ENROLMENT APPLICATION

FOR

NAME: _______________________________________________

YEAR/GRADE ____________ IN TERM _________  20__________

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Application: _______________________________ Year: ______________________</td>
</tr>
<tr>
<td>Commencement Date: _______________________________ Class: ______________________</td>
</tr>
<tr>
<td>Student I.D.: _______________________________ House: ______________________</td>
</tr>
<tr>
<td>Application Fee Receipt No: _______________________ Date: ______________________</td>
</tr>
<tr>
<td>Acceptance Fee Receipt No: _____________________________ Date: ______________________</td>
</tr>
</tbody>
</table>

Interviewed by: ___________________________________________________ Approved by: ______________________________________
Date: _______________________________________    Date: _____________________________________________

PLEASE ENSURE ALL QUESTIONS ARE ANSWERED

261-283 Reedy Creek Road, Burleigh Waters, Gold Coast, Queensland
PO Box 2506, Burleigh BC 4220
Tel: 07 5535 1803          Fax: 07 5535 1819
Email: pburleigh@bne.catholic.edu.au           www.marymountprimary.qld.edu.au
APPLICATION FOR ENROLMENT

This form is to be completed in conjunction with the Notes Booklet.
When completing this form, please PRINT CLEARLY in blue or black pen.

Please circle the Year Level for which the enrolment is required.

Prep  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7

STUDENT INFORMATION

Section 1: Student Personal Details
A legible copy of the student’s Birth Certificate (and Change of Name Certificate, if applicable) must be attached.

Legal Surname:

Preferred Surname: (to be used only with Principal’s approval)

Legal First Name:

Preferred First Name: (If different from Legal First Name)

Other Given Name(s):

Date of Birth: D D / M M / Y Y Y Y

BCE Student Id: (If known):

Gender*

- Male
- Female

Section 2: Student Cultural Background

Country of Birth*:
In which country was the student born?

- Australia
- Other (Please specify) _______________________

Indigenous Status*:
Is the student of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Both Aboriginal and Torres Strait Islander

First Language Spoken:
What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

- English
- Other (Please specify) _______________________

Main Language Spoken at Home*:
Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
- Yes, Other (Please specify) _______________________

Other Language Spoken at Home:
Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

- No
- Yes, Other (Please specify) _______________________

September 2013
Section 3: Student Citizenship

Country of Citizenship:
In which country does the student currently hold citizenship?

☐ Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)
Proceed to Section 5: Current/Previous Schooling

☐ Other Country (Please specify) _____________________________________________
Proceed to Section 4: International Details

Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student’s Visa, Passport (including passport number) and Health Care documentation must be attached.

Country of Passport Issue: ________________________________________________

Visa Sub-Class Number: _________________________

Visa Expiry Date: D D / M M / Y Y Y Y

Date of Entry to Australia: D D / M M / Y Y Y Y

Health Care Number: ______________________________________________________

Health Care Expiry Date: D D / M M / Y Y Y Y

Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any Transfer Documentation should be attached (if applicable).

<table>
<thead>
<tr>
<th>School Name</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Year Level(s)</th>
<th>Attended From (Date)</th>
<th>Attended To (Date)</th>
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<tbody>
<tr>
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<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
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</tbody>
</table>

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Has the student been baptised in the Catholic faith?

☐ Yes. A legible copy of the student’s Baptismal Certificate must be attached and details of any Sacraments Received should be provided below

☐ No. Other Religion (Please specify) ______________________________________

Sacraments Received:

☐ Baptism Date Received DD / MM / YY Parish _________________________ Suburb _______________________

☐ Reconciliation Date Received DD / MM / YY Parish _________________________ Suburb _______________________

☐ Eucharist Date Received DD / MM / YY Parish _________________________ Suburb _______________________

☐ Confirmation Date Received DD / MM / YY Parish _________________________ Suburb _______________________
### Related Persons' Information

