



HOLY CROSS
CATHOLIC PRIMARY SCHOOL

(03) 7379 5532

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www.hcmickleham.catholic.edu.au

86/92 Blackmore Road

Mickleham VIC 3064

APPLICATION FOR ENROLMENT

A \$20.00 NON-REFUNDABLE APPLICATION FEE APPLIES WHEN LODGING FORM

<hr/> <p>Please Print Child's Name</p>	<p>Please attach photo of child here</p>
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Office use only

Date Received: ____ / ____ / ____

\$20.00 Application Fee Paid: ☐ YES ☐ NO

Living in the zone: ☐ YES ☐ NO

Catholic: ☐ YES ☐ NO

New Arrival: ☐ YES ☐ NO

Commencement Date: ____ / ____ / ____

Commencement Level: ____

ENROLMENT CHECKLIST

- ☐ Provided copy of Birth Certificate
- ☐ Provided copy of Immunisation Certificate
- ☐ Provided copy of Baptism Certificate
- ☐ Provided copy of Proof of Residency (*e.g. Council Rates or Rental Agreement*)
- ☐ Provided copy of Previous School Report (*if necessary*)
- ☐ Provided copy of Court Related Documents (*if necessary*)
- ☐ Provided copy of Passport and Immi Card (*if necessary*)
- ☐ Provided copy of Visa Documents (*if necessary*)
- ☐ Provided copy of Medical Action Plans and Reports (*if necessary*)
- ☐ Provided copy of Health Care Card (*if necessary*)
- ☐ Completed **all** sections of enrolment form
- ☐ Both Parent/Guardian 1 **AND** Parent/Guardian 2 have completed and signed **Account Details** on page 5
- ☐ Both Parent/Guardian 1 **AND** Parent/Guardian 2 have referred to, read and understood the information provided in the **School's Prospectus Version 1.0**
- ☐ Parent/Guardian 1 **AND** Parent/Guardian 2 have read and signed the **Permission's and Agreements** on pages 5 and 6
- ☐ Referred to school family occupation index (*appendix A*) to find appropriate occupation group
- ☐ Completed and returned the **Consent to Obtain/Release Information** form (*appendix B*)

Office use only

Interview Date: ____ / ____ / ____

Interview Time: : am / pm

Application Accepted: ☐ YES ☐ NO ☐ Waiting List

Starting Date: ____ / ____ / ____

\$100.00 Enrolment Fee Paid: ☐ YES ☐ NO

STUDENT DETAILS

➤ [DOCUMENTS REQUIRED]

☐ Birth Certificate

Student Surname: _____

Given Names: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____ Sex: ☐ Male ☐ Female

Aboriginal/Torres Strait Islander: ☐ Yes ☐ No

Nationality: _____

Cultural Origin: _____

English as a first language: ☐ Yes ☐ No (If answered "no" please specify) _____

Language spoken other than English: _____ Language spoken at home: _____

Born in Australia: ☐ Yes ☐ No (If answered no please complete next section)

Country of Birth: _____

➤ [DOCUMENTS REQUIRED]

☐ Passport

☐ Immi Card

☐ Visa Documents

Residency Status: ☐ Australian Citizen ☐ Permanent Resident ☐ Temporary Resident ☐ Business Visa ☐ Student Visa

Date of Arrival: ____ / ____ / ____ Visa Subclass: _____ Immi Card Number: _____

Passport Number: _____ Passport Expiry: ____ / ____ / ____ Passport Nationality: _____

If student entered Australia on a humanitarian visa, did they receive a refugee health check? ☐ Yes ☐ No

➤ [DOCUMENTS REQUIRED]

☐ Previous School Report

Kindergarten/Preschool: _____ Kinder Group: _____

Suburb: _____

Previous School attended: ☐ Yes ☐ No (If answered "yes" please specify) _____

Suburb: _____ State: _____ Catholic School: ☐ Yes ☐ No

➤ [DOCUMENTS REQUIRED]

☐ Immunisation Certificate

☐ Action Plans

☐ Medical Reports

Has your child been Immunised: ☐ Yes ☐ No Date of last Tetanus: ____ / ____ / ____

Child's Doctor: _____ Surgery Name: _____ Phone: _____

Medicare Card: _____ Reference: _____ Expiry: ____ / ____

Does your child have: Asthma ☐ Yes ☐ No Allergies ☐ Yes ☐ No Anaphylaxis ☐ Yes ☐ No

