



CATHOLIC EDUCATION
Archdiocese of Canberra & Goulburn

ENROLMENT APPLICATION FORM

Application to Enrol in a Catholic Primary or Secondary School
Archdiocese of Canberra and Goulburn

Hope

Joy

Wonder

SECTION 1 INTRODUCTION

We thank you for considering a Catholic education for your child.

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

This form is an alternative to lodging electronically via the online enrolment tool located on each school's website.

Please complete 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 (applicable to all NSW schools and ACT Primary).

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

Last report from previous school (not applicable for Kindergarten enrolments).

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.

Any medical reports and/or other assessment reports for students with additional learning needs (if applicable).

Proof of residential address, such as rates notice, electricity, water or telephone bill (applicable only to ACT Primary).

Complete all relevant sections of this application form and submit to your first choice of Catholic Primary or Secondary school.

Submission of an application does not guarantee a place in your school of choice. An offer for your first choice of ACT Catholic Primary school will depend on your priority enrolment area.

A non-refundable application fee applies to ACT Schools (ACT Primary: \$25 upon submission, ACT Secondary: \$50 upon acceptance). Some NSW schools may charge a nominal application fee.

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 'Commitment from Parents and Enrolment Declaration' below 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.
- Academic excellence and the acquisition of skills are promoted within a Catholic framework.

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

- Behaviour, dress and self-discipline.
- Application to course work and study.
- Participation in school activities.

Your co-operation is essential to assist your child to meet these expectations. Parents are expected to participate in the total life of the school including: parent/teacher nights, school/community liturgies and activities of the Parents and Friends' Association or Community Council

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, Archdiocese of Canberra and 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 below 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 jointly and severally to pay 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:

Year Level of Admission *(indicate the year level for which enrolment is sought)*

Primary | Kindergarten Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Secondary | Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

School Preference

Please list your preferred Catholic Schools within the Archdiocese of Canberra and Goulburn. The full list of schools can be found in the Catholic Schools Enrolment Information Pack available on the website www.enrolments.cg.catholic.edu.au.

The Catholic School you are submitting this application to, needs to be listed as your first preference.

Please provide at least one more preference. In case the school of your choice is unable to provide a placement, the school will contact you and seek your permission to transfer to the listed next in the preferences. ACT Secondary schools can include the Congregational schools in their preferences. Please do not include Public schools or Independent schools as transfers will only take place between Systemic Catholic schools within the State.

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

For Applicants to ACT Catholic Primary Schools Only

ACT Catholic Primary schools are zoned based on Parish boundaries and designated areas, hence you are expected to indicate the local Parish Primary school as your first preference.

1 |

2 |

3 |

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

Fees may differ for holders of certain visa types. Please refer to the Enrolment Information Pack www.enrolments.cg.catholic.edu.au for details.

In which country was the student born?

Current School Details, include Early Learning Centre, if it is a Kindergarten enrolment.

Name of School Address (include street, suburb or town/ if moving from another state, mention 'interstate' and if moving from another country, mention 'overseas')	<hr/> <hr/> <hr/>
Current Year Level	

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 treatment
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

Does the student currently have a learning difficulty in any of the following areas, such as literacy, numeracy, concentration, communication, personal care, social skills or any other learning needs? 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 4 ASSESSING STUDENT NEEDS, MEDICAL INFORMATION, SAFETY AND WELFARE INFORMATION

Safety and welfare information

Are there any circumstances about the student seeking to be enrolled that the school should know prior to enrolment? Yes No

If 'Yes', please describe the circumstances.
Provide details of any court order in place or parenting plan in place.

Is there anything in the student's history or circumstances that might pose a risk of any type to the student, other students, staff or visitors? Yes No

If 'Yes', please provide brief description

Does the student have any history of violent or socially unacceptable behaviour and/or has the student been suspended or expelled from any previous school as a result of this behaviour?

Actual Violence	Yes	No
Illegal Drugs	Yes	No
Possession of Weapon(s)	Yes	No
Threats of Violence	Yes	No
Suspended or Expelled from any previous school	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 (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 6.0 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	Same as student's primary residence	Same as student's primary residence
<i>(please tick relevant address)</i>	Same as student's other	Same as student's other
Phone <i>(please provide at least one)</i>	Home	Home
	Business	Business
	Mobile	Mobile
Email		
Are you a member of the Australian Defence Force	Yes No	Yes No
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		
If more than one language is spoken, please indicate the main language and other languages spoken at home.	Main language spoken at home	Main language spoken at home
	Other	Other
	1.	1.
	2.	2.
	3.	3.

SECTION 5 STUDENT'S CONTACT DETAILS AND FAMILY DETAILS

Section 5.2 Parent or Legal Guardian Information *Continued*

Religion		
<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>Mother / Legal Guardian A</p>	<p>Father / Legal Guardian B</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 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 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
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		
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.

Religion		
<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>Partner who lives with Mother / Legal Guardian A</p>	<p>Partner who lives with Father / Legal Guardian B</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. 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 Contact 2
Title		
Legal Family Name		
Legal Given Name: First		
Legal Given Name: Second		
Phone <i>(please provide at least one)</i>	Home Business Mobile	Home Business Mobile
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 <i>(dd/mm/yyyy)</i>	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’ specified in Section 5.1, unless indicated otherwise below. 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		
Street		
Property Name		
Suburb or Town		
Postcode		
State		
If a PO Box is to be used, please indicate		
PO Box		
Suburb or Town		
Postcode		
State		
Email		

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 to consent to medical treatment and/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>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 online and in print.</p>		
<p>Information to be provided to Australian Government for Statistical Purposes</p> <p>I acknowledge to Catholic Education collecting sensitive information as defined in the <i>Information Privacy Act 2014</i>, including origin education background, address details, names of parents/guardians to the Australian Government’s Department of Education and Training for statistical purposes.</p>		

SECTION 7 PERMISSIONS, COMMITMENT FROM PARENTS AND ENROLMENT DECLARATION

Mother / Legal Guardian A

Father / Legal Guardian B

Signature

Signature

Name

Name

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)



Hope

Joy

Wonder



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