



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

Thank you for considering a Catholic education for your child.

This form is to be used for applications to Catholic Early Learning Centres (ELCs) within the Archdiocese of Canberra & Goulburn. Primary and secondary schools have a separate form.

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

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 or when requested by the school.

Birth certificate (not commemorative) or passport

Certificate of Baptism (if Catholic)

Student immunisation records

Family Law, Personal Protection Order or other relevant Court Orders (if applicable)

Any previous ELC reports (if applicable)

Visa grant notice and passport for permanent and temporary visa holders (if applicable) - for both student and parent(s) / legal guardian(s)

Any medical report, medical management plan, anaphylaxis medical management plan or risk management plan 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.

Complete all relevant sections of this application form and submit to your first choice of Catholic ELC.

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

Expectations from Parents

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 ELC's standards for:

- Participation in ELC activities.

Your co-operation is essential to assist your child to meet these expectations. Parents are expected to participate to the total life of the ELC.

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. CECG collects personal information on this application form to enable effective management of enrolment in Catholic ELCs. 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 / legal guardians.
- The health, safety and welfare of students, staff and visitors to the school.
- Provision and management of IT services including student administration services.
- National, international and local assessment and reporting purposes.
- Quality assurance activities 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 may provide 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 ELCs 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.

SECTION 2 ADMISSION DETAILS

Year of enrolment

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

Expected date of commencement

(If not starting in Term 1)

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

Student's surname

Student's legal first name

Student's second name

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 – full-time (5 days a week)

Option 2: Pre-school – part-time

Preference 1: Monday, Tuesday and alternate Wednesday or

Preference 2: Alternate Wednesday, Thursday and Friday

Not sure at this stage

SECTION 3 STUDENT DETAILS

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/intersex/unspecified
Date of birth <i>(dd/mm/yyyy)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
In which country was the student born?	<input type="text"/>		
What is the cultural background of the student?	<input type="text"/>		
Birthplace (city)	<input type="text"/>		
Student's citizenship or residency status	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <i>(other Visa category)</i>		
Visa Sub-Class No. <i>(3-digit number only)</i>	<input type="text"/>	Date arrived in Australia <i>(dd/mm/yyyy)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Date started school in Australia <i>(dd/mm/yyyy)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Student's primary residential address <i>(DO NOT USE P.O. BOX NUMBERS - must be the student's residential address during school term)</i>			
Number	<input type="text"/>	Property name	<input type="text"/>
Street	<input type="text"/>		
Town/suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Home phone/mobile	<input type="text"/>		
Alternative residential address (if applicable) <i>(Alternative place of residence during Term when the student lives with parent/carers who live apart.)</i>			
Number	<input type="text"/>	Property name	<input type="text"/>
Street	<input type="text"/>		
Town/suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Home phone/mobile	<input type="text"/>		
Percentage of time spent at alternative residential address during the year (if applicable)	<input type="text"/>	%	
Primary email address	<input type="text"/>		
<i>(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.)</i>			
Religious information			
Student's religion <i>(if none write 'no Religion')</i>	If Catholic, indicate where and when baptised		
<input type="text"/>	Where:	Date:	
	<input type="text"/>	<input type="text"/>	

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. Please write actual language i.e. Swahili (not African), Punjabi (not Indian) etc.)

Main language spoken at home

Other languages spoken

Is the student of Aboriginal and/or Torres Strait Islander origin?

Prefer not to state

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

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 additional needs or learning difficulties in any areas such as concentration, communication, personal care, social skills?

Yes

No

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

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Please specify any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis and any other information that would assist with the care of the student.

Medical condition / allergy 1

Current treatment 1

Medical condition / allergy 2

Current treatment 2

Medical condition / allergy 3

Current treatment 3

Please provide any additional medical information briefly below.

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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.

Are there any special considerations to be considered? Example: cultural, religious or dietary requirements?

Yes

No

If 'Yes', please provide a brief description.

Have all immunisations been completed?

Yes

No

General Practitioner (GP) Information

Name

Phone

Address

Child's Medicare number

Do you have additional cover?

Ambulance

Yes

No

Private Health

Yes

No

SECTION 5 STUDENT'S FAMILY DETAILS

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	<input type="text"/>	<input type="text"/>
Legal surname	<input type="text"/>	<input type="text"/>
Legal first name	<input type="text"/>	<input type="text"/>
Address <i>(please tick relevant address)</i>	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative
Phone <i>(please provide at least one)</i>	Home <input type="text"/> Business <input type="text"/> Mobile <input type="text"/>	Home <input type="text"/> Business <input type="text"/> Mobile <input type="text"/>
Work email <i>(optional)</i>	<input type="text"/>	<input type="text"/>
Are you a member of the Australian Defence Force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of employer	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Citizenship or residency status <i>(Permanent or Temporary)</i>	<input type="text"/>	<input type="text"/>
If on a Visa, please state Visa 3 digit Subclass number	<input type="text"/>	<input type="text"/>
Do you speak a language other than English at home? <i>(state which language)</i>	<input type="text"/>	<input type="text"/>
<i>If more than one language is spoken, please indicate the main language and other languages spoken at home.</i>	Other language/s spoken at home 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>	Other language/s spoken at home 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
What is your cultural background?	<input type="text"/>	<input type="text"/>
Religion <i>(if none, write 'no religion')</i>	<input type="text"/>	<input type="text"/>

Childcare Subsidy Details

(Please fill this only for one relevant parent / legal guardian.)

