CONFIDENTIAL

ENROLMENT FORM

Please read carefully.
Ensure the form is signed and returned to your school of choice.
This application cannot be processed unless all sections of the document are fully completed.
Some of the information collected is required by the Catholic Education office for survey statistics and future planning.

Please return the following:

☐ This completed and signed application form
☐ A photocopy of the child’s Birth Certificate
☐ A photocopy of the child’s Baptism Certificate
☐ A photocopy of the child’s Immunisation Certificate

APPLICATION FOR ENTRY TO:

☐ Existing Family
☐ New Family

St Augustine’s Primary
Principal: Joe Quinn
Osburn St, Wodonga
VIC 3690
02 6024 2711
principal@sawodonga.catholic.edu.au

St Francis of Assisi Primary
Principal: Jennyne Wilkinson
Baranduda Blvd, Baranduda
VIC 3690
02 6020 9100
principal@sfwodonga.catholic.edu.au

St Monica’s Primary
Principal: Jacqui Partington
137 Brockley St, Wodonga
VIC 3690
02 6024 3151
principal@smwodonga.catholic.edu.au

INTO YEAR: Foundation – 1 – 2 – 3 – 4 – 5 – 6 (please circle)

YEAR OF ENTRY: 2016 - 2017 - 2018 (please circle)
FAMILY DETAILS

Family Surname: ................................................................. Mail address to (eg. Mr & Mrs Smith): .................................................................
Postal address: ........................................................................................................................................................................................................ Postcode: .................................................................
Child residential address: ........................................................................................................................................................................................................ Postcode: .................................................................
Telephone AH: ................................................................. Language spoken at home: ........................................................................................
Family email address (preferred email for correspondence): .................................................................................................................................................................................................
Australia Defence Force family: Y / N
No. of boys in family: .......... No. of girls in family: ............ Order in the family (eg. 2\textsuperscript{nd} of 4 children): .................................................................
Name(s) of other children in your family and the school they attend or year of commencement at school:
Name: ................................................................. M / F School: ................................................................. YR level or commencement: ........
Name: ................................................................. M / F School: ................................................................. YR level or commencement: ........
Name: ................................................................. M / F School: ................................................................. YR level or commencement: ........
Name: ................................................................. M / F School: ................................................................. YR level or commencement: ........
Student lives with ❯ Both parents ❯ Father only ❯ Mother only ❯ Shared parenting ❯ Guardian ❯ Out-Of-Home Care ❯ Other arrangement.................................................................................................
If the student does not live with both parents, please indicate who is the immediate point of contact: .................................................................
Are there any court orders? Yes / No ................................................................. If yes, please provide a copy to the school

Camps, Schools, Excursion Fund (CSEF) ❯
CSEF is available to parents who are an eligible beneficiary of a Centrelink pension, allowance or benefit AND a holder of either a Health Care Card OR Pensioner Concession Card OR a Veteran Affairs Pensioner OR Foster Parent. An application must be submitted to the school during February 2017 (forms and further information can be obtained from the school office)

Please include a copy of your Health Care Card or Pensioner Concession Card or Veteran Affairs Card or Foster Parent.

Parent CRN No: .................................................................

Conveyance Allowance ❯
In some locations, eligible students are unable to access free school bus services. These students may receive a conveyance allowance to assist with travel costs. The student must live more than 4.8km by the shortest practicable route from the nearest school attended. A student must be enrolled at the nearest government primary or secondary school or at the nearest appropriate registered non government school.
## STUDENT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td>..........................................................................................</td>
</tr>
<tr>
<td>Surname</td>
<td>..........................................................................................</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>..........................................................................................</td>
</tr>
<tr>
<td>Sex</td>
<td>□ Male /  □ Female</td>
</tr>
<tr>
<td>Travel method to &amp; from school</td>
<td>□ Walk  □ Car  □ Bicycle  □ Bus  □ Other  ..............................................................</td>
</tr>
<tr>
<td>Approximate distance from school</td>
<td>..........................................................................................</td>
</tr>
<tr>
<td>Student type</td>
<td>□ Full Time  □ Part Time</td>
</tr>
</tbody>
</table>