Please list any Allergies: _____

Does your child have a Diagnosed Medical Condition: ☐ Yes ☐ No (If answered "yes" please specify)

☐ Acquired Brain Injury ☐ Language Disorder ☐ Mental Health Condition ☐ Developmental Delay ☐ Behaviour Disorder
☐ Cerebral Palsy ☐ Cystic Fibrosis ☐ Intellectual Disability ☐ Learning Difficulties ☐ Continence
☐ Hearing Impairment ☐ ADD/ADHD ☐ Diabetes ☐ Auditory Memory Processing Disorder
☐ Autism ☐ Other _____

Has your child ever seen: ☐ Behavioural Optometrist ☐ Educational Psychologist ☐ Audiologist ☐ Occupational Therapist
☐ Paediatrician ☐ Speech Pathologist ☐ Psychologist ☐ Other _____

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? ☐ Yes ☐ No

➤ [DOCUMENTS REQUIRED]

☐ Baptism Certificate

☐ Other Sacrament Certificates

Child's Religion: _____

Sacraments received:

☐ Baptism Date: ____ / ____ / ____ Parish: _____ Location: _____

☐ Reconciliation Date: ____ / ____ / ____ Parish: _____ Location: _____

☐ Communion Date: ____ / ____ / ____ Parish: _____ Location: _____

☐ Confirmation Date: ____ / ____ / ____ Parish: _____ Location: _____

FAMILY DETAILS

➤ **[DOCUMENTS REQUIRED]**

☐ *Proof of Residency*

Student Residential Address: _____

Suburb: _____ Post code: _____ Home phone: _____

Postal Address: *(If different from above)* _____

Private Health Insurance: ☐ Yes ☐ No *(If answered "yes" please specify)*

Fund: _____ Fund Number: _____ Fund Expiry: ____ / ____ / ____

Ambulance Cover: ☐ Yes ☐ No *(If answered "yes" please specify)* Ambulance Number: _____

Do you have a Health Care Card: ☐ Yes ☐ No *(If answered "yes" please specify)*

Card Holders Name: _____

C.R.N: ____ - ____ - ____ - ____ Card Expiry: ____ / ____ / ____

First Language spoken at home: _____ Second Language spoken at home: _____

Number of boys in family: _____ Number of girls in family: _____ Student rank in family: _____

Please list Sibling details: *(Oldest to Youngest)*

<p>1. _____ / ____ / ____ Name DOB</p> <p>2. _____ / ____ / ____ Name DOB</p> <p>3. _____ / ____ / ____ Name DOB</p>	<p>4. _____ / ____ / ____ Name DOB</p> <p>5. _____ / ____ / ____ Name DOB</p> <p>6. _____ / ____ / ____ Name DOB</p>
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Residential Structure: ☐ Married ☐ Divorced ☐ Single ☐ De Facto ☐ Separated ☐ Widow ☐ Step Family

Are there any current Court-Sanctioned Residency, Parental Responsibility or Contact Orders relating to this student: ☐ Yes ☐ No

Note* In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.

If answered "yes" to the above, please provide details & copies of any Court related documents.

Holy Cross Catholic Primary School may send all important correspondence including reports, statements and newsletters to the student's residential carer/address. If it is required that a second copy also is sent to a non-residential parent/carers, then this may only be done at the individual parties' request.

Copy of correspondences required for non- residential parent: ☐ Yes ☐ No *(If answered "yes" please specify)*

Name: _____ Relationship to child: _____

Mobile: _____ Email: _____

Address: _____

Suburb: _____ Post code: _____

CONTACT DETAILS

Parent/Guardian 1

Title: _____

Given Name: _____

Surname: _____

Address: _____

Suburb: _____ Post code: _____

Mobile: _____

Home phone: _____

Business: _____

Email: _____

Occupation: _____

Occupational Group: *(Please see appendix A)* A B C D N

Country of Birth: _____

Nationality: _____

Cultural Origin: _____

English as a first language: ☐ Yes ☐ No *(If answered "no" please specify)*

Language spoken other than English: _____

Language spoken at home: _____

Religion: _____

Highest level of school completed: *(Please tick)*

☐ Below Year 9 ☐ Year 9 or equivalent

☐ Year 10 or equivalent ☐ Year 11 equivalent

☐ Year 12 or equivalent

Qualification: *(Please tick)*

☐ No non-school qualification ☐ Certificate I to V (Trades)

☐ Diploma/Advanced Diploma ☐ Bachelor Degree or above

Please list 2 Emergency contacts for your child:

Emergency Contact 1.

