

Form 5: Offer of Enrolment: Request for Information Form



St Michael's Tallangatta Offer of Enrolment: Request for Information Form

St Michael's Tallangatta is a School which operates with the consent of the Bishop of the Catholic Diocese of Sandhurst and is owned, operated and governed by Catholic Education Sandhurst (CES) Limited), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life. This Form is part of CES Limited's Enrolment Framework which is available at St Michael's Tallangatta.

2nd Stage – INFORMATION TO COMPLETE ENROLMENT

- to be completed after an Offer of Enrolment is made by the School

| | Date received: | Yes \(\sigma \) No \(\sigma \) | | | | | | |
|-----------------------|----------------------|--|---------------|--------------|-------------------|--------------------|--|--|
| | Enrolment date: | English as an Additional Language: Yes □ No □ | | | | | | |
| Office use only | Start date: | Н | House colour: | | | | | |
| | Student/family code: | | VS | VSN: | | | | |
| | Immunisation history | Vi | sa informa | ation attach | ed (if relevant): | | | |
| | Yes □ No □ | | | Yes □ No □ | | | | |
| <u> </u> | | | | | | 4 | | |
| | | | | | | | | |
| STUDENT DETAILS | | | | | | | | |
| Surname: [| | | | Entry yea | ar (YYYY): | Entry level/grade: | | |
| First name/s: | | | | [] | | [] | | |
| Preferred first name: | | | | | | | | |
| Date of birth: | | Religion: [] (include | de r | ite) | | | | |
| [Male:] | | Female: \square | | | Other: | | | |

| HOME ADDRESS OF STUDENT | | | | | | | | | | | |
|---------------------------|---------------------------|-------------|---------------|----------------|------------------|-------------|------------------------|---------------------|---------|---------------------|--|
| Street number and name: [| | | | | | | | | | | |
| Suburb: [] Postcode: [] | | | | | | | | | | | |
| Home phone: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| EN | MERGENCY | CONTACTS | S – OTHER | THAN PAREN | NT/GUARDIAN | | | | | | |
| | Name: | | [| | | - | Name | : | | | |
| | Relationsl child: | nip to | [| | | | Relationship to child: | | | [| |
| | Home pho | one: | [| | | | Home | phone: | | | |
| | Mobile: | | [| | | | Mobil | e: | | | |
| | | | | | | | | | | | |
| PR | EVIOUS SC | HOOL/PRE | SCHOOL P | ERMISSION | | | | | | | |
| Na | me and ad | dress of pr | evious sch | ool/preschoo | ol:[] | | | | | | |
| 1/1 | No givo por | mission fo | r the schoo | l to contact t | the provious sch | | d or pr | aschool and to gat | hor ro | elevant reports and | |
| | | | | l planning: Ye | | |) | escribol and to gat | ilei ie | elevant reports and | |
| | | | | | nsferring Inform | ati | on.) | | | | |
| | | | | | | | | | | | |
| | | | | |) speak a langua | age | other | than English at ho | me? | | |
| No | te: Record | all languag | es spoken. | | | | 1 | | | Parent B/Guardian | |
| | | | | | Student | | | Parent A/Guardia | ın 1 | 2 | |
| No | Englis | h only | | | | | | | | | |
| Ye | Other | – please s | pecify all la | nguages | | | | [| | [| |
| | | | | | | |] | | | | |
| | | | | | | | | [| | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| М | MEDICAL INFORMATION | | | | | | | | | | |
| Do | Doctor's name: | | | | | | | | | | |
| Stı | Street number and name: [| | | | | | | | | | |
| Su | burb: | | | [| | [P | ostcod | e: | Pho | one: | |
| Medicare number: | | | | | | Ref number: | | Expiry: | | | |

| Private health insurance: | [Yes | | No 🗌 | Fund: | [Number: | | | | | |
|---|---|---|-----------------|-------------|--------------------|------------|----------------------------------|---------|--|--|
| Ambulance cover: | Yes | | No 🗌 | [Number: | 7: | | | | | |
| / imbalance cover. | In ti | In the event of an emergency an ambulance will be called if required. | | | | | | | | |
| Medical condition: | Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed. Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur. | | | | | | | | | |
| Has the student been diagnosed | l as bei | ng at risk o | of anaphylax | is? | Yes 🗌 | | No 🗌 | | | |
| If yes, does the student have an | EpiPen | ? | | | Yes 🗌 | | No 🗌 | | | |
| | | | | | | | | | | |
| Please provide all required information of your child into our sto meet the particular needs of yourent or ongoing enrolment meets. | school. our chi | lt will assis ld. If the in | t the school | to impleme | nt approp | riate ad | justments and str | ategies | | |
| ADDITIONAL NEEDS | | | | | | | | | | |
| Is your child eligible or currently Does your child present with: | / receiv | ing Natior | al Disability | Insurance S | Scheme (N | DIS) su | pport? Yes 🔲 No | | | |
| autism (ASD) | |] behav | ioural concer | ns | | hearii | ng impairment | | | |
| intellectual disability/ developmental delay | |] menta | al health issue | es | | | anguage/ nunication ulties | | | |
| ADD/ADHD | |] acquir | ed brain inju | ry | | vision | impairment | | | |
| giftedness | giftedness physical impairment other condition (please specify) | | | | | | | | | |
| [] | | | | | | | | | | |
| | | | | | | | | | | |
| Has your child ever seen a: | | | | | | | | | | |
| paediatrician | | physiothe | rapist | | audiologi | st | | | | |
| psychologist/ counsellor | | occupatio | nal therapist | | speech pathologist | | | | | |
| psychiatrist | | continend | e nurse | | other spe | ecialist (| please specify) | | | |
| | | | | | | | | | | |
| Have you attached all relevant information/reports? Yes No | | | | | | | | | | |

