



CATHOLIC EDUCATION  
Archdiocese of Canberra & Goulburn

# ENROLMENT APPLICATION FORM

**Application to Enrol in a Catholic Primary or Secondary School  
in the Archdiocese of Canberra & 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 primary and secondary schools within the Archdiocese of Canberra & Goulburn, with the exception of ACT Congregational schools.

Early Learning Centres (ELC) have a separate application form.

Please complete one form per student.

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 the school's 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.

**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 (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

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 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)

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

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/](http://cg.catholic.edu.au/parents/enrolment/)

The school will be in contact with you to discuss your application. If an offer of place is provided, parents/legal guardians will be required to sign a statement of obligation.

## 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.
- 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 / legal guardians 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. CECG collects personal information on this application form to enable effective management of enrolment in Catholic 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, 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 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.

## SECTION 2 ADMISSION DETAILS

<b>Year of enrolment</b> <i>(This is the calendar year in which the student will start at the school.)</i>	<input type="text"/>	<b>Expected date of commencement</b> <i>(if not starting in Term 1)</i>	<input type="text"/>				
<b>Student's name</b> <i>(as stated in the birth certificate or passport)</i>	<input type="text"/>						
<b>Student's surname</b>	<input type="text"/>						
<b>Student's legal first name</b>	<input type="text"/>						
<b>Student's second name</b>	<input type="text"/>						
<b>Year level of admission</b> <i>(indicate the year level for which enrolment is sought)</i>							
<b>Primary</b>	Kindergarten	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
<b>Secondary</b>	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	

### School Preference

Please list your preferred Catholic school within the Archdiocese of Canberra & Goulburn. The full list of schools is available on the Catholic Education website <https://cg.catholic.edu.au/parents/enrolment/>.

Generally one preference is sufficient for NSW schools.

#### For Applicants to ACT Catholic Primary Schools Only

ACT Catholic primary schools are zoned based on priority enrolment areas.

The Catholic school you are submitting this application to will be your first preference.

In case the school of your choice is unable to provide a placement, the school will contact you and seek permission to transfer to your next listed preference.

ACT secondary Catholic schools allow Congregational schools i.e. Daramalan College, Marist College and St Edmund's College to be included in their preferences. Please do not include Public schools or Independent schools as transfers will only take place between Catholic schools within the ACT.

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

**If you have a second or third preference please list below.**

<b>1.</b>	<input type="text"/>
<b>2.</b>	<input type="text"/>
<b>3.</b>	<input type="text"/>
<b>Previous or current school - include ELC if enrolling in Kindergarten.</b>	
<b>School/ELC name</b>	<input type="text"/>
<b>Suburb/town</b>	<input type="text"/>
<b>Current Year level</b>	<input type="text"/>

## SECTION 3 STUDENT DETAILS

<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/intersex/unspecified
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**Date of birth**

*(dd/mm/yyyy)*

**In which country was the student born?**

**Birthplace (city)**

**Student's citizenship or residency status**

Australian Citizen       Permanent Resident       Temporary Resident  
*(other Visa category)*

**Visa Sub-Class No.**

*(3 digit number only)*

**Date arrived in Australia**

*(dd/mm/yyyy)*

**Please note:** Fees may differ for holders of certain Visa types. Please refer to the website for details.  
<https://cg.catholic.edu.au/parents/enrolment/>

**Date started school in Australia**

*(dd/mm/yyyy)*

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**Student's primary residential address**  
*(DO NOT USE P.O. BOX NUMBERS - must be the student's residential address during school Term)*

**Number**       **Property name**

**Street**

**Town/suburb**       **State**       **Postcode**

**Home phone/mobile**

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**Alternative residential address (if applicable)**  
*(Alternative place of residence during Term when the student lives with parent/carers who live apart.)*

**Number**       **Property name**

**Street**

**Town/suburb**       **State**       **Postcode**

**Home phone/mobile**

**Percentage of time spent at alternative residential address during the year (if applicable)**  %

**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.)*

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**Religious information**

**Student's religion** *(If none write 'no Religion')*

**If Catholic, indicate where and when baptised**

**Where:**       **Date:**

**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 literacy, numeracy, 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 the student may have 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.

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**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 describe the circumstances. Provide details of any court order in place or parenting plan.**

**Does the student have a 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 |

**Have all immunisations been completed?**

**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>
<b>Title</b>	<input type="text"/>	<input type="text"/>
<b>Legal surname</b>	<input type="text"/>	<input type="text"/>
<b>Legal first name</b>	<input type="text"/>	<input type="text"/>
<b>Address</b> <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
<b>Phone</b> <i>(please provide at least one)</i>	<b>Home</b> <input type="text"/> <b>Business</b> <input type="text"/> <b>Mobile</b> <input type="text"/>	<b>Home</b> <input type="text"/> <b>Business</b> <input type="text"/> <b>Mobile</b> <input type="text"/>
<b>Work email</b> <i>(optional)</i>	<input type="text"/>	<input type="text"/>
<b>Are you a member of the Australian Defence Force?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Name of employer</b>	<input type="text"/>	<input type="text"/>
<b>Occupation</b>	<input type="text"/>	<input type="text"/>
<b>Country of birth</b>	<input type="text"/>	<input type="text"/>
<b>Citizenship or residency status</b> <i>(Permanent or Temporary)</i>	<input type="text"/>	<input type="text"/>
<b>If on a Visa, please state Visa 3 digit Subclass number</b>	<input type="text"/>	<input type="text"/>
<b>Do you speak a language other than English at home?</b> <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"/>
<b>Religion</b> <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

## 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	Partner who lives with Mother / or Legal Guardian A <i>(Female legal guardian with parental responsibility)</i>	Partner who lives with Father / or Legal Guardian B <i>(Male legal guardian with parental responsibility)</i>
<b>Title</b> <b>Legal surname</b> <b>Legal first name</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Address</b> <i>(please tick relevant address)</i>	Same as student's residential Same as student's alternative	Same as student's residential Same as student's alternative
<b>Phone</b> <i>(please provide at least one)</i>	<b>Home</b> <input type="text"/> <b>Business</b> <input type="text"/> <b>Mobile</b> <input type="text"/>	<b>Home</b> <input type="text"/> <b>Business</b> <input type="text"/> <b>Mobile</b> <input type="text"/>
<b>Work email</b> <i>(optional)</i>	<input type="text"/>	<input type="text"/>
<b>Are you a member of the Australian Defence Force?</b>	<b>Yes</b>	<b>No</b>
<b>Name of employer</b> <b>Occupation</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>Country of birth</b> <b>Citizenship or residency status</b> <i>(Permanent or Temporary)</i> <b>If on a Visa, please state Visa 3 digit Subclass number</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Do you speak a language other than English at home?</b> <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"/>
<b>Religion</b> <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 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 school; 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 school premises.

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

## SECTION 7 PERMISSIONS

Permissions	Yes	No
<p><b>Medical Treatment</b></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 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' in Section 5 be notified of an emergency involving my child if the parents / legal guardians cannot be contacted.</p>		
<p><b>School Excursions</b></p> <p>I give permission for my child to attend school outings within the general locality.</p>		
<p><b>Media</b></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 or Catholic Education Archdiocese of Canberra &amp; 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/other partners to the Australian Government's Department of Education and Training for statistical purposes.

*I/we have read and understand the Enrolment Information Collection Notice available on the Catholic Education Archdiocese of Canberra & Goulburn website at [www.enrolments.cg.catholic.edu.au](http://www.enrolments.cg.catholic.edu.au)*

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