APPLICATION FOR ENROLMENT



This form is to be completed in conjunction with the Notes Booklet.

Education Archdiocese of Brisbane	
School Name:	Suburb:
Year Level for which enrolment is required:	in Year:
Student's Current Year Level:	
STUDENT INF	ORMATION
Section 1: Student Personal Details A legible copy of the student's Birth Certificate (and Change of Na	ame Certificate, if applicable) must be attached.
Legal Surname:	Preferred Surname: (to be used only with Principal's approval)
Legal First Name:	Preferred First Name: (If different from Legal First Name)
Other Given Name(s):	Date of Birth:
BCE Student Id: (If known):	Gender*: Male Female
Section 2: Student Cultural Background	
Country of Birth*: In which country was the student born?	First Language Spoken: What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the
Australia	extent of being able to conduct a conversation?
Other (Please specify)	English Other (Please specify)
Indigenous Status*: Is the student of Aboriginal or Torres Strait Islander origin? No	Main Language Spoken at Home*: Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
Yes, Aboriginal	No, English Only
Yes, Torres Strait Islander	Yes, Other (Please specify)
Yes, Both Aboriginal and Torres Strait Islander	Other Language Spoken at Home: Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?
	No Yes, Other (<i>Please specify</i>)

Section 3: Student Citizenship	
Country of Citizenship: In which country does the student currently hold citizenship?	
Australia (If the student was not born in Australia or, the student wa were not Australian Citizens, proof of Australian Citizens!	
Proceed to Section 5: Current/Previous Schooling	
Other Country (Please specify)	
Proceed to Section 4: International Details	
Complete this section for students who are NOT Australian Citizens. A legible copy of the student's Visa, Passport <i>(including p</i>) must be attached (Health care details only required for those	•
Country of Passport Issue:	Date of Entry to Australia:
Visa Sub-Class Number:	Health Care Number:
Visa Expiry Date:	Health Care Expiry Date:

Section 5: Student Curr Provide details of any educational env				viously attende	ed.		
Legible copies of any Transfe	r Documentation	should I	be attached (if applic	cable). 🤇	8 9		
School Name	Suburb/ Town	State	Contact Number	Year Level(s)	Attended From (Date)	Attended To (Date)	
f more space is required, please attach a separate page.							

Section 6: Student Religious Background						
Is the Student Catholic?					4	ALL ALL
Yes. A legible copy of the student's Baptismal Certificate must be attached and details of any Sacraments Received should be provided below						
No. Other Religion	(Please specify)					
Sacraments Received:						
Baptism Date Rece	ived	Parish	5	Suburb		
Reconciliation Date Rece	ived	Parish	ţ	Suburb		
Eucharist Date Rece	ived	Parish	Ę	Suburb		
Confirmation Date Rece	ived	Parish	s	Suburb		

RELATED PERSONS' INFORMATION

Section 7: Related Persons' Personal Detai	ls
Parent/Legal Guardian/Caregiver 1	Parent/Legal Guardian/Caregiver 2
Legal Surname:	Legal Surname:
Legal First Name:	Legal First Name:
Other Given Name(s):	Other Given Name(s):
Preferred Surname: (If different from Legal Surname)	Preferred Surname: (If different from Legal Surname)
Preferred First Name: (If different from Legal First Name)	Preferred First Name: (If different from Legal First Name)
Title:	Title:
Gender: Male Female	Gender: Male Female
Date of Birth:	Date of Birth:
Section 8: Related Persons' Cultural Backg	iround
Parent/Legal Guardian/Caregiver 1	Parent/Legal Guardian/Caregiver 2
Country of Birth: Where was this person born?	Country of Birth: Where was this person born?
Australia	Australia Other (7)
Other (Please specify)	Other (Please specify)

Country of Passport Issue: If not eligible for an Australian passport.

Main Language Spoken at Home*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only Yes, Other *(Please specify)*

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

No

Yes, Other (Please specify)

Religion:

Parish of Worship: (If applicable)

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only

Yes, Other (Please specify)

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

	No	
	Yes, Other (Please specify)	
.		

Religion:

Parish of Worship: (If applicable)

Section 9: Related Persons' General Information

Parent/Legal Guardian/Caregiver 1

Occupation Group*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in **Appendix 1** in the Notes Booklet, and write the number in the box at right.

- 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, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

Highest School Level*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

Highest Qualification Level*:

What is the level of the highest qualification the parent/caregiver has completed?

Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Parent/Legal Guardian/Caregiver 2

Occupation Group*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in **Appendix 1** in the Notes Booklet, and write the number in the box at right.

- 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, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

Highest School Level*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

Highest Qualification Level*: What is the level of the highest qualification the

parent/caregiver has completed?

Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

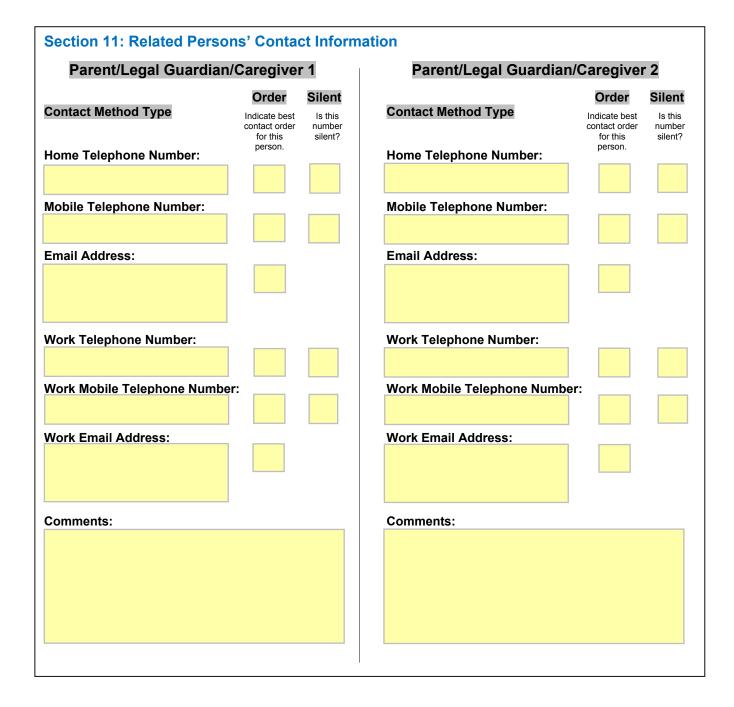
Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

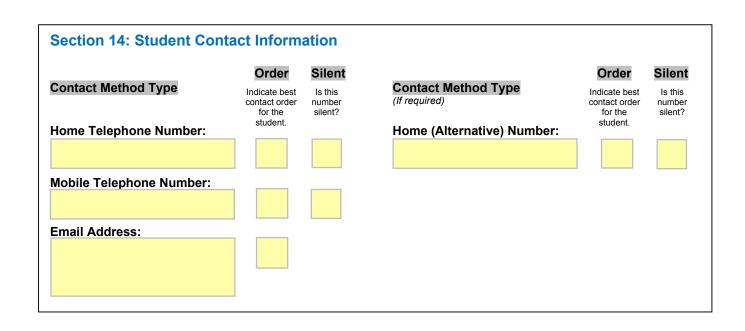
Section 10: Related Persons' Address Info	rmation
Parent/Legal Guardian/Caregiver 1	Parent/Legal Guardian/Caregiver 2
Residential Address Details	Residential Address Details
	Same as Parent/Legal Guardian/Caregiver1
Street Address:	Street Address:
Suburb/Town:	Suburb/Town:
State: Postcode:	State: Postcode:
Country (if not Australia):	Country (if not Australia):
Postal/Correspondence Address Details	Postal/Correspondence Address Details
Same as Residential address	Same as Residential address
Postal Address:	Postal Address:
Suburb/Town:	Suburb/Town:
State: Postcode:	State: Postcode:
Country (If not Australia):	Country (If not Australia):
Residential (Alternative) Address Details	Residential (Alternative) Address Details
(If required)	(If required)
Street Address:	Street Address:
Suburb/Town:	Suburb/Town:
State: Postcode:	State: Postcode:
Country (if not Australia):	Country (if not Australia):



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ADDITIONAL STUDENT INFORMATION

Section 13: Student Address Information	
Residential Address Details Same as Parent\Legal Guardian\Caregiver1 Same as Parent\Legal Guardian\Caregiver2 Street Address: Suburb/Town:	Residential (Alternative) Details (If required) Same as Parent\Legal Guardian\Caregiver1 Same as Parent\Legal Guardian\Caregiver2 Street Address: Suburb/Town:
State: Postcode: Country (If not Australia):	State: Postcode: Country (If not Australia):



Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

Yes. Provide details below.