#### Section 7: Related Persons' Personal Details

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 1</th>
<th>Parent/Legal Guardian/Caregiver 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Surname:</strong></td>
<td><strong>Legal Surname:</strong></td>
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<td><strong>Legal First Name:</strong></td>
<td><strong>Legal First Name:</strong></td>
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<tr>
<td><strong>Other Given Name(s):</strong></td>
<td><strong>Other Given Name(s):</strong></td>
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<tr>
<td><strong>Preferred Surname:</strong> (If different from Legal Surname)</td>
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<td><strong>Preferred First Name:</strong> (If different from Legal First Name)</td>
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<tr>
<td>[ ] Female</td>
<td>[ ] Female</td>
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<td><strong>Date of Birth:</strong></td>
<td><strong>Date of Birth:</strong></td>
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<td>D D / M M / Y Y Y Y</td>
<td>D D / M M / Y Y Y Y</td>
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</tbody>
</table>

#### Section 8: Related Persons' Cultural Background

<table>
<thead>
<tr>
<th>Parent/Legal Guardian/Caregiver 1</th>
<th>Parent/Legal Guardian/Caregiver 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country of Birth:</strong></td>
<td><strong>Country of Birth:</strong></td>
</tr>
<tr>
<td>Where was this person born?</td>
<td>Where was this person born?</td>
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<td>[ ] Australia</td>
<td>[ ] Australia</td>
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<tr>
<td>[ ] Other (Please specify)</td>
<td>[ ] Other (Please specify)</td>
</tr>
<tr>
<td><strong>Country of Passport Issue:</strong></td>
<td><strong>Country of Passport Issue:</strong></td>
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<tr>
<td>If not eligible for an Australian passport.</td>
<td>If not eligible for an Australian passport.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Main Language Spoken at Home</strong>:</td>
<td><strong>Main Language Spoken at Home</strong>:</td>
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<tr>
<td>Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.</td>
<td>Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.</td>
</tr>
<tr>
<td>[ ] No, English Only</td>
<td>[ ] No, English Only</td>
</tr>
<tr>
<td>[ ] Yes, Other (Please specify)</td>
<td>[ ] Yes, Other (Please specify)</td>
</tr>
<tr>
<td><strong>Other Language Spoken at Home:</strong></td>
<td><strong>Other Language Spoken at Home:</strong></td>
</tr>
<tr>
<td>Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?</td>
<td>Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes, Other (Please specify)</td>
<td>[ ] Yes, Other (Please specify)</td>
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<tr>
<td><strong>Religion:</strong></td>
<td><strong>Religion:</strong></td>
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<tr>
<td><strong>Parish of Worship:</strong> (If applicable)</td>
<td><strong>Parish of Worship:</strong> (If applicable)</td>
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</tbody>
</table>
Section 9: Related Persons’ General Information

Parent/Legal Guardian/Caregiver 1

Occupation Group*: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.
- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

Highest School Level*: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

☐ Year 12 or equivalent
☐ Year 11 or equivalent
☐ Year 10 or equivalent
☐ Year 9 or equivalent or below

Highest Qualification Level*: What is the level of the highest qualification the parent/caregiver has completed?

☐ Bachelor degree or above
☐ Advanced diploma/Diploma
☐ Certificate I to IV (including trade certificate)
☐ No non-school qualification

Occupation: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Parent/Legal Guardian/Caregiver 2

Occupation Group*: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.
- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

Highest School Level*: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

☐ Year 12 or equivalent
☐ Year 11 or equivalent
☐ Year 10 or equivalent
☐ Year 9 or equivalent or below

Highest Qualification Level*: What is the level of the highest qualification the parent/caregiver has completed?

