# **Enrolment Application Form**



**ACT Primary School Application** 



#### Application to Enrol in an ACT Catholic Primary School in the Archdiocese of Canberra and Goulburn

Thank you for considering a Catholic education for your child. This form is to be used for applications to ACT Catholic primary schools within the Archdiocese of Canberra & Goulburn (CECG). 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 of \$50 applies.

SECTION 1		Student		
1.1	NAME (AS STATED	ON THE BIRTH CERTIFICATE O	OR PASSPORT)	
Stude	ent's Surname			
Lega	ıl First Name			
Lega	Il Second Name			
Child	l Lives with:			
Chila				
	Mother / Guardia	n ()		
	Father / Guardia	n		
	Both			
	Shared arrangen	nent		
Year	of Enrolment			
Expected date of commencement (if not starting term 1)		n 1)		
LAPC	cied dale of commi	encement (ii not starting term		
Year	level of Admission			
	Kindergarten		Year 4	
	Year 1		Year 5	
	Year 2		Year 6	
	Year 3			

#### 1.2 PRIORITY ENROLMENT AREAS

ACT Catholic primary schools are zoned based on Priority Enrolment Areas (PEA).

Please ensure that you submit this application to the ACT Catholic Primary school that is zoned to where you live. For a list of Schools and Priority Enrolment Areas, please refer to Catholic Education's enrolment policy, available on the website.

If you would you like your application redirected to an out of area school, should it be unsuccessful, due to capacity issues at your in-area school, please list your preferences.

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

School preference				
Preference 1				
Preference 2				
Preference 3				
I acknowledge that by not providing a second preference my child will not receive an offer from any other Systemic school if a placement is not offered.  Previous or current school				
School name				
Suburb/town				
Current year level				

### 1.3 STUDENT CONTACT DETAILS

Student's primary residential address

address during the year (if applicable)

Street number	
Property name	
Street	
Town/suburb	
State	
Postcode	
Home phone	
Mobile	
Alternative residential a	ıddress
Street number	
Property name	
Street	
Town/suburb	
State	
Postcode	
Home phone	
Mobile	
Percentage of time spe	ent at alternative residential

1.4

1.4	PERSONAL INFO	RMATION
Date (	of birth	
Gende	er	Male Female Indeterminate/intersex/unspecified
1.5	DIVERSITY INFOR	
	ous information	
Studer	nt's religion (it nor	ne, write 'no religion')
If Cath	nolic, please indic	cate where and when baptised
Locati	ion	
Date		
Cultur	al information	
Main I	anguage spoken	at home
Other	languages spoke	en
ls the s	student of Aborig	inal or Torres Strait Islander origin?
		Aboriginal
		Torres Strait Islander
		Aboriginal and Torres Strait Islander
		Prefer not to say

#### 1.6 RESIDENCY STATUS

Fees may differ for holders of certain visas. Please refer to the Enrolment Information Pack for details: https://cg.catholic.edu.au/parents/enrolment/

Visa grant notice and Passports must be provided for permanent and temporary visa holders - for both student and parent(s) / legal guardian(s). Please provide copies of Immunisation records and birth certificates in English.

Country of birth	
Birthplace (city)	
_	
Student's citizenship or res	idency
	Australian citizen
	Permanent resident
	Temporary resident (other Visa category)
Visa Sub-Class No. (3 digit	number only)
Date arrived in Australia (c	dd/mm/yyyy)
Date started school in Aus	tralia (dd/mm/yyyy)

### **SECTION 2** Parent or legal guardian information

#### 2.1 FAMILY DETAILS

Family Details	Mother or Legal Guardian A  (female legal guardian with parental responsibility)	Father or Legal Guardian B  (male legal guardian with parental responsibility)
Title		
Legal surname		
Legal first name		
Address	Same as student's residential Same as student's alternative	Same as student's residential Same as student's alternative
Phone (provide at least one)	Home:	Home:
	Business:	Business:
	Mobile:	Mobile:
Email		
Are you a member of the Australian Defence Force?	☐ Yes ☐ No	☐ Yes ☐ No
Name of employer		
Occupation		
Country of birth		
Citizenship/residency status (Permanent or Temporary)		
If on a Visa, please state Visa 3 digit Sub-Class No.		
Do you speak another language other than English at home? (state which language)		
If more than one language is spoken, please indicate the main language and other languages spoken at home	1. 2. 3.	1. 2. 3.
Religion (if none, write 'no religion')		

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.

