



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

Is your student of Aboriginal or Torres Strait Islander origin? Yes No

Yes, Aboriginal

No, Neither Aboriginal or Torres Strait Island

Yes, Torres Strait Island

Yes, Both Aboriginal or Torres Strait Island

Office Use Only

Student Code

VSN

Interview Held (Date)

Reg. SASS - DT - TT - SIMON

Letter Sent

Bus Coordinator

Acceptance Returned

Sp Nds

Finance

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 Student 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**
- Copy of Family Medicare Card**
- Copy of Health Care Card (if applicable)**

Further Student Details

Language usually spoken at home:

English

Other

Was student born overseas?

Yes - continue

No - go to Religious Details

Country of Birth

Date arrived in Australia

Date attended first Australian school

Visa Held

Yes

No

Type of Visa

Visa Number

Religious Details

Student's Religion

Sacraments Received

Date Received

Name of Parish

Certificate Attached

Baptism

Yes

No

Reconciliation

Yes

No

Eucharist

Yes

No

Confirmation

Yes

No

Medical Details

Name of Doctor

Phone No. of Doctor

Address of Doctor

Student Medicare No.

Ref

Expiry

MM / YY

Ambulance Cover

Yes

No

Member No.

Expiry

MM / YY

Private Health Insurance

Yes

No

Member No.

Expiry

MM / YY

Health Care Card No. (if applicable)

Asthma

Yes

No

* If YES, please attach Action Plan

Allergies

Yes

No

* If YES, please attach Action Plan

Diabetes

Yes

No

* If YES, please attach Action Plan

Anaphylaxis

Yes

No

* If YES, please attach Action Plan

Last Tetanus

Ongoing Medication

Yes

No

* If YES, please detail in Student Special Needs

Other Medical Condition

Yes

No

* If YES, please detail in Student Special Needs

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)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
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
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"/> Diploma / Adv. Diploma		<input type="checkbox"/> Bachelor degree or above		<input type="checkbox"/> Diploma / Adv. Diploma		<input type="checkbox"/> Bachelor degree or above	
Signature (all parties must sign or application will be denied)								

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				
Residential Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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	<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)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
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		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	<input type="checkbox"/> Yes (supporting documentation must be provided)	<input type="checkbox"/> No		
Fee Payer (must complete)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Student Special Needs

Please indicate whether the student applying for enrolment has any known or suspected special needs.
Please tick either Yes or No for each of the following.

Physical Needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Behavioural Needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Medical Needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sensory Needs <small>(Vision and/or hearing impairment)</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Educational Needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Any other Special Needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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.
(Support documentation must be provided)

Student Travel Arrangements

How will your child travel to school?	<input type="checkbox"/>	College Bus	<input type="checkbox"/>	Government Bus	<input type="checkbox"/>	Other, specify	<input type="text"/>
Distance from College (by road)	<input type="text"/>						
Closest intersection to your property	<input type="text"/>						
Distance and direction to this intersection	<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:

<input type="text"/>
<input type="text"/>
<input type="text"/>

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).

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				
Child				

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

College Fees

I / We 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.

***** Please ensure you fill out each of the following sections.**

I / We agree to pay our College fees in equal installments

Weekly

Fortnightly

Monthly

* Families are welcome to pay their account balance in full at any time.

Do you have a health care card for funding reasons?

Yes

No

If Yes - Health Care Card No.

I / We agree to pay our College fees by

Direct Debit

B Pay

Bank Transfer / EFT

Account Name St Marys General

BSB Number 083 543

Account Number 45781 1049

Other

If other please specify

I / We would like to apply for fee relief

Yes

No

College Fees - Direct Debit

NOTE: If you are paying by Direct Debit fill in this section or continue to the next section of this page.

**Request and Authority to debit the account named below to pay
St. Mary of the Angels Secondary College,
PO Box 141, Nathalia, Vic, 3638**

Request & Authority to debit	Surname	<input type="text"/>
	Given Names	<input type="text"/>

I request and authorise St Mary of the Angels Secondary College (User ID 198 898) to arrange through its own financial institution, for any amount St Mary of the Angels Secondary College may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request

Insert the name and address of financial institution at which the account is held	Financial Institution Name	<input type="text"/>
	Address	<input type="text"/>
	Town, State, Post Code	<input type="text"/>

Details of account to be debited	Name of Acc	<input type="text"/>
	BSB Number	<input type="text"/>
	Account Number	<input type="text"/>

Payment Details	The amount to be debited is:	\$ <input type="text"/>
	The first debit may be made on (Friday)	<input type="text"/> / <input type="text"/> / <input type="text"/>
	The payments may be made in the selected interval until notified:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

Acknowledgment If paying by Direct Debit	By signing this Direct Debit Request you acknowledge the you have read and understood the terms and conditions governing the debit arrangements between you and St. Mary of the Angels Secondary College.
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Final Signatures

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

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).



St Mary of the Angels Secondary College
Chapel Street (PO Box 141)
Nathalia Victoria 3638

P: (03) 5866 2222

F: (03) 5866 2471

www.smotanathalia.catholic.edu.au