| PARENT A/GUA | RDIAN 1 | | | | | | | |
|------------------------------|---|--------------------|-----------------------------------|---|--------------------------|-------------------|--|--|
| Surname: | [| | Title: (e.g. Mr/Mrs/ Ms) | | First name: | | | |
| Address: | | | | | | | | |
| Home phone: | [| | Work phone: | | [Mobile: | [| | |
| SMS messaging: | (for emergency and re | minder p | ourposes) | | Yes 🗌 | No 🗌 | | |
| Email: | [] | | | | | | | |
| Government Requirement | Occupation: [| | | What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11) | | | | |
| Religion: | (include rite) | | | Nationality: Et | thnicity if not b | orn in Australia: | | |
| Country of birth: | Australia Other (please specify): | | | | | | | |
| | nest year of primary or ove never attended seco | | | | s completed? | | | |
| Year 9 or below | | Year 10 equival | | Year 11 or equivalen | Year 12 or equivalent | | | |
| What is the leve | el of the highest qualifi | cation Pa | arent A/Gua | rdian 1 has completed | d? | | | |
| No post-school qualification | | | ate I to IV ing trade ate) | Advanced diploma/d | Bachelor degree or above | | | |
| •- | | | | | | | | |
| PARENT B/GUA | RDIAN 2 | | | | 1 | | | |
| Surname: | | | Title: (e.g. Mr/Mrs/ Ms) | | First name: | | | |
| Address: | [| | | | | | | |
| Home phone: | [| | Work phone: | | [Mobile: | | | |
| SMS messaging: | SMS messaging: (for emergency and reminder purposes) [Yes No | | | | | | | |
| Email: | | | | | | | | |

| Government Requirement | Occupation: [] | | | What is the occup (select from list of occupation group Family Occupatio | | | | | | |
|---|---|-----------|--|--|-----------------------|-----|--|--|--|--|
| Religion: | (include rite) | | | Nationality: Ethnicity if not born in Australia: | | | | | | |
| Country of birth: | Australia | | Other (| (please specify): | | | | | | |
| What is the highest year of primary or secondary school Parent A/Guardian 1 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.) | | | | | | | | | | |
| Year 9 or below | | Year 10 | | Year 11 or equiva | Year 12 or equivalent | | | | | |
| What is the leve | el of the highest qualif | ication P | arent A/Gua | rdian 1 has compl | eted? | | | | | |
| No post-school qualification (including trade certificate) | | | Advanced diploma/diploma Bachelor degree above | | | | | | | |
| | | | | | | | | | | |
| HOME CARE AR | RANGEMENTS | | | | | | | | | |
| Living v | vith immediate family | | | Out-of-h | nome care | | | | | |
| ☐ Carer/ε | guardian | | | Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1[: Days with Parent B/Guardian 2: | | | | | | |
| ☐ Kinship | care | | | Other (p | lease specify) | [] | | | | |
| | | | | | | | | | | |
| COURT ORDERS | OR PARENTING ORDE | RS (if ap | plicable) | | | | | | | |
| Are there any cu | Are there any current court orders or parenting orders relating to the student? [Yes No [| | | | | | | | | |
| If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided. | | | | | | | | | | |
| Is there any other information you wish the school to be aware of? | | | | | | | | | | |
| | | | | | | | | | | |

| PARENT/CARER/GUARDIAN SIGNATURE: | [|] |
|-------------------------------------|---|---|
| PARENT/CARER/GUARDIAN SIGNATURE: | |] |

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- 1. student, if they are over 15 and living independently
- 2. parent as defined in the Family Law Act 1975

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

- 3. both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- 4. an informal carer, with a statutory declaration.
- 5. Carers:
 - 1. may be a relative or other carer
 - 2. have day-to-day care of the student with the student regularly living with them
 - 3. may provide any other consent required e.g. excursions.

Notes for informal carer:

- 1. statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Note: Secondary students may complete parts of the form and co-sign.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website

https://www.smtallangatta.catholic.edu.au/