Employment Category / Classification	Mother or Legal Guardian A  (female legal guardian with parental responsibility)	Father or Legal Guardian B  (male legal guardian with parental responsibility)
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		
Education Details	Mother or Legal Guardian A  (female legal guardian with parental responsibility)	Father or Legal Guardian B  (male legal guardian with parental responsibility)
What is the highest year of pri	mary or secondary school completed?	
Year 12 or equivalent		
Year 11 or equivalent		
Year 10 or equivalent		
Year 9 or equivalent or below		
Qualification Details	Mother or Legal Guardian A  (female legal guardian with parental responsibility)	Father or Legal Guardian B (male legal guardian with parental responsibility)
What is the level of the highe	st qualification completed?	
Bachelor Degree or above		
Advanced Diploma / Diploma		
Certificate I - IV (including Trade Certificate)		
No tertiary qualification		

### **SECTION 2**

# 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.

#### 2.2 **FAMILY DETAILS**

Family Details	Partner who lives with Mother or Legal Guardian A (female legal guardian with parental responsibility)	Partner who lives with Father or Legal Guardian B (male legal guardian with parental responsibility)
Title		
Legal surname		
Legal first name		
Address	Same as student's residential Same as student's alternative	Same as student's residential Same as student's alternative
Phone (provide at least one)	Home:	Home:
	Business:	Business:
	Mobile:	Mobile:
Email		
Are you a member of the Australian Defence Force?	☐ Yes ☐ No	☐ Yes ☐ No
Name of employer		
Occupation		
Country of birth		
Citizenship/residency status (Permanent or Temporary)		
If on a Visa, please state Visa 3 digit Sub-Class No.		
Do you speak another language other than English at home? (state which language)		
If more than one language is spoken, please indicate the main language and other languages spoken at home	1. 2. 3.	1. 2. 3.
Religion (if none, write 'no religion')		

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.

Employment Category / Classification	Partner who lives with Mother or Legal Guardian A	Partner who lives with Father or Legal Guardian B	
	(female legal guardian with parental responsibility)	(male legal guardian with parental responsibility)	
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			
Education Details	Partner who lives with Mother or Legal Guardian A (female legal guardian with parental responsibility)	Partner who lives with Father or Legal Guardian B  (male legal guardian with parental	
What is the highest year of pri	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			
Qualification Details	Partner who lives with Mother or Legal Guardian A (female legal guardian with parental responsibility)	Partner who lives with Father or Legal Guardian B (male legal guardian with parental responsibility)	
What is the level of the highest qualification completed?			
Bachelor Degree or above			
Advanced Diploma / Diploma			
Certificate I - IV (including Trade Certificate)			
No tertiary qualification			

### **SECTION 3** Assessing Student Needs

#### 3.1 NEEDS AND MEDICAL 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 informa	tion briefly in the table below.			
Does the student have an NDIS Plan?				
Yes				
( ) No				
Please provide any dietary restrictions for	this student.			
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				
Medical condition/allergy 2				
Current treatment				
Medical condition/allergy 3				
Current treatment				

Please provide any additional medical information below.	

#### 3.2 SAFETY AND WELFARE INFORMATION

Are there any circ should know prior	umstances about the student seeking to be enrolled that the school to enrolment?
	Yes
	No
ls there anything ir type to the studer	n the student's history or circumstances that might pose a risk of any at, other students, staff or visitors?
	Actual violence
	Illegal drugs
	Posession of weapon(s)
	Threats of violence
	Suspended or expelled from any previous school
If yes, please desc	cribe the circumstances.