Given Name: _____

Surname: _____

Relationship to child: _____

Mobile: _____

Home phone: _____

Authorised to collect child: ☐ Yes ☐ No

Parent/Guardian 2

Title: _____

Given Name: _____

Surname: _____

Address: _____

Suburb: _____ Post code: _____

Mobile: _____

Home phone: _____

Business: _____

Email: _____

Occupation: _____

Occupational Group: *(Please see appendix A)* A B C D N

Country of Birth: _____

Nationality: _____

Cultural Origin: _____

English as a first language: ☐ Yes ☐ No *(If answered "no" please specify)*

Language spoken other than English: _____

Language spoken at home: _____

Religion: _____

Highest level of school completed: *(Please tick)*

☐ Below Year 9 ☐ Year 9 or equivalent

☐ Year 10 or equivalent ☐ Year 11 equivalent

☐ Year 12 or equivalent

Qualification: *(Please tick)*

☐ No non-school qualification ☐ Certificate I to V (Trades)

☐ Diploma/Advanced Diploma ☐ Bachelor Degree or above

Emergency Contact 2.

Given Name: _____

Surname: _____

Relationship to child: _____

Mobile: _____

Home phone: _____

Authorised to collect child: ☐ Yes ☐ No

ACCOUNT DETAILS

Who is responsible for the payment of school fees & levies: ☐ Both Parents ☐ Split Accounts ☐ Parent/Guardian 1 Only ☐ Parent/Guardian 2 Only

Who would you like as Primary Account holder: ☐ Parent/Guardian 1 ☐ Parent/Guardian 2 Name: _____

PARENT/GUARDIAN 1 SIGNATURE

____ / ____ / ____
DATE

PARENT/GUARDIAN 2 SIGNATURE

____ / ____ / ____
DATE

PLEASE NOTE: In the event that your arrangements/details for account payments change, all parties listed above will need to contact the school immediately to verify that any new arrangements/details are understood and agreed to by all with account responsibilities. Holy Cross Catholic Primary School is unable to change details without the knowledge & agreement of all parties responsible for account payments. Holy Cross Catholic Primary School will not mediate or pass on communication between account holders. Your co-operation will assist Holy Cross Catholic Primary School to maintain clear and helpful communication with family members.

PERMISSIONS AND AGREEMENTS

At certain times throughout the year, our students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Melbourne Archdiocese Catholic Schools Ltd (MACS) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permissions below.

LICENSED UNDER NEALS:

The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Please Circle

YES / NO I/we give permission for my child's photograph/video and name to be published in/on:

- the school website
- social media
- promotional materials
- newspapers and other media

YES / NO I/we give permission for my child's writing/artwork to be printed or displayed regularly in the everyday life of Holy Cross Catholic Primary School;

YES / NO I/we authorise MACS/the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for MACS/the CECV's promotional, marketing, media and educational purposes.

YES / NO I/we give permission for a photograph/recording of my child to be used by the school/MACS/the CECV in the agreed publications without acknowledgment, remuneration or compensation.

YES / NO I/we give consent for Holy Cross Catholic Primary School to store student information on the school's Google Drive (Cloud Based Storage) and ROSAE. This may include Personalised Learning Plans, Behaviour Support Plans, Minutes for Parent Support Group (PSG) Meetings, Medical and Allied Health Reports and Student Health Support Plans.

☐ I/we understand and agree that if I do not wish to consent to my child's photograph/recording appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

☐ I/we understand that the use of children's surnames or personal details will be avoided except in newsletters.

☐ I/we understand that this permission and agreement is valid for the period of my child's primary school years at Holy Cross Catholic Primary School and will only need to be renewed if the school's policies change.

All relevant policies and procedures for this enrolment are supplied to you in the school prospectus, please take the time to read through these. All permissions and agreements remain valid until Holy Cross Catholic Primary School receives written notification of change signed by the parent/s or guardian/s.