## STUDENT NATIONALITY

Government Requirement

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Citizen?</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Country of birth</td>
<td>..........................................................................................</td>
</tr>
<tr>
<td>Nationality</td>
<td>..........................................................................................</td>
</tr>
<tr>
<td>Is the student of Aboriginal or Torres Strait Islander origin?</td>
<td>□ No  □ Yes – Aboriginal  □ Yes – Torres Strait  □ Both</td>
</tr>
<tr>
<td>Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)</td>
<td>□ No, English only  □ Yes – Please specify: ..............................................................</td>
</tr>
</tbody>
</table>

## CITIZENSHIP STATUS

(please tick the relevant category below)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia Citizen not born in Australia</td>
<td>□ Australian Passport  Passport No: ...........................................</td>
</tr>
<tr>
<td></td>
<td>□ Naturalisation Certificate  Certificate No: ...........................................</td>
</tr>
<tr>
<td>Visa Subclass recorded on entry to Australia</td>
<td>Visa Subclass No: ...........................................</td>
</tr>
<tr>
<td>Date of arrival in Australia</td>
<td>Date: ...................................................................................</td>
</tr>
<tr>
<td>If born overseas, what year did the student start school in Australia?</td>
<td>..............................................................</td>
</tr>
</tbody>
</table>

Not currently an Australian citizen please provide further details:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Resident</td>
<td>Visa Subclass No: ...........................................</td>
</tr>
<tr>
<td>Temporary Resident</td>
<td>Visa Subclass No: ...........................................</td>
</tr>
<tr>
<td>Other / Visitor / Overseas student</td>
<td>Visa Subclass No: ...........................................</td>
</tr>
<tr>
<td>Refugee Status</td>
<td>Visa Subclass No: ...........................................</td>
</tr>
</tbody>
</table>
EDUCATIONAL INFORMATION

Name of current school / preschool: ………………………………………… CATHOLIC / GOVERNMENT / INDEPENDENT (please circle)

Date of enrolment at current school: …………………………… Current year level: …………………

Address of school: ……………………………………………………………………………………………

Proposed starting date: ……………………………………………………………………………………………

Has the student previously been enrolled in a Victorian school? Yes / No

Do you give permission for your current school to forward any relevant information about the student to Catholic Education Wodonga?  Yes ☐  No ☐

Does the student currently have the support of an Integration Aide? Yes / No

ADDITIONAL NEEDS

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

Does your child have:
☐ autism  ☐ behavioural disorders  ☐ hearing impairment  ☐ vision impairment
☐ intellectual disability  ☐ language disorder  ☐ mental health issues  ☐ giftedness
☐ ADD / ADHD  ☐ acquired brain injury  ☐ other (please specify) ………………………………………

Has your child ever seen a:
☐ behavioural optometrist  ☐ audiologist  ☐ speech pathologist
☐ educational psychologist  ☐ paediatrician  ☐ occupational therapist
☐ psychologist  ☐ other specialist (please specify) ………………………………………

If your child does have a special need, please can you assist us by providing the following information: (please provide all relevant information)

Details of additional learning needs / additional needs provided:  Y / N

Medical / allied health professional reports attached:  Y / N

RELIGIOUS BACKGROUND

Students Religion: ………………………………………………. Parish / Church: …………………………………………………

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Date Received</th>
<th>Parish Received</th>
<th>Copy of Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Eucharist</td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>
MEDICAL INFORMATION

Doctor’s name: .................................................. Doctor’s phone number: .................................................................

Student’s Medicare number: ............................................. Ref No. ............. Medicare expiry date: ......................................

Health Care Card number: CRN ........................................ Private Health Care Fund ☐ Yes ☐ No

Health Fund name: ..................................................... Membership number: .................................................................

