



HOLY TRINITY SCHOOL WEST WAGGA

13 Bardia Street, (PO Box 4001)
 ASHMONT NSW 2650
 Ph :69313704 E-mail :ht-info@ww.catholic.edu.au

APPLICATION FOR ENROLMENT

Name of Student: Current school or Pre School:		Office Use Only Student Code: Family Code:
Family Mailing Details		
Family Surname		
Mail to [eg Mr & Mrs Smith]	Greeting Names [eg John & Mary]	
Address	Suburb/City	Post Code
Family Phone Number	Other	
Relationship: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>	Current Parish	
Health Fund (if applicable)	Health Fund Number	Expiry Date : __ / __ / ____
Health Care Card No. (if applicable)	Ambulance Subscription <input type="checkbox"/> No.	
Medicare Number		

Children in your Family at other Schools

Please list below all the children in your family attending other Schools

	Full Student Name	School Year	Birth Order	Current School Attending
Child				
Child				
Child				
Child				

Student Details

First Name	Previous School:	Year Level:
Middle Name	Was the Student born overseas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname	If Yes <input checked="" type="checkbox"/> Please complete the section below -	
Preferred Name	Date Arrived in Australia: __ / __ / ____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Date attended first Australian School: __ / __ / ____	
Date of Birth	First Australian School Year (eg: 2001):	
Country of Birth	Religion	
Nationality	Does the student speak a language(s) other than English at home?	
Commencement Year	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:	
Start Date	1. _____ 2. _____	
School Year Start [eg: Prep, Year7]	Special Needs:	
	Office Use Only: FFlag	RIS

Parish/Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reconciliation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Eucharist			Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation			Yes <input type="checkbox"/> No <input type="checkbox"/>

Office Use Only:	Visa Sub Class	Visa Number
Passport Number	Visa Expiry Date	
OSHC Membership Number	OSHC Expiry Date	
Confirmation of Enrolment – Course Code	Course Description	
Confirmation of Enrolment Number	Course Start Date	Course End Date

Declaration

In dealing with this application, it may be necessary for the school or the Catholic Schools Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Schools Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Schools Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

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

SIGNED:

Father/Guardian/Carer

SIGNED:

Mother/Guardian/Carer

DATE:

Is the Student of Aboriginal or Torres Strait Islander origin?: **Yes** **No** (If Yes, please tick one below)
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Student's Residency Status

What is the Student's Residency Status? (Evidence must be provided)

Please note: Any change in Visa/Residency Status must be advised

Australian Citizen New Zealand Citizen Norfolk Islander Permanent Resident Temporary Visa Holder
 Bridging Visa (BRVS) Tourist or Visitor Visa (RSVS) Full Fee Paying Overseas Student (OS)

For Australian Born Citizens, if the Student was living overseas for two or more years, on what date did the student **return** to Australia?

For Students Born Overseas, on what date did the student last **arrive** in Australia ?

If the student is a Permanent or Temporary Visa Holder please provide the following information :

Current Visa Sub Class :

Visa Number :

Visa Expiry Date :

Passport Number :

Office Use Only : Residency Status Evidence Supplied (please tick)

Principal Visa Holder: Yes No

Subordinate Visa Holder: Yes No

OS BRVS RSVS ETV PRS LBOTE ESL ESLASSIST NA/CIEC CSS SSCL OHS

For Students on an Overseas Student Visa refer to Enrolment of Overseas Students documentation and complete relevant form(s).

Indigenous Identifier

Kindergarten Students

For Kindergarten Students, what type of formal care did this child have in the year prior to enrolling at school?

Formal Care

Long Day Care Family Day Care Occasional Care Pre-School Other Formal Care

Amount of formal care each week, prior to enrolling at school:

Up to 6 hours per week Up to 12 hours per week 12 hours to fulltime each week

Name of Pre-School, Long Day Care Centre or Other Formal Care Service:

Other Care

Parent Relative Playgroup Other Carer (please specify)

Previous Schools

Please provide details of any school where the student has previously been enrolled (NSW, Interstate or Overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of School(s) attended (start with most recent)	Location of School(s)	Dates of Attendance	
		From:	To:
		From:	To:
		From:	To:

If this is not the Student's first enrolment at an Australian school, what was the Student's first date of enrolment at an Australian school?

Medical Details

Doctor/Medical Centre Name

Phone Number

Student's Medicare Number
Medicare Expiry Date

Date of Last Tetanus Injection/Booster

Allergies / Medical Alert

Please specify **any allergies / medical alerts, particularly ANAPHYLAXIS**, relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabètes, Epilepsy management etc).

Anaphylaxis

Carries Epipen Yes No

Immunisations

Has the Immunisation Certificate been submitted? Yes No

Additional Needs

Please indicate whether the student applying for enrolment has any known or suspected **additional needs**
(please tick Yes or No for **each** of the following)

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Needs (vision and/or hearing impairment) Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other additional needs Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---	---	---	---	--

If you have answered **Yes** to any of the above, please complete the section below: **(Supporting documentation MUST be provided)**

Is your child a young person with: (please tick as applicable)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> autism spectrum disorders | <input type="checkbox"/> acquired brain injury | <input type="checkbox"/> behaviour disorders | <input type="checkbox"/> difficulties in the basic areas of learning |
| <input type="checkbox"/> a hearing impairment | <input type="checkbox"/> an intellectual disability | <input type="checkbox"/> a language disorder | |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> a physical disability | <input type="checkbox"/> special abilities | <input type="checkbox"/> vision impairment |