☐ Bachelor degree or above
☐ Advanced diploma/Diploma
☐ Certificate I to IV (including trade certificate)
☐ No non-school qualification

Occupation: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.
## Section 10: Related Persons’ Address Information

### Parent/Legal Guardian/Caregiver 1

**Residential Address Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Country (if not Australia):</td>
<td></td>
</tr>
</tbody>
</table>

**Postal/Correspondence Address Details**

- [x] Same as Residential address

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
<td></td>
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<tr>
<td>Suburb/Town</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
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<tr>
<td>Postcode</td>
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<tr>
<td>Country (If not Australia):</td>
<td></td>
</tr>
</tbody>
</table>

**Residential (Alternative) Address Details**

(If required)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
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</tr>
<tr>
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<td></td>
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<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Country (if not Australia):</td>
<td></td>
</tr>
</tbody>
</table>

### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
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<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Country (if not Australia):</td>
<td></td>
</tr>
</tbody>
</table>

**Postal/Correspondence Address Details**

- [x] Same as Residential address

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
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<tr>
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<tr>
<td>Country (If not Australia):</td>
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**Residential (Alternative) Address Details**

(If required)

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</thead>
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<tr>
<td>State</td>
<td></td>
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<tr>
<td>Postcode</td>
<td></td>
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<tr>
<td>Country (if not Australia):</td>
<td></td>
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</tbody>
</table>
### Section 11: Related Persons’ Contact Information

#### Parent/Legal Guardian/Caregiver 1

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
<th>Is this number silent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
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<td></td>
<td></td>
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<tr>
<td>Email Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
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<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
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<td></td>
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</tbody>
</table>

#### Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
<th>Is this number silent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
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<tr>
<td>Email Address:</td>
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<tr>
<td>Work Telephone Number:</td>
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<tr>
<td>Work Mobile Telephone Number:</td>
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<td></td>
<td></td>
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<tr>
<td>Work Email Address:</td>
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</tbody>
</table>

### Section 12: Related Persons’ Relationship to the Student

#### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? (Tick one (1) only)

- [ ] Mother
- [ ] Father
- [ ] Step Mother
- [ ] Step Father
- [ ] Foster Mother
- [ ] Foster Father
- [ ] Grandmother
- [ ] Grandfather
- [ ] Home Stay Parent
- [ ] Sister
- [ ] Brother
- [ ] Half Sister
- [ ] Half Brother
- [ ] Step Sister
- [ ] Step Brother
- [ ] Foster Sister
- [ ] Foster Brother

- [ ] Home Stay Sister
- [ ] Home Stay Brother
- [ ] Aunt
- [ ] Uncle
- [ ] Niece
- [ ] Nephew
- [ ] Cousin
- [ ] Friend
- [ ] Doctor
- [ ] Dentist
- [ ] Legal Guardian (for Dept. of Communities only)
- [ ] Care Provider
- [ ] Counsellor/Social Worker
- [ ] Agent
- [ ] Reg. Exchange Org

#### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? (Tick one (1) only)

- [ ] Mother
- [ ] Father
- [ ] Step Mother
- [ ] Step Father
- [ ] Foster Mother
- [ ] Foster Father
- [ ] Grandmother
- [ ] Grandfather
- [ ] Home Stay Parent
- [ ] Sister
- [ ] Brother
- [ ] Half Sister
- [ ] Half Brother
- [ ] Step Sister
- [ ] Step Brother
- [ ] Foster Sister
- [ ] Foster Brother

- [ ] Home Stay Sister
- [ ] Home Stay Brother
- [ ] Aunt
- [ ] Uncle
- [ ] Niece
- [ ] Nephew
- [ ] Cousin
- [ ] Friend
- [ ] Doctor
- [ ] Dentist
- [ ] Legal Guardian (for Dept. of Communities only)
- [ ] Care Provider
- [ ] Counsellor/Social Worker
- [ ] Agent
- [ ] Reg. Exchange Org
Section 12: Related Persons’ Relationship to the Student (continued...)

Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

Emergency Contact:
- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1st
- 2nd
- No

Legal Guardian:
If this person is not a birth or adoptive parent, then legal documentation must be attached.
- Yes
- No

Caregiver:
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
- Yes
- No

Main Contact:
A student must have one (1) main contact.
- Yes
- No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:
- Yes
- No

Newsletters:
- Yes