Ambulance Cover ☐ Yes ☐ No Ambulance Cover number: .................................................................

Date of last tetanus injection / booster? ................. Please supply a copy of the student’s Immunisation Certificate

SUMMARY OF MEDICAL CONDITIONS

☐ Yes ☐ No  Anaphylaxis

☐ Yes ☐ No  Asthma

(If yes, please complete an Asthma Management Plan or supply a copy of your Doctor’s Asthma Management Plan)

Do you wish your child to carry his/her own Asthma Puffer? ☐ Yes ☐ No  or  medication held at office ☐ Yes ☐ No

☐ Yes ☐ No  Allergies (please specify type and treatment required)

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☐ Yes ☐ No  Medical Conditions of which the school should be aware (please specify)

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CONSENT TO MEDICAL TREATMENT

In the event of an accident or illness, I/we authorise the person in charge to consent, where it is impractical to communicate with me/us, to the student named on this form receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian signature: ............................................ Parent/Guardian signature: .................................................................

Print name: .......................................................... Print name: ..........................................................

Date: .............................................................. Date: ..............................................................
PARENT / GUARDIAN RESIDING AT THE STUDENT’S RESIDENCE

Who will be responsible for the payment of the school fees and levies?

- Both parents
- Mother only
- Father only
- Guardian
- Other

Parent / Guardian (please circle)

Title: …….. Surname: ………………………..……………….

Given name: ………………………….……………….

Preferred name: ……………………………………….

Relationship to student: …………………………………….

Marital status:  
- married  
- single  
- separated  
- divorced  
- re-partnered  
- re-married

Residential guardian:  
- Yes  
- No

Home phone: ………………………………..……………….

Work phone: ………………………………………………....

Mobile: ……..…..……………………………………………..

Email: …………..……………………………………………..

Occupation*: …………………………………………………..

Employer: …...………………………………………………..

Government Requirement*  
Occupation Group*: (please select from list of parent occupation groups in School Family Occupation Index attached).

- A  
- B  
- C  
- D  
- N

Highest level of secondary education?*

- Year 9 or below  
- Year 11 or equivalent

- Year 10 or equivalent  
- Year 12 or equivalent

Highest level of qualification?*

- Bachelor degree or above  
- Advanced Diploma / Diploma  
- Certificate II to IV (including Trade Certificates)  
- No non-school qualification

Do you speak a language other than English at home? If more than one, indicate the one this is spoken most often.

- No, English only  
- Yes

- Please specify: ……………………………………………

Country of birth: ……………………………………………

Date of birth: ……………………………………………

Nationality: ……………………………………………

Religion: ……………………………………………

Parent Responsible for Fee Payment  
- Yes  
- No

% of Fees: …………………………. (Must total 100%)
## FAMILY DETAILS

### PARENT NOT RESIDING AT THE STUDENT’S RESIDENCE

Please only complete if there is a parent who does not reside at the student’s home address.

- **Pocket as Emergency Contact**

  **Title:** ……………..  **Surname:** ………………

  **Given name:** ………..  **Preferred name:** ………

  **Relationship to student:** …………

  **Marital status:**
  - □ married
  - □ single
  - □ separated
  - □ divorced
  - □ re-partnered
  - □ re-married

  **Address:** .................................................................

  ................................................................. **Postcode:** .................................................................

  **Phone BH:** .................................................................

  **Phone AH:** .................................................................

  **Mobile:** .................................................................

  **Email:** .................................................................

  **Does this parent require a copy of the student’s report?** Yes / No
  
  *(NOTE: Both parents will have access to school reports pertaining to the student unless the school is provided with a copy of any relevant court order limiting access.)*

  **Access Details:** .................................................................

  **Occupation**: .................................................................  **Employer:** .................................................................