Other (please specify):

Legislation and CSO policy recognise that learning adjustments may be required for students with additional needs. These are provided through alternative teaching and learning strategies and special provisions including oral interpreting, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support

What was provided for your child in his/her previous school/pre-school/educational setting? (please tick as applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> access to technology | <input type="checkbox"/> alternative teaching and learning strategies | <input type="checkbox"/> Braille/Large Print |
| <input type="checkbox"/> English language support | <input type="checkbox"/> modification to equipment, furniture and learning spaces | <input type="checkbox"/> personal carer support |
| <input type="checkbox"/> a reader or scribe | <input type="checkbox"/> special provisions for assessments | <input type="checkbox"/> oral interpreting |
| <input type="checkbox"/> early intervention services eg: speech therapy, occupational therapy, other therapies | | |

Other (please specify):

Is there anything that you **do or modify at home** that may help us at school to meet your child's needs?

What may be required for your child in this school? (please tick as applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> access to technology | <input type="checkbox"/> alternative teaching and learning strategies | <input type="checkbox"/> Braille/Large Print |
| <input type="checkbox"/> English language support | <input type="checkbox"/> modification to equipment, furniture and learning spaces | <input type="checkbox"/> personal carer support |
| <input type="checkbox"/> a reader or scribe | <input type="checkbox"/> special provisions for assessments | <input type="checkbox"/> oral interpreting |

Other (please specify):

You must also advise the school of any new conditions or needs as soon as you are aware of them.

MEDIA CONSENT

I/We authorise the school to take and use photographs, video or sound recordings of the student's work. These items may be used by the school or the Catholic Schools Office Diocese of Wagga Wagga for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriated by the school/Catholic Schools Office that portray the student in a positive light.

If circumstances change, I/We undertake to inform the school if there is a need to rescind this media and communications permission.

Please circle Yes/No

Student's History Relevant to Risk Assessment

The school has a legal responsibility under the relevant section of the Education Act 1990 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan, risk assessment and risk management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safety support students in our school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school? **Yes** **No**

If yes please complete the information below and provide a brief description of your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students or staff at this school.

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have any past history of violent behaviour, including self-harm? Yes No

If yes please provide details (including any Apprehended Violence Orders issued against the student)

Has your child ever been suspended, transferred or excluded from any previous school, pre-school or other educational institution?

Yes No

If yes was this for: (please tick)

- Actual Violence to any person?
Yes No
- Possession of a weapon or any item to cause harm or injury?
Yes No
- Threats of violence or intimidation of staff, students, or others at the school?
Yes No
- Illegal drugs?
Yes No

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?

Yes No

If yes, please provide a brief outline of these incidents:

If the student is enrolled it is essential that the school has all information about the needs of a student in order to make REASONABLE ADJUSTMENTS to meet those needs. The school MUST be advised promptly of any changes to the needs of the student.

Contact Details

Contact Details		
Details	Father/Carer Residing at the Same Address	Mother/Carer Residing at the Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Gender		
Address – Street		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Fax		
Mobile Phone Number		
Email Address		
Occupation		
Occupational Group <small>(Refer to list of occupations codes on the insert)</small>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>
Employer		
Employer Address – Street		
Employer Suburb & Post Code		
Country of Birth		
Nationality		
Ethnic Origin		
Religion		
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Medicare Number		
SIGNATURE		
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Details

(2) Emergency Contact Details MUST be completed

Details	(1) Non Residential Parent (if applicable)	(2) Emergency Contact	
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted	
Title			
First Name			
Middle Name			
Surname			
Relationship			
Gender			
Address - Street			
Suburb & Post Code			
Home Phone Number.			
Work Phone Number.			
Mobile Phone Number.			
Email Address		N/A	
Employer		N/A	
Employer Address - Street			
Employer Suburb & Post Code			
Occupation			
Occupational Group (Refer to list of occupations codes on the insert)	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>		
Employer			
Employer Address - Street			
Employer Suburb & Post Code			
Country of Birth			
Nationality			
Ethnic Origin			
Religion			
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>		
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>		N/A
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)		
SIGNATURE			
Office Use Only: FP	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Office Use Only: CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Agreement

Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- a) School Enrolment Policy
- b) School Pastoral Care Policy
- c) Schedule of Fees and Charges
- d) Special Needs Enrolment Protocols
- e) School Internet Use Policy
- f) School Privacy Policy/ Standard Collection Notice/ Use of Student Images Policy
- g) Child Protection Policy / Volunteer requirements
- h) Suspension and Exclusion Policy

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- Birth Certificate
- Baptismal Certificate
- Citizenship documentation (where applicable)
- Evidence of time out of the country eg passport, plane tickets, overseas school reports (where applicable).
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- Immunisation Certificate (primary school applications only)

- 3. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- 4. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg. school liturgies, retreat, sacramental programs).
- 5. If this enrolment application is successful, I/we agree to **jointly and severally honour** the financial commitments required by the school as per the Schedule of Fees and Charges.
- 6. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

DECLARATION

In dealing with this application, it may be necessary for the school or the Catholic Education Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Education Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED _____ (Father/Carer)

_____ (Mother/Carer)

DATE: ____ / ____ / _____

Please note:

- Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee.
- Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

OCCUPATIONAL GROUPS

Parental Occupation Definition:

Parental Occupation is defined as the **main** work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Group 8: Currently not in paid work

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, tick Group '8' in the appropriate box