



# Nazareth School

Griffith Street  
 Grovedale Vic 3216  
 Ph : 5243 0502 Fax :5243 7704  
 Email principal@nsgrovedale.catholic.edu.au



## APPLICATION FOR ENROLMENT

Year for enrolment: _____
Level e.g. _____
Prep, Yr 2 etc.: _____

**Name of Student:**

### Family Mailing Details

Family Surname		
Mail to [eg Mr & Mrs Smith]		
Address	Suburb/City	Post Code
Family Phone Number	Other	
Family Email		
Current Parish	<b>Office Use Only:</b> FFlag	

### Student Details

First Name	Commencement Year or Date
Middle Name	1 <sup>st</sup> Australian School Year (eg: 2001):
Surname	Previous School/Kinder <span style="float:right">Year Level</span>
Preferred Name	Religion
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Nationality
Country of Birth	Is English the main language spoken at home by the student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth	
	If no please list the language spoken at home by student: 1. _____ 2. _____
Claiming: EMA <input type="checkbox"/> CONVEYANCE ALLOWANCE <input type="checkbox"/>	<b>Office Use Only:</b> Fee Flag

**Indigenous Identifier** Aboriginal \ Torres Strait Islander: **Yes  No**  (If Yes, please tick  one below)  
 Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander

**Visa Student** Is the Student a Visa Student? **Yes  No**

Residence Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Non Permanent <input type="checkbox"/> Refugee	Visa Sub Class
Date of Arrival in Australia	Visa Number
Passport Number	Visa Expiry Date
OS <input type="checkbox"/> BRVS <input type="checkbox"/> RSVS <input type="checkbox"/> ETV <input type="checkbox"/> LBOTE <input type="checkbox"/> ESLASSIST <input type="checkbox"/> NACIEC <input type="checkbox"/> CSS <input type="checkbox"/> SSCL <input type="checkbox"/> OHS <input type="checkbox"/>	

### Medical Details

Doctor's Name	Phone Number
Student's Medicare Number	Date of last Tetanus injection/booster
<b>Allergies / Medical Alert</b>	Please specify <b>any allergies/ medical alerts</b> relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings etc; asthma management etc).
<b>Treatment required for above condition</b>	
Immunisation	Has the Starting School Immunisation Certificate been submitted ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ambulance	Does your family have ambulance cover ? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Special Needs

Indicate whether the student applying for enrolment has any known or suspected **special 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"/>	Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered yes to any of the above, please provide **full details** of those needs and any assessment/intervention/ support that he/she may be currently receiving (**Supporting documentation must be provided**).

**If this enrolment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.**

### Other Relevant Information

Please enter any other information you think may be important for the school to know (e.g. family information, court orders, visitation rights etc..)

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### Contact Details

Details	Father/Carer Residing at Same Address	Mother/Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Sex		
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		
Email Address		
Is this Contact the Fee Payer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation		
Employer		
Occupational Group (Refer to insert "List of Parental Occupations")	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
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"/>
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/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"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <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. _____
Country of Birth		
Nationality		
Religion		
<b>SIGNATURE</b>		

Contact Details			
Details	Non Residential Parent (if applicable)	Emergency Contact	
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate <b>2 people other than a parent</b> who may be contacted in the event of an emergency, if parents cannot be contacted	
Title			
First Name			
Surname			
Address - Street		N/A	
Suburb & Post Code		N/A	
Home Phone No.			
Business Phone No.			
Mobile Phone No.			
Email Address		N/A	
Relationship to Student			
Is this Contact the Fee Payer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	
Occupation			
Occupational Group (Refer to insert "List of Parental Occupations")	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>		
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"/>		
Level of Highest Qualification	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>		
Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____		
Country of Birth			
Nationality			
Religion			
<b>SIGNATURE</b>			
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.)	N/A	

Please list below all siblings in the family				
	Full Name	School Year	Birth Date	School/Kindergarten Attending (if applicable)
Child				
Child				
Child				
Child				

Parish/Sacramental Details			
Sacrament	Date Received	Parish Received supplied	Copy of Certificate
Baptism			Y/N
Reconciliation			
Eucharist			
Confirmation			

**Agreement**

**Please tick the following boxes and sign below**

1. 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)
- 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
- I have provided the school with all relevant documentation regarding special needs for my child be it medical, social emotional or educational
- I give permission for my child's photo to appear on the **school** website where he/she is taking part in school activities
- I give permission for my child's photo to appear in the **school** newsletter where he/she is taking part in school activities

2. 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.

3. 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 programs).

4. If this enrolment application is successful I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges

5. 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.

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/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)  
**and/ or**  
 \_\_\_\_\_ (Mother/Carer)

DATE: \_\_\_\_\_

**Please note:**

- **Acceptance of this application for enrolment is subject to the approval of the Parish Priest.**
- **Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).**