



“Strength through Faith and Love”

To strengthen a deeper respect and understanding of our faith in order to embrace our Catholic traditions, identity, teaching and Mercy Charism

**Sacred Heart is a Child Safe School.
We promote the safety, wellbeing and inclusion of all children.**

SACRED HEART SCHOOL
FOUNDATION – YEAR 6
APPLICATION FOR ENROLMENT

STUDENT NAME: _____ YEAR LEVEL: _____

PLEASE complete and return to: The Principal
Sacred Heart School
69 – 75 Hogan Street
Tatura, Victoria, 3616
Phone: 5824 1841
Fax: 5824 2033

IMPORTANT CHECKLIST – PLEASE ENSURE THAT ALL REQUIRED DOCUMENTATION BELOW IS INCLUDED IN THIS APPLICATION:

1. Please supply Birth Certificate
2. Please supply Baptism Certificate
3. Please supply Immunisation Certificate
4. Family Court Order (if applicable)
5. Sacramental Certificate (if applicable)



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, kitchen-hand, 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]



APPLICATION FOR ENROLMENT

OFFICE USE ONLY

Name of Student:	Student Code:
	Family Code:

Family Mailing Details

Family Surname:		
Mail to: [eg Mr & Mrs Smith]		
Address:	Suburb/City:	Post Code:
Family Phone Number:	Other:	
Current Parish:	Family Health Care Card:	Please circle Yes No

Student Details

First Name:	Commencement Year or Date:
Middle Name:	1 st Australian School Year (eg: 2001):
Surname:	Previous School/Kinder: Year Level:
Preferred Name:	Religion: Nationality:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Current Victorian Student Number (VSN):
Country of Birth:	Does the student 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:
Date of Birth:	1. 2.
Year Level application is made for eg: Prep, Year 1	Distance from school: ____ (km) Travel method: _____

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**

Office Use Only:	
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
OSHC Membership Number	OSHC Expiry Date
Confirmation of Enrolment	Confirmation Letter
Confirmation of Enrolment Number	Start Year Level
OS <input type="checkbox"/> BRVS <input type="checkbox"/> RSVS <input type="checkbox"/> ETV <input type="checkbox"/> LBOTE <input type="checkbox"/> ESLASSIST <input type="checkbox"/> NA\CIEC <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:
Name of Private Health Fund:	Private Health Fund number:
Allergies / Medical Alert	Please specify any allergies/ medical alerts relating to the student applying for enrolment (eg. Allergies to nuts, penicillin, bee stings; Asthma etc).
Ambulance	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Ambulance Number: _____
Immunisations	Has the Immunisation Certificate been submitted? 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**).

Does Your child Suffer from Asthma? Yes No If yes, an Asthma Management form needs to be filled in.

* If you have ticked yes for an allergy an Allergy Management for needs to be filled in.

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.

Parish/Sacramental Details

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

Contact Details

Details	Father / Carer Residing at Same Address	Mother / Carer Residing at Same Address
Title		
First Name		
Middle Name		
Surname		
Relationship		
Sex & Date of Birth		
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		
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"/>	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 (inc. 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 (inc. 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		
Previous Name (if applicable)		
Do you have a Health Care Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
SIGNATURE		

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 a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
Title		
First Name		
Surname		
Address - Street		
Suburb & Post Code		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		
Email Address		N/A
Relationship to Student		
Employer		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 (inc. 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		
SIGNATURE		
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
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"/>

Children in Family at Catholic Systemic Schools Please list below all children in the family attending School (primary and secondary)				
	Full Student Name	School Year	Birth Order	School Attending
Child			1	
Child			2	
Child			3	
Child			4	
Child			5	
Child			6	
Child			7	

