

# St Mary of the Angels Secondary College

## Application for Enrolment

### Student Details

Surname

First Name

Middle Name

Preferred Name

Date of Birth  Gender  Female  Male

### Residential Address

Street

Town/Suburb  Post Code

### Postal Address

Street

Town/Suburb  Post Code

Victorian Student Number (if known)

Year level application is for  Commencement Year

Current Year level  Current School

### Office Use Only

Student Code

Interview Held (Date)

Letter Sent

Acceptance Returned

Finance

VSN

Reg. SASS - DT - TT - SIMON

Bus Coordinator

Sp Nds

## Guidelines for completing Application for Enrolment form

Please ensure that any relevant attachments are included in this application. Please tick the boxes below to indicate that attachments are included:

- Copy of Child's Birth Certificate**
- Copy of Baptismal Certificate (if applicable)**
- Copy of Court Orders and Parenting Plans (if applicable)**
- Copy of Guardianship legal documents (if applicable)**
- Copy of VISA documentation (if applicable)**
- Copy of Citizenship documentation (if applicable)**
- Copy of Reports, Paediatric or other Specialist Reports (if applicable)**
- Copy of all relevant action plans for Asthma, Allergies and Diabetes (if applicable)**
- Copy of Family Medicare Card**
- Copy of Health Care Card (if applicable)**

## Further Student Details

Language usually spoken at home:  English  Other

Nationality  Ethnicity

Is your child of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal  No, Neither Aboriginal or Torres Strait Island  
 Yes, Torres Strait Island  Yes, Both Aboriginal or Torres Strait Island

Was your child born overseas?  Yes - continue  No - go to Next Section

**Australian Citizen - Country of birth not Australia  
 (Australian Passport or Naturalisation Certificate number/document)**

Country of Birth   
 Date arrived in Australia   
 Australian Passport Number   
 Naturalisation Certificate Number   
 Visa subclass recorded on entry to Aus

**Not Currently an Australian Citizen**

**Provide as appropriate: Visa/ImmiCard/Letter of Notification and Passport Photo Page**

Permanant Resident (if yes, record visa subclass number)  Yes  No  
 Temporary Resident (if yes, record visa subclass number)  Yes  No  
 Other/visitor/overseas student (if yes, record visa subclass number)  Yes  No

## Religious Details

Child's Religion

Sacraments Received	Date Received	Name of Parish	Certificate Attached	
Baptism	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconciliation	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eucharist	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Children in your Family

Please list the children in your family beginning with the eldest.  
Please list past and present students. One per line.

	Child's Full Name	School Year	Birth Order	Current School Attending or date last attended
Child				
Child				
Child				
Child				
Child				

## Medical Details

Name of Doctor											Phone No. of Doctor				
Address of Doctor															
Child's Medicare No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref	<input type="text"/>	Expiry	MM / YY
Ambulance Cover	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Member No.							Expiry	MM / YY		
Private Health Insurance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fund Name										
					Member No.							Expiry	MM / YY		
Anaphylaxis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	* If YES, please attach Action Plan										
Has EpiPen/Anapen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No											
Medical Conditions	* If any, please attach Action Plans or other documentation as needed														

I confirm that I agree for my contact details to be provided to Moira Shire Council in relation to their Immunisation Program.

Yes  No

## Student Additional Needs

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child.

**If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.**

Please tick any of the following that apply.

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support

Yes

No

Has your child been formally diagnosed by a health or allied health practitioner?

Please tick the relevant boxes below and provide details

<input type="checkbox"/> Autism (ASD)	<input type="checkbox"/> Behavioural Concerns	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Intellectual Disability/ Developmental Delay	<input type="checkbox"/> Mental Health Issues/ Depression/Anxiety	<input type="checkbox"/> Oral Language/ Communication Difficulties
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Aquired Brain Injury	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Giftedness	<input type="checkbox"/> Physical Impairment	
<input type="checkbox"/> Other Condition/s	<input type="text"/>	

Has your child ever seen any of the following. Please tick any of the following that apply.