  **Government Requirement**

  **Occupation Group** *(please select from list of parent occupation groups in School Family Occupation Index attached):*  
  - □ A  □ B  □ C  □ D  □ N

  **Highest level of secondary education?**
  
  - □ Year 9 or below
  - □ Year 11 or equivalent
  - □ Year 10 or equivalent
  - □ Year 12 or equivalent

  **Highest level of qualification?**
  
  - □ Bachelor degree or above
  - □ Advanced Diploma / Diploma
  - □ Certificate II to IV (including Trade Certificates)
  - □ No non-school qualification

  **Do you speak a language other than English at home? If more than one, indicate the one this is spoken most often.**
  
  - □ No, English only
  - □ Yes  Please specify: .................................................................

  **Country of birth:** .................................................................  **Nationality:** .................................................................

  **Date of birth:** .................................................................  **Religion:** .................................................................

  **Parent Responsible for Fee Payment**
  
  - □ Yes
  - □ No

  **% of Fees:** ................................................................. *(Must total 100% see above)*

### FINANCIAL COMMITMENT

As the parent(s) guardian(s) signing this enrolment application, it is important that you are aware that you are entering into a legal contract and are therefore legally bound to pay all fees and charges for the enrolled child. Where circumstance dictate that full payment is not possible, the obligation remains on the parent(s)/guardian(s) to discuss this with the Principal at the time of enrolment. Subsequent to enrolment, a change in circumstances does not absolve the signatory(s) from their obligation for payment. Any change impacting the financial commitment of the signatory(s), should be communicated to the school immediately. Please note that the school uses the services of a debt collection agency to collect fees that remain unpaid.

In making application for my/our child to be enrolled, I/we undertake to pay the fees charged by the school. I/we agree to any charges incurred to recover overdue fees being charged to my/our account.

  **Parent / Guardian signature:** .................................................................

  **Print name:** .................................................................

  **Date:** .................................................................

  **Parent / Guardian signature:** .................................................................

  **Print name:** .................................................................

  **Date:** .................................................................

  **The School from time to time discloses personal and financial information to others for administrative and fee collection purposes, including to facilitate the transfer of a pupil to another school. This includes to other Catholic Education Wodonga schools and debt collection agency if necessary.**
FAMILY COMMITMENT TO CATHOLIC EDUCATION WODONGA

The school is a Catholic school and a member of Catholic Education Wodonga.

By enrolling at a Catholic Education Wodonga school, you are agreeing to participate in all school activities: Religious Education classes, Liturgies and Masses, Retreats and Year Level camps. As members of the Catholic Education Wodonga community, students, staff and families are expected to uphold and to foster the unique nature of the school, in that we are faithful to the Catholic tradition; we seek to serve rather than to be served; we promote the values of compassion, integrity, honesty and justice; we are life-long learners and critical thinkers; and we work in partnership with families and the parish community.

We have read and fully understood the above sections. We accept and support the expectations of the school as it attempts to fulfil its mission. In making application for my/our child to be enrolled at the school, I/we undertake to assist my/our child in upholding the Catholic ideals of the school and abide by the school rules and policies.

Parent / Guardian signature: ………………………………   Parent / Guardian signature: ………………………………
Print name: ………………………………………………….   Print name: …………………………………………………………
Student signature: ……………………………………..…   Date: …………………………………………………………
Print name: …………………………………………………..

EMERGENCY CONTACT

Please give the name and number of a person who will act as a contact should your child become ill at school and parents/guardians cannot be contacted.

Name of Emergency Contact 1: …………………………………………………………………………………………………………
Relationship to student: …………………………………………………………………………………………………………………
Phone BH: ………………………… Phone AH: …………………………. Mobile: …………………………………………………..

Name of Emergency Contact 2: …………………………………………………………………………………………………………
Relationship to student: …………………………………………………………………………………………………………………
Phone BH: ………………………… Phone AH: …………………………. Mobile: …………………………………………………..