No. Proceed to Section 16: Student Specialist Assessments

Condition	Requires Medication [#]	Has Medical Action Plan [#]	Brief Description of Condition and Treatment
Allergy	Yes	Yes No	
Anaphylaxis	Yes	Yes	
Asthma	Yes	Yes	
Diabetes Mellitus Type 1	Yes	Yes	
Epilepsy	Yes	Yes	
Febrile Convulsions	Yes	Yes	
Other (Please specify)	Yes	Yes	

[#] Note: that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

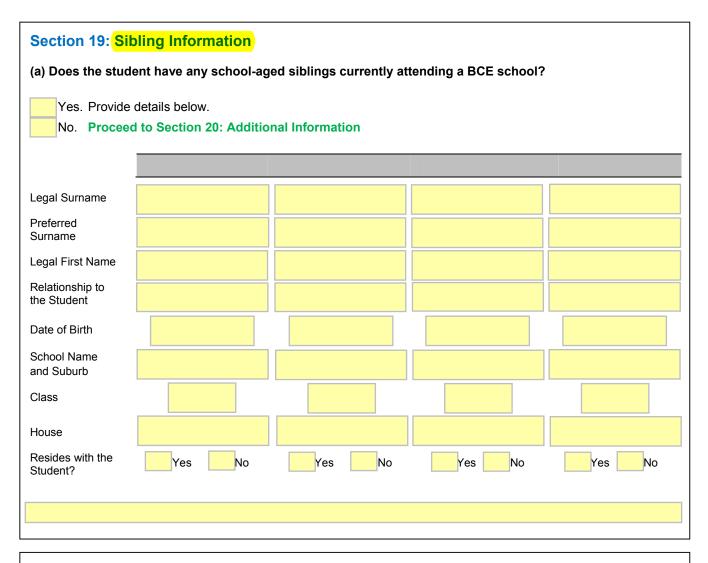
Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (e.g. an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

Yes. Provide details below and ensure a legible copy of any **relevant health** or **medical assessment report(s)** is attached.

No. Proceed to Section 17: Educational Support Information

Section 17: Educational S	upport Information		
Does the student have any edu	cational support requiremen	ts of which the school s	hould be aware?
Yes. Respond to the question No. Proceed to Section 13			
Describe any physical, social/emo	-	f the student which may i	mpact on duty of care
and / or participation in school.			
Has the student been diagnosed	with a disability? If so, provide	details.	
las the student been verified by ndependent Schools Queensland			Education and Training,
f the student is from interstate or	overseas, describe the educat	onal support provided.	
Section 18: Legal Informa	tion		
s the student in Care of the Sta	ate?		
Yes			
Are there any legal issues cond	cerning the student of which	the school should be av	ware?
Yes. Provide details below a	and ensure a legible copy of an		
No. Proceed to Section 1	9: Sibling Information		
Туре	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
Parenting Order			
Parenting Agreement			
Domestic Violence Order			
Apprehended Violence Order			
Child Protection Order			
Other Caring Arrangement (Please specify)			
Legal Guardianship			

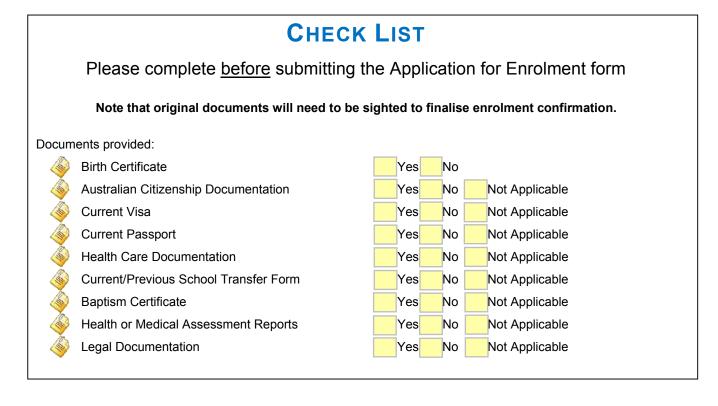


Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

Yes. Provide details below.

No. Proceed to Check List



Signature(s)

I declare that:

- I have completed this form in conjunction with the Enrolment Notes Booklet which includes the BCE Collection
 Notice form
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian



PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

SIGNATURE of Parent or Legal Guardian



PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED

Note: the enrolment application must be signed by all enrolling parents prior to the form being submitted

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