### SECTION 4 Correspondence and other details

4.1 CORRES	PONDENCE AND BILLING INFORMATION
Do you require	the billing to be split between Guardian A and Guardian B?
	Yes
	No
lf 'Yes', please o	contact the school to complete the required documentation.
the Primary Resi	t all correspondence and billing information from the school will be sent to dential Address specified in Section 1.3, unless indicated otherwise below. split billing arrangement, information will also be sent to a second address.
ls the Primary Co	orrespondence Address different to the Student's Primary Residential Address?
	Yes
	No
If 'Yes', please p	provide details.

#### 4.2 FAMILY CIRCUMSTANCES AND SIBLINGS

Are there any court orders relevant to this child?		
	Yes	
	No	
If 'Yes', please pro	ovide details.	
Are there siblings o	attending a Systemic Catholic school?	
	Yes	
	No	
If 'Yes', please provide details.		
Does the student I	nave any siblings?	
	Yes	
	No	

If 'Yes', please provide details.

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

#### 4.3 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 / Authorised Nominee 1	Emergency Contact / Authorised Nominee 2
Full name		
Relationship to student		
Home phone		
Business phone		
Mobile phone		

### **SECTION 5** Permissions

5.1	MEDICAL TREATMENT	Yes	No	
	rise the school to seek necessary medical on for my child and agree to pay all costs.			
Contacto med	rise the person(s) specified as 'Emergency ct/Authorised Nominee' to consent ical treatment and/or authorise stration of medication to my child, if the s/legal guardians cannot be contacted.			
Contac an eme	rise the person(s) specified as 'Emergency ct / Authorised Nominee' to be notified of ergency involving my child if the parents / uardians cannot be contacted.			
5.2	SCHOOL EXCURSIONS			
	ermission for my child to attend school within the general locality.			
5.2	MEDIA			
I agree events.	to my child's attendance at media			
	to my child's work being published on the swebsite.			
l agree school į	to the release of my child's information for ohotos.			
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.				
5.3	INFORMATION TO BE PROVIDED TO AUSTRA STATISTICAL PURPOSES	LIAN GOVERNMENT FOR		
	I acknowledge Catholic Education may need to disclose my personal and sensitive information as defined in the Information Privacy Act 2014 (ACT), including origin, education, background, address details, names of parents to the Australian  Government's Department of Education and Training for statistical purposes			

### **SECTION 6** Student Documents

#### 6.1 STUDENT DOCUMENTS

Please provide a copy of the student's:		
	Birth certificate or passport	
	Immunisation records	
	Proof of residential address, such as rates notice, electricity, water or telephone bill	
	Student's most recent school reports (if applicable)	
	Any medical report and/or other assessment reports for students with additional learning needs (if applicable)	

#### **SECTION 7** Commitment & 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 / 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 or cannot secure a spot with your first preference.

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 completing the application form agrees:

I/we have read and agree to the responsibilities in the 'Parent Commitment Agreement' (PCA) and understand that the enrolment of my child will be subject to my agreement to be bound by the 'Commitments and Declarations' in the PCA.

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

I/we 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/we give consent for the school to obtain information about my child from their previous school specified in Section 1. I understand that I/we can request to see the information received by the school from my child's previous school. I/we have read and understand the "Enrolment Information Collection Notice" available on the CECG website at https://cg.catholic.edu.au/parents/enrolment/, refer 'Enrolment Information Pack'.

#### Terms:

I/We agree to the above terms and conditions of this application.

In submitting this form, I agree that, if applicable, I have discussed this application form with all other parents/legal guardians listed as signatories to this application for enrolment, and that they have agreed to the above terms and conditions of this application. I also agree to be bound by the above terms and conditions of this application.

Signature	
Full name	
Relationship to student	
Date	