CONSENT TO STUDENT WELLBEING SERVICES

I/We hereby give consent for the student named on this form to access the services of the Wellbeing Office at any point during their schooling at a Catholic Education Wodonga school. Such services include assessment, support, intervention, counselling, advocacy and case management. If your child accesses any of these services a parent/guardian will be notified.

Parent / Guardian signature: ………………………………   Parent / Guardian signature: ………………………………
Print name: ………………………………………………….   Print name: …………………………………………………………
Date: …………………………………………………………

LOCAL EXCURSION INFORMATION NOTICE

As part of the Learning and Teaching Program at the school, students will be required to undertake off-campus excursions to venues in the local Albury-Wodonga area.

Students will walk or travel by bus to the venues. On some occasions small groups will travel by car with staff members. Students will be supervised by staff at the venues and whilst travelling to and from the venues. Qualified supervision, appropriate to the activity being undertaken, will be provided at all venues and staff will have access to relevant medical information should first aid or medical attention be required.

It is important to note that all local off-campus excursions are assessed against the School’s Excursion Policy. A separate information letter and permission note will be provided for activities that are assessed to carry a higher degree of risk or are more than a couple of hours in duration.

CODE OF BEHAVIOUR FOR SCHOOL EXCURSIONS

To ensure the success of excursions the following points must be observed:

1. Courtesy, consideration, maturity and cooperation must be displayed at all times.
2. Respect must be displayed to teachers and all members of the public.
3. Smoking, possession of cigarettes, drinking, possession of alcoholic drink and illicit drugs are prohibited at all times.
4. Students must conduct themselves in a safe manner and adhere to instructions at all times.
5. The teacher in charge, in consultation with the Principal, will determine clothing to be worn.
6. Preparation, organisation and contact of excursions require a great deal of work by staff. It is essential that all students cooperate and assist staff.

NOTE: Any serious breach of the above points may mean that a student is returned home at the parent’s expense. Parents may be requested to pick the student up from the venue and the student is excluded from future excursions.

CONSENT FOR LOCAL EXCURSIONS

I/We hereby give consent for the student on this form to attend local, off-campus excursions as outlined in the above information notice. Where parent/guardian is unable to be contacted or it is otherwise impracticable to be contacted, I/we authorise the staff member in charge of the excursion to:

- Consent to the student named on this form receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider necessary in the event of any illness or accident.

I/We accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I/We are aware of the School’s code of conduct for behaviour on excursions and accept that my/our child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any associated costs will be met by me/us.

Parent/Guardian signature: …………………………………..  Parent/Guardian signature: …………………………………..  
Print name: ……………………………………………………    Print name: ……………………………………………………  
Date: ………………………………………………………...…    Date: ………………………………………………………...….  

Catholic Education Wodonga Enrolment Application Form
PHOTOGRAPH / VIDEO CONSENT

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

Catholic Education Wodonga (CEW), the Sandhurst Diocese, Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs / videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child’s photograph / video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

Student name: …………………………………………………………. Year level: ……………………………………..

I give permission for my child’s photograph / video and name to be published in:

- The school/CEW newsletter
- The school/CEW intranet
- The school/CEW website
- Wodonga Catholic Parish Bulletin or Parish Talk
- Social media
- Promotional materials
- Newspapers and other media

I authorise the CEOM/CECV to use the photograph / video in material available free of charge to schools and education departments around Australia for the CEOM/CECV’s promotional, marketing, media and educational purposes.

I give permission for a photograph / video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgement, remuneration or compensation.

I understand and agree that if I do not wish to consent to my child’s photograph / video 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.

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 for various sates and territories, allowing schools to use licensed material wholly and freely for educational purposes.

PHOTOGRAPH / VIDEO CONSENT

Parent / Guardian signature: ………………………………………. Parent / Guardian signature: ………………………………………

Print name: ……………………………………………………. Print name: ……………………………………………………

Date: ……………………………………………………………. Date: …………………………………………………………….