<input type="checkbox"/> Paediatrician	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Audiologist
<input type="checkbox"/> Psychologist/Counsellor	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Speech Pathologist
<input type="checkbox"/> Other Condition/s	<input type="text"/>	

If you have ticked to any of the above, please provide full details. **Support documentation must be provided.**

Diagnosis	<input type="text"/>	Date of Diagnosis	<input type="text" value="DD / MM / YYYY"/>
Practitioner Name	<input type="text"/>	Practitioner Phone Number	<input type="text"/>
Diagnosis	<input type="text"/>	Date of Diagnosis	<input type="text" value="DD / MM / YYYY"/>
Practitioner Name	<input type="text"/>	Practitioner Phone Number	<input type="text"/>
Diagnosis	<input type="text"/>	Date of Diagnosis	<input type="text" value="DD / MM / YYYY"/>
Practitioner Name	<input type="text"/>	Practitioner Phone Number	<input type="text"/>

## Student Travel Arrangements

Please note: The College Buses can accommodate for one seat on one bus per student.

How will your child travel to school?  College Bus  Government Bus  Other, specify

Distance from College (by road)

Closest intersection to your property

Distance and direction to this intersection

## Family Contact Details

Details	Parent 1 / Guardian residing with child				Parent 2 / Guardian residing with child			
Title								
First Name								
Middle Name								
Surname								
Relationship to child								
Residential Address								
Town, State, Post Code								
Postal Address								
Town, State, Post Code								
Residential Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee Payer (must complete)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone								
Work Phone								
Mobile Phone								
Home Email								
Work Email								
Country of birth								
Religion								
Do you speak a language/s other than English at home?	<input type="checkbox"/> No, only English	<input type="checkbox"/> Yes, specify	<input type="checkbox"/> No, only English	<input type="checkbox"/> Yes, specify	<input type="checkbox"/> No, only English	<input type="checkbox"/> Yes, specify	<input type="checkbox"/> No, only English	<input type="checkbox"/> Yes, specify
	If yes please specify				If yes please specify			
Occupation								

The nationally defined background information regarding parent/guardian occupation groups and level of education is collected and the information is provided to the Government for national reporting purposes.

## Occupation Details

Occupational Group: (refer to occupation codes on back page)	A					B					C					D					N									
Employer																														
Employer Address																														
Highest Year of School Education (or equivalent)	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12						
Level of Highest Qualification	<input type="checkbox"/> No non-school qual.					<input type="checkbox"/> Certificate (inc. Trade)					<input type="checkbox"/> No non-school qual.					<input type="checkbox"/> Certificate (inc. Trade)					<input type="checkbox"/> No non-school qual.					<input type="checkbox"/> Certificate (inc. Trade)				
	<input type="checkbox"/> Diploma / Adv. Diploma					<input type="checkbox"/> Bachelor degree or above					<input type="checkbox"/> Diploma / Adv. Diploma					<input type="checkbox"/> Bachelor degree or above					<input type="checkbox"/> Diploma / Adv. Diploma					<input type="checkbox"/> Bachelor degree or above				

## Additional Contact Details / Emergency Contact Details

Details	Parent NOT residing with child	Emergency Contact
Title		
First Name		
Middle Name		
Surname		
Relationship to child		
Residential Address		
Town, State, Post Code		
Postal Address		
Town, State, Post Code		
Fee Payer (must complete)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone		
Work Phone		
Mobile Phone		
Email		
Country of birth		
Religion		
Do you speak a language/s other than English at home?	<input type="checkbox"/> No, only English	<input type="checkbox"/> Yes, specify
	<i>If yes please specify</i>	<i>If yes please specify</i>
Occupation		

The nationally defined background information regarding parent/guardian occupation groups and level of education is collected and the information is provided to the Government for national reporting purposes.

## Occupation Details

Occupational Group: (refer to occupation codes on back page)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N
Employer					
Employer Address					
Highest Year of School Education (or equivalent)	<input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	
Level of Highest Qualification	<input type="checkbox"/> No non-school qual.		<input type="checkbox"/> Certificate (inc. Trade)		
	<input type="checkbox"/> Diploma / Adv. Diploma		<input type="checkbox"/> Bachelor degree or above		

## Court Orders or Parenting Orders

Are there any Family Court Orders/Parenting Plans that have been issued in relation to your child?

