



# APPLICATION FOR ENROLMENT

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



## ST. BERNARDINE'S CATHOLIC SCHOOL

25 Vergulde Road, Regents Park, Qld. 4118 Ph: 3800 1854 Fax: 3800 1899

Year Level for which enrolment is required:  in Year:

Student's Current Year Level:

## STUDENT INFORMATION

### Section 1: Student Personal Details

A legible copy of the student's **Birth Certificate** (and **Change of Name Certificate** if appropriate) 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?

Australia  
 Other *(Please specify)*

**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 extent of being able to conduct a conversation?

English  
 Other *(Please specify)*

**Indigenous Status\*:**  
Is the student of Aboriginal or Torres Strait Islander origin?

No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, Both Aboriginal and Torres Strait Islander

**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.

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

**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 *(Please specify)*

### Section 3: Student Citizenship

#### Country of Citizenship:

In which country does the student currently hold citizenship?

Australia (the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, **proof of Australian Citizenship documentation must be provided**)

**Proceed to Section 5: Current/Previous Schooling**



Other Country (Please specify)

**Proceed to Section 4: International Details**

### Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student's **Visa, Passport and Health Care** documentation must be attached.

#### 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 Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any **Transfer Documentation** should be attached, if available.



School Name	Suburb/Town	State	Contact Number	Year Level(s)	Attended From (Date)	Attended To (Date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more space is required, please attach a separate page.

### Section 6: Student Religious Background

#### Has the student been baptised in the Catholic faith?



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 Received:  Parish:  Suburb:

**Reconciliation** Date Received:  Parish:  Suburb:

**Eucharist** Date Received:  Parish:  Suburb:

**Confirmation** Date Received:  Parish:  Suburb:

# RELATED PERSONS INFORMATION

## Section 7: Related Persons Personal Details

### Parent/Legal Guardian/Caregiver 1

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Surname)*

Preferred First Name: *(If different from Legal First Name)*

Title:

Gender:

Male

Female

Date of Birth:

### Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Surname)*

Preferred First Name: *(If different from Legal First Name)*

Title:

Gender:

Male

Female

Date of Birth:

## Section 8: Related Persons Cultural Background

### Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

Australia

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)*

### Parent/Legal Guardian/Caregiver 2

Country of Birth:

Where was this person born?

Australia

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)*

## 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 Information

### Parent/Legal Guardian/Caregiver 1

#### Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Postal/Correspondence Address Details

If same as Residential address, write "as per Residential"

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

#### Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

### Parent/Legal Guardian/Caregiver 2

#### Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Postal/Correspondence Address Details

If same as Residential address, write "as per Residential"

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

#### Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

## Section 11: Related Persons Contact Information

### Parent/Legal Guardian/Caregiver 1

Contact Method Type	Order Indicate best contact order for this person.	Silent Is this number silent?
Home Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address: <input type="text"/>	<input type="checkbox"/>	
Work Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address: <input type="text"/>	<input type="checkbox"/>	
Newsletter Email Address: <input type="text"/>	<input type="checkbox"/>	
Comments: <input type="text"/>		

### Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order Indicate best contact order for this person.	Silent Is this number silent?
Home Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address: <input type="text"/>	<input type="checkbox"/>	
Work Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address: <input type="text"/>	<input type="checkbox"/>	
Newsletter Email Address: <input type="text"/>	<input type="checkbox"/>	
Comments: <input type="text"/>		

## Section 12: Related Persons Relationship to the Student

### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? (Select one (1) only)

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

Yes

No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

Yes

No

**Main Contact:**

A student must have one (1) main contact.

Yes

No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:  Yes  No

Newsletters:  Yes  No

Invitations:  Yes  No

Does this person reside with the student?

Yes

No

Does this person require the assistance of an interpreter?

Yes

No

### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? (Select one (1) only)

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

Yes

No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

Yes

No

**Main Contact:**

A student must have one (1) main contact.

Yes

No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:  Yes  No

Newsletters:  Yes  No

Invitations:  Yes  No

Does this person reside with the student?

Yes

No

Does this person require the assistance of an interpreter?

Yes

No

# ADDITIONAL STUDENT INFORMATION

## Section 13: Student Address Information

### Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

### Residential (Alternative) Details

*(If required)*

Street Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

## Section 14: Student Contact Information

### Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

### Order

Indicate best contact order for the student.

### Silent

Is this number silent?

### Contact Method Type

*(If required)*

Home (Alternative) Number:

### Order

Indicate best contact order for the student.

### Silent

Is this number silent?



## 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 <sup>#</sup>	Has Medical Action Plan <sup>#</sup>	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other ( <i>Please specify</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text" value=""/>			

<sup>#</sup> 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? (eg 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 Support Information

Does the student have any educational support requirements of which the school should be aware?

Yes. Provide details below.

No. **Proceed to Section 18: Legal Information**

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

Has the student been diagnosed with a disability? If so, provide details.

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

If the student is from interstate or overseas, describe the educational support provided.

## Section 18: Legal Information

Is the student in Care of the State?

Yes

No

Are there any legal issues concerning the student of which the school should be aware?

Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.

No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the document is issued	Effective From <i>(Date)</i>	Effective To <i>(Date)</i>
<input type="checkbox"/> Parenting Order			
<input type="checkbox"/> Parenting Agreement			
<input type="checkbox"/> Domestic Violence Order			
<input type="checkbox"/> Apprehended Violence Order			
<input type="checkbox"/> Child Protection Order			
<input type="checkbox"/> Other Caring Arrangement <i>(Please specify)</i>			
<input type="checkbox"/> Legal Guardianship Documentation			

## Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

Yes. Provide details below.

No. **Proceed to Section 20: Additional Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to the Student	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name and Suburb (If applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class (If applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
House (If applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resides with the Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 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**

# CHECK LIST

Please complete before submitting the Application for Enrolment form

**Note that original documents will need to be sighted to finalise enrolment confirmation.**

Documents provided:

 Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
 Australian Citizenship Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Health Care Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current/Previous School Transfer Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Baptism Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Health or Medical Assessment Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Legal Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

## Signature(s)

**I declare that:**

- I have completed this form in conjunction with the Notes Booklet
- 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 out before signing)*



**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**

**SIGNATURE** of Parent or Legal Guardian

*(Print out before signing)*



**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**