Catholic Education Wodonga Enrolment Application Form
INFORMATION COLLECTION NOTICE

1. The School’s Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will 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 pupil, or where pupils have provided information in confidence.

2. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.

3. As you may know the School from time to time engages 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.

4. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines and on our intranet.

5. We may include pupils’ and pupils’ parents’ contact details in a class list and School directory.

6. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that 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.

7. A copy of the School’s Privacy Policy is available on the request or can be views on the Schools.

8. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’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 to provide schooling to the pupil and to enable them to take part in all the activities of the School.

9. 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.

10. 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.

11. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.

12. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, the School’s local diocese and the parish, schools within other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.

13. Personal information collected from pupils is regularly disclosed to their parents or guardians.

INFORMATION COLLECTION NOTICE

I/We have read the Information Collection Notice and are aware of how information about the student named on this form may be used by the school.

Parent / Guardian signature: ……………………………..…    Parent / Guardian signature: ……………………………..…

Print name: …………………………………………………...     Print name: …………………………………………………...

Date: ………………………………………………………...…    Date: ………………………………………………………...…
REASONS FOR APPLYING TO CATHOLIC EDUCATION WODONGA

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OFFICE USE ONLY

FAMILY CODE:          STUDENT CODE:

Received: Entered: Class:

ONLY process applications when all items below have been received.

☐ Birth Certificate  ☐ Family Court Orders  ☐ Financial commitment  ☐ Local excursion

☐ Baptism Certificate  ☐ Immunisation Certificate  ☐ Family commitment  ☐ Image consent

☐ Citizenship documents  ☐ Special needs information  ☐ Wellbeing services  ☐ Information collection

☐ VISA  ☐ Medical treatment  ☐ Application fee paid
SCHOOL FAMILY OCCUPATION INDEX
PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

**GROUP N: Unemployed for more than 12 months**

If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter ‘N’ into the ‘occupation code’ field on the enrolment form.

**OCCUPATION GROUP A**

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations
Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

- Business [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- Media [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- Public Service Manager (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research/facility manager, police/fire services administrator]
- Defence Forces Commissioned officer

Qualified Professionals – generally have a degree or higher qualifications and experience in applying this knowledge to: design, develop or operate complex systems, identify, treat and advise on problems, teach others


- Health [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropactor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- Education [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- Law [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- Social Welfare [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- Engineering [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- Science [e.g. scientist, geologist, meteorologist, metallurgist]

- Computing [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- Business [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- Air/sea transport [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship’s captain/office/pilot]

**OCCUPATION GROUP B**

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- Farm/business owner/manager [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- Specialist manager [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- Financial services manager [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts / media / sportspersons

- Artist/Writer [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- Sports [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals


- Medical, science, building, engineering, computer technician/associate professional
- Health/social welfare [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- Law [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- Business/administration [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
Enrolment Form

- Defence Forces [e.g. senior non-commissioned officer]
- Other [e.g. library technician, museum/gallery technician, research assistant, proof reader]

**OCCUPATION GROUP C**
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.

- Trades [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff
- Clerk [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- Office [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- Sales [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- Carer [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- Service [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

**OCCUPATION GROUP D**
MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators
- Driver or mobile plant operator [e.g. car, taxi, truck, bus, tram or train driver, courier/deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grading/excavator operator, farm/horticulture/forestry machinery operator]
- Production/processing machine operator [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- Machinery operator [e.g. photographic developer/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff
- Sales staff [e.g. 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, sales demonstrator, shelf stacker]
- Office staff [e.g. typist, word processing/data entry/business machine operator, receptionist]
- Hospitality staff [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- Assistant/aide [e.g. trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labours and related workers
- Defence Forces [other ranks (below senior NCO) without trade qualification not included above]
- Agriculture, horticulture, forestry, fishing, mining worker [e.g. farm overseer, shearer, wool/hide classifier, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- Other worker [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]