STANDARD SCHOOL COLLECTION NOTICE

1. Sacred Heart Primary School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School and the Catholic Education Commission of Victoria (CECV) to meet its educational, administrative and duty of care responsibilities to the student to enable them to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the *Privacy Act 1988 (Cwth)*. We may ask you to provide medical reports about students from time to time.
5. The School may disclose personal and sensitive information for administrative, educational and support purposes. This may include to:
 - School service providers such as the Catholic Education Commission of Victoria, Catholic Education Offices, parish, school governing bodies and other dioceses;
 - third party service providers that provide educational support services to schools and school systems such as the Integrated Catholic Online Network (ICON) system;
 - another school to facilitate the transfer of a student;
 - government departments;
 - medical practitioners, and people providing educational, support and health services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors;
 - anyone you authorise the School to disclose information to; and
 - anyone to whom we are required or authorised to disclose the information to by law.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. The School also uses 'Google Apps for Education' (GAFE) including Gmail. Through the use of these services, personal information of pupils, parents or guardians may be transferred, stored and processed by Google in the United States, or any other country Google uses to provide these services. School personnel and the Catholic Education Commission of Victoria and their service providers may have the ability to access, monitor, use or disclose emails, communications (e.g. instant messaging), documents and associated administrative data for the purposes of administering the system and ensuring its proper use.
8. Where personal information is held by GAFE it will be limited and may include:
 - Name
 - Email Address
 - Student Date of Birth

Personal information held by GAFE will be stored in accordance with APPs.

Please tick the box below to confirm that you consent to this disclosure, processing and storage of your personal information.

Tick box

9. Where personal and sensitive information is retained by the CECV by a cloud service provider for educational and administrative purposes, it will be stored on servers located within Australia. This includes the Integrated Catholic Online Network (ICON) system.
10. The School's Privacy Policy is accessible via the school website, newsletter, handbook or from the school office. The policy sets out how parents, guardians or students may seek access to personal information collected about them. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
11. The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the Australian Privacy Principles and how the complaint will be handled.
12. The School may engage in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
13. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines, on our intranet [and on our website]. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The School will obtain permissions annually from the student's parent or guardian (and from the student if appropriate) prior to publication if we would like to include such photographs or videos [or other identifying material] in our promotional material or otherwise make this material available to the public such as on the internet.
14. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.

Name/s:

Signature/s:.....

Date:.....



**SACRED
HEART
SCHOOL**
TATURA

Enrolment Questionnaire

At Sacred Heart we appreciate and genuinely value the role that you have already played in educating your child thus far. We are keen to find out as much as possibly about your child's individual learning style, likes and dislikes. This information will be invaluable in structuring learning to directly meet your child's needs and ensuring a happy, confident, successful start to school life.

We would appreciate your time in completing the Enrolment Questionnaire below.
Please submit this form with your Application for Enrolment.

Child's name

Child's Preferred name (if different)

Mother's name

Father's name

Does your child have brothers or sisters? Yes/No

Names Age/grade

Are there other significant adults in your child's life? (grandparents, aunts, uncles)

What does your child enjoy doing with his/her free time? (favourite activities and interests)

Is there anything your child does NOT like doing?

Has your child had experience with: (Please feel free to add additional information if appropriate)

Scissors? Yes/No Comment _____

Paint? Yes/No Comment _____

Playdough? Yes/No Comment _____

Pencils etc? Yes/No Comment _____

Does your child spend time colouring?____, drawing? _____, making things? _____,
cooking? _____ cutting things out? _____ Comments

Does your child know colours? _____, numbers? _____, how to write name? _____,

Does your child have a strong hand preference Yes/No Which hand? _____

Comment _____

Are there any physical limitations? (sight, hearing, walking, speech)

If so, has your child seen a specialist? Please provide details:

How does your child respond to new situations and people?

No Concerns _____, shy _____ bold _____, curious _____, slow to warm up _____,

Comments _____

Is your child easily upset? By what kinds of things? Emotional? _____, Fearful? _____,

Other _____

Does your child have any friends coming to Sacred Heart next year that you feel he/she would work well with? Please list:

Would you be interested in accessing our After School Care Program. Yes/No. If yes, how regularly (please circle) daily, weekly, casual.

Is there anything else you would like us to know about your child? _____

Thank-you for taking the time to complete this questionnaire.

Pauline Hindson

Principal