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)

The following information is required by 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.

**Mother /
Legal Guardian A**

**Father /
Legal Guardian B**

Employment Category / Classification

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

Other: business manager, arts/media/sportsperson and associated professional

Tradesperson, clerk and skilled office, sales and service staff

Machine operator, hospitality staff, assistant labourer and related worker

Not paid in 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 tertiary qualification

Partner(s) of Legal Guardian(s) Information

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

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	<input type="text"/>	<input type="text"/>
Legal surname	<input type="text"/>	<input type="text"/>
Legal first name	<input type="text"/>	<input type="text"/>
Address <i>(please tick relevant address)</i>	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative
Phone <i>(please provide at least one)</i>	Home <input type="text"/> Business <input type="text"/> Mobile <input type="text"/>	Home <input type="text"/> Business <input type="text"/> Mobile <input type="text"/>
Work email <i>(optional)</i>	<input type="text"/>	<input type="text"/>
Are you a member of the Australian Defence Force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of employer	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Citizenship or residency status <i>(Permanent or Temporary)</i>	<input type="text"/>	<input type="text"/>
If on a Visa, please state Visa 3 digit Subclass number	<input type="text"/>	<input type="text"/>
Do you speak a language other than English at home? <i>(state which language)</i> <i>If more than one language is spoken, please indicate the main language and other languages spoken at home.</i>	<input type="text"/> Other language/s spoken at home 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>	<input type="text"/> Other language/s spoken at home 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
What is your cultural background?	<input type="text"/>	<input type="text"/>
Religion <i>(if none, write 'no religion')</i>	<input type="text"/>	<input type="text"/>

The following information is required by 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.

**Mother /
Legal Guardian A**

**Father /
Legal Guardian B**

Employment Category / Classification

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

Other: business manager, arts/media/sportsperson and associated professional

Tradesperson, clerk and skilled office, sales and service staff

Machine operator, hospitality staff, assistant labourer and related worker

Not paid in 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 tertiary qualification

SECTION 6 BILLING, CORRESPONDENCE AND OTHER 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 3, unless indicated otherwise below.

In the case of a split billing arrangement, information will also be sent to the **Alternative Residential Address** also specified in Section 3.

The section below must be completed only if either Guardian A or Guardian B have a different mailing address or email to the residential information indicated for Guardian A or Guardian B in Section 5.

	Mother / Legal Guardian A	Father / Legal Guardian B
Email address	<input type="text"/>	<input type="text"/>
Property name	<input type="text"/>	<input type="text"/>
Number	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	<input type="text"/>
Suburb / town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
If a PO Box, please indicate		
PO Box	<input type="text"/>	<input type="text"/>
Suburb / town	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

Family Circumstances and Siblings

Are there any court orders, parenting plans or parenting orders relevant to this child?	Yes	No
If 'Yes', please provide details		
<input type="text"/>		

Does the student have any siblings?

Yes

No

If 'Yes', please indicate the following information.

Name of sibling	Date of birth (dd/mm/yyyy)	Name of school (if attending)	Year level (if attending)

Emergency Contact / Authorised Nominee Details for Student

Please nominate a person other than a parent / legal 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. Please note, the emergency contact must live in area.

An authorised nominee is a person who has been given permission by a parent / legal guardian to collect the child from the ELC; consent to medical treatment of; to authorise administration of medication to the child; and may authorise an educator to take the child outside of the ELC premises.

	Emergency contact / Authorised nominee 1	Emergency contact / Authorised nominee 2
Name		
Relationship to student		
Home		
Business		
Mobile		

SECTION 7 PERMISSIONS

Permissions	Yes	No
Medical Treatment <p>I authorise the Catholic Education employee to seek necessary medical attention for my child and agree to pay all costs.</p> <p>I authorise the Catholic Education employee to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service</p> <p>I authorise the person(s) specified as 'Other Partners and Emergency Contact / Authorised Nominee' 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' and 'Emergency Contact / Authorised Nominee' to 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' and 'Emergency Contact / Authorised Nominee' to authorise an educator to take the child outside the ELC premises.</p>		
School Excursions <p>I give permission for my child to attend school outings within the general locality.</p>		
Media <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 or Catholic Education Archdiocese of Canberra & Goulburn websites, social media, Catholic Voice and other publications online and in print.</p>		

I/we agree to adhere to the policies and guidelines determined by the school.

I/we 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.)

I/we acknowledge that providing false, misleading or incomplete information on this application form may result in the school revoking the offer of enrolment for my child.

I/we give consent for the school to obtain information about my child from their previous school specified in Section 2.

I/we understand that I/we can request to see the information received by the school from my child's previous school.

Information to be Provided to Australian Government for Statistical Purposes

I/we consent to Catholic Education collecting sensitive information as defined in the Information Privacy Act 2014, including origin, education background, address details, names of parents/guardians to the Australian Government's Department of Education and Training for statistical purposes.

I/we have read and understand the 'Enrolment Information Collection Notice' from the Catholic Schools' Enrolment Information Pack, available on the Catholic Education Archdiocese of Canberra & Goulburn website at www.enrolments.cg.catholic.edu.au

Signature	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Relationship to student	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>