Yes

No

If YES, supporting documentation must be provided.

## Home Care Arrangements

Please indicate your child's living arrangements

<input type="checkbox"/> Living with Immediate Family	<input type="checkbox"/> Out of Home Care
<input type="checkbox"/> Carer / Guardian	<input type="checkbox"/> Kinship Care
<input type="checkbox"/> Other (Please Specify) <input type="text"/>	<input type="checkbox"/> Shared parenting, e.g. one week with each parent
	Days with Parent A/Guardian 1: <input type="text"/>
	Days with Parent B/Guardian 2: <input type="text"/>

## Permission to Publish

Dear Parent/Guardian

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

The Catholic Education Office Sandhurst (CEOS) 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.

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

College Newsletter / Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College Intranet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College Social Media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Promotional Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newspapers/Other Media	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If No, define if required:

  

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.

I understand and agree that this Photograph/Video Permission agreement is for the duration of my child's enrolment at St Mary of the Angels Secondary College. 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 College.

*Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).*





## Commitment to College

In making application for my son/daughter to be enrolled at St Mary of the Angels Secondary College

I / We:

- Undertake to assist my son/daughter in upholding the Catholic Ethos and Franciscan Charism of the College
- Abide by all College Rules, Policies and expectations including:
  - Learning and Teaching procedures
  - Wellbeing procedures
  - College Uniform standards
  - Student Behavioural expectations
- Acknowledge that my son/daughter will be expected to participate in College activities inclusive of:
  - Faith Celebrations (College Masses, Feast Day Celebrations)
  - College Carnivals (Swimming, Athletics, Cross Country)
  - Camps and Excursions/Incursions
  - Year Level and Homeroom Based activities
- Acknowledge that all College accounts must be paid by the end of each College year, inclusive of all fees and levies. Interest may be charged on overdue accounts.

## Final Signatures

Please Sign this section to complete your Enrolment Form

	Parent/Guardian (a) Residing with child	Parent/Guardian (b) Residing with child	Parent NOT Residing with child (if applicable)
<b>Signature/s</b>			
<b>First Name</b>			
<b>Surname</b>			
<b>Date</b>	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
<b>If Fee Account is to be split, please state proportions (ie 50%, 100%)</b>			

*Disclaimer: Personal information will be held, used and disclosed in accordance with the Colleges Privacy Collection Notice and Privacy Policy available on the College website [www.smotanathalia.catholic.edu.au](http://www.smotanathalia.catholic.edu.au)*

# Occupation Group Definitions

## COLLECTION OF NATIONALLY CONSISTENT DEFINITIONS OF STUDENT BACKGROUND CHARACTERISTIC INFORMATION FOR NATIONAL REPORTING.

### OCCUPATION GROUP

Please select the appropriate group from the following list. 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 organisation, government administration and defence, and qualified professionals.

- Senior Executive / Manager / Department Head in industry, commerce, media or other large services administrator.
- 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:
  - o Health, Education, Law, Social/Welfare, Engineering, Science, Computing professional;
  - o Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer);
  - o Air/Sea Transport (aircraft' ship's captain' officer' pilot, flight officer, flying instructor, air traffic controller).

#### OCCUPATION GROUP B

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:
  - o Health, Education, Law, Social/Welfare, Engineering, Science, Computing Technician/associate professional;
  - o Business/administration (recruitment/employment/industrial relations/training officer, marketing advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager);
  - o Defence Forces senior Non-Commissioned Officer.

#### OCCUPATION GROUP C

Tradesmen/women, clerks and skilled office, sales and service staff. Tradesmen/women generally have completed a four year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

- Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, account/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:
  - o Office (secretary, personal assistant, desktop publishing operator, switchboard operator);
  - o Sales (company sales representative, auctioneer, insurance agent, assessor/loss adjuster, market researcher);
  - o 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).

#### OCCUPATION GROUP D

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:
  - o Office (typist, word processing/data entry/business machine operator, receptionist, office assistant);
  - o 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);
  - o Assistant/Aide (trades assistant, school/teachers aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant).
  - o Labourers and related workers:
    - o Defence Forces – ranks below senior NCO not included above;
    - o 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);
    - o Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, carpark attendant, crossing supervisor).

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