language and other languages spoken at home.	Main	Main
	Other	Other
	1.	1.
	2.	2.
	3.	3.
Parent / Guardian's Religion		

The following information is required by the Australian Government's 'National Reporting on Student Outcomes'. It is merely a collection of information and has no bearing on the outcome of the enrolment application.

Employment Category / Classification

Senior management in large business organisation, government administration and defence, and qualified professional

Other business manager, arts/media/sportsperson and associate professional

Tradesman/woman, clerk and skilled office, sales and service staff

Machine operator, hospitality staff, assistant labourer and related worker

Not in paid work in the last 12 months

Not stated or unknown

Education Details

What is the highest year of primary or secondary school completed?

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 completed?

Bachelor degree or above

Advanced diploma / diploma

Certificate I to IV (including trade certificate)

No non-school qualification

SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.3 Other Partner Details

In the case of separated parents/legal guardians who live with other partners, please fill in these additional details

Family Details	Partner who lives with Mother / Legal Guardian A	Partner who lives with Father / Legal Guardian B
Title		
Legal Family Name		
Legal Given Name: First		
Legal Given Name: Second		
Address <i>(please tick relevant address)</i>	Same as student's primary residential Same as student's other	Same as student's primary residential Same as student's other
Phone <i>(please provide at least one)</i>	Home Business Mobile	Home Business Mobile
Relationship to Student		
Are you a member of the Australian Defence Force	Yes No	Yes No
Employment Details	Full Time Part Time Self-employed Not Stated	Full Time Part Time Self-employed Not Stated
Name of Employer		
Occupation		
Citizenship or Residency Status		
If on a Visa, please state Visa Subclass		
Country of Birth		
Do you speak a language other than English at home	Yes No	Yes No
If more than one language is spoken, please indicate the main language and other languages spoken at home.	Main Language Spoken at Home Other 1. 2. 3.	Main Language Spoken at Home Other 1. 2. 3.

SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.3 Other Partner Details *Continued*

In the case of parents who live apart with other partners, please fill in these additional details.

Other Partner's Religion		
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	Partner 1	Partner 2
<p>The following information is required by the Australian Government's 'National Reporting on Student Outcomes'. It is merely a collection of information and has no bearing on the outcome of the enrolment application.</p>		
<p>Employment Category / Classification</p> <p>Senior management in large business organisation, government administration and defence, and qualified professional</p> <p>Other: business manager, arts/media/sportsperson and associate professional</p> <p>Tradesman/woman, clerk and skilled office, sales and service staff</p> <p>Machine operator, hospitality staff, assistant labourer and related worker</p> <p>Not in paid work in the last 12 months</p> <p>Not stated or unknown</p>		
<p>Education Details</p> <p>What is the highest year of primary or secondary school completed?</p> <p>Year 12 or equivalent</p> <p>Year 11 or equivalent</p> <p>Year 10 or equivalent</p> <p>Year 9 or equivalent or below</p>		
<p>What is the level of the highest qualification completed?</p> <p>Bachelor degree or above</p> <p>Advanced diploma / diploma</p> <p>Certificate I to IV (including trade certificate)</p> <p>No non-school qualification</p>		

SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.3 Emergency Contacts

Please nominate a person other than a parent / guardian / partner who may be contacted in the event of an emergency and/or who has been given permission by a parent or guardian to collect the student from education and care service. Please note they will be contacted only if the school has been unable to reach the parents/legal guardians.

Family Details	Emergency Contact 1/ Emergency Nominee 1	Emergency Contact 2/ Emergency Nominee 2
Title		
Legal Family Name		
Legal Given Name: First		
Legal Given Name: Second		
Phone <i>(please provide at least one)</i>		
Relationship to Student		

Section 5.4 Sibling Information

Does the student have any siblings Yes No

If 'Yes', please indicate the following information.

Name of Student	Date of Birth	Name of School and Address (if attending)	Year Level (if attending)

SECTION 6 CORRESPONDENCE AND BILLING DETAILS

Do you require the billing to be split between Guardian A and Guardian B? Yes No

If “Yes”, please contact the school to complete the required documentation.

Please note that all correspondence and billing information from the school will be sent to the ‘Primary Residential Address’, unless indicated otherwise. In the case of a split billing arrangement, information will also be sent to a second address.

Please indicate the address details to be used for correspondence from school and billing, if different from the student’s ‘Primary Residential Address’.

	Mother / Legal Guardian A	Father / Legal Guardian B
No. or RMB	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	<input type="text"/>
Property Name	<input type="text"/>	<input type="text"/>
Suburb or Town	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
If a PO Box is to be used, please indicate	<input type="text"/>	<input type="text"/>
PO Box	<input type="text"/>	<input type="text"/>
Suburb or Town	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

SECTION 7 PERMISSIONS, COMMITMENT FROM PARENTS AND ENROLMENT DECLARATION

Section 7.1 Permissions

Permissions	Yes	No
<p>Medical Treatment</p> <p>I authorise the school to seek necessary medical attention for my child and agree to pay all costs.</p> <p>I authorise the person(s) specified as ‘Other Partners’ in Section 5.3 and ‘Emergency Contacts’ in Section 5.4 to consent to medical treatment of or authorise administration of medication to my child, if the parents/legal guardians cannot be contacted.</p> <p>I authorise the person(s) specified as ‘Other Partners’ in Section 5.3 and ‘Emergency Contact’ in Section 5.4 be notified of an emergency involving my child if the parents/legal guardians cannot be contacted.</p> <p>I authorise the person(s) specified as ‘Other Partners’ in Section 5.3 and ‘Emergency Contacts’ in Section 5.4 be to be able to take my child outside the education and care service premises in case of an emergency if the parents/legal guardians cannot be contacted.</p>		
<p>School Excursions</p> <p>I give permission for my child to attend school outings within the general locality.</p>		
<p>Media</p> <p>I agree to my child’s attendance at media events.</p> <p>I agree to my child’s work being published on the school’s website.</p> <p>I agree to the release of my child’s information for school photos.</p> <p>I give consent for photographs and video recordings of my child being taken and used by the school on CECG websites, social media, Catholic Voice and other publications and in print media.</p>		
<p>Information to be provided to Australian Government for Statistical Purposes</p> <p>I acknowledge Catholic Education will collect sensitive information as defined in the Information Privacy Act 2014, including origin, education background, address details, names of parents, for statistical purposes to be provided to the Australian Government’s Department of Education and Training.</p>		

SECTION 7 PERMISSIONS, COMMITMENT FROM PARENTS AND ENROLMENT DECLARATION

Mother / Legal Guardian A

Father / Legal Guardian B

Signature

Signature

Name

Name

Date

Date



Hope

Joy

Wonder



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