☐ I/we acknowledge that I/we have read, understand & accept the terms & conditions outlined in the Holy Cross Catholic Primary School Prospectus Version 1.0, being:

- the terms and conditions of the Enrolment Procedure as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 6-9;
- the terms and conditions of the Enrolment Policy as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 page 9;
- the terms and conditions of the Enrolment Agreement as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 10-13;
- the terms and conditions of the School Fees & Charges as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 13-14;
- the terms and conditions of the Privacy Policy as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 15-17;
- the terms and conditions of the Standard Collection Notice as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 18-19;
- the terms and conditions of the Attendance Policy as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 19-21;
- the terms and conditions of the Digital Technologies and ICT Guidelines and Acceptable Use Policy as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 22-25;
- the terms and conditions of the Parent Code of Conduct as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 page 26;
- the terms and conditions of the Child Safety Code of Conduct as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 pages 27-28;
- I/we acknowledge that I/we understand that a photograph of my child may be used without acknowledgment;
- I/we will support and abide by all MACS and Holy Cross Catholic Primary School Policies and Procedures (including processes, guidelines and other governance documentation), as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of Holy Cross Catholic Primary School;

- I/we will ensure that the information I/we have provided is kept up to date throughout the period of enrolment and I/we will notify Holy Cross Catholic Primary School promptly of any changes to that information (e.g. change of residential address, changes to parenting orders);
- I/we will pay the current Holy Cross Catholic Primary School fees and levies for my child and also pay any variation or increase of fees and levies as required upfront at the beginning of the school year or in three instalments (and will pay in full by the end of Term 3 each year), or I will otherwise notify the school immediately if I am experiencing financial difficulties;
- I/we will support my child's participation in the religious life at Holy Cross Catholic Primary School (e.g. school liturgies, Masses etc.);
- I/we will attend parent/teacher and information evenings which relate to my child at Holy Cross Catholic Primary School;
- In the event I/we have any concerns, I/we will raise them initially with the relevant teacher before contacting the school principal;
- I/we will treat all members of the school community with respect as befits a Catholic school, and as outlines in the parent code of conduct as set out in the Holy Cross Catholic Primary School Prospectus Version 1.0 page 26;
- If in time of emergencies, accidents or serious illness I/we cannot be contacted, I/we give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I/we also understand that the signatories below are required to meet any costs incurred;
- I/we understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be withdrawn;
- I/we give permission for my child to have his/her hair inspected for head lice if required. I/we understand that if live head lice are found in my child's hair then my child will be sent home and may only return to school once he/she has been treated;
- I/we give permission for Holy Cross Catholic Primary School staff to apply sunscreen on my child when at school/school events in line with our sunscreen policy;
- I/we understand that the Holy Cross Catholic Primary School yard is supervised from 8:30am to 3:30pm and that Holy Cross Catholic Primary School does not accept responsibility for children in the yard outside these times. Students at Holy Cross Catholic Primary School before 8:30am and after 3:30pm are to be enrolled at OSH Club by parents;
- I/we give permission for Holy Cross Catholic Primary School to supply my families' address, phone numbers, parent/carer's names, student names and classes to the Our Lady's Parish, Craigieburn. This information will be used only to enable the Parish office to directly contact families about Parish and sacramental matters.
- As a parent/guardian, I/we will support the vision of MACS, Holy Cross Catholic Primary School and Our Lady's Parish, Craigieburn. In accepting the enrolment, I/we agree to abide by all of MACS' and Holy Cross Catholic Primary School's Policies, Procedures (including processes, guidelines and other governance documentation), which are reviewed regularly and may be subject to change at the School's discretion;
- I/we will work with Holy Cross Catholic Primary School to support any academic/social/behavioural needs of my child.
- I/we understand that the consequence of not complying with MACS' and the Holy Cross Catholic Primary School's Policies and Procedures may result in the termination of the enrolment.

Holy Cross Catholic Primary School uses a wide range of digital tools and applications as platforms for the storing and sharing of information. The following permissions will be in place for the entire time that your child is enrolled at Holy Cross Catholic Primary School. If at any time you would like to change your preference, please notify Holy Cross Catholic Primary School in writing. Your child will be able to use digital tools and technology once you have acknowledged and signed the permissions.

By signing this Enrolment Agreement, I/we acknowledge that I/we enter into an agreement with Melbourne Archdiocese Catholic Schools Ltd, as the owner and governing authority for **Holy Cross Catholic Primary School** and I/we understand and accept the Terms and Conditions of Enrolment as set out in this Enrolment Agreement and I/we agree that there are certain expectations, obligations and guarantees required of parents/guardians of **Holy Cross Catholic Primary School's** students, so that a harmonious relationship may be established.

Parent/Guardian 1 Full Name: _____


Parent/Guardian 1 Signature: _____

Date: _____

Parent/Guardian 2 Full Name: _____

Parent/Guardian 2 Signature: _____

Date: _____

Holy Cross Catholic Primary School			Date Implemented: January 2021	
	School Enrolment Form	Version 1.0	Date Last Updated: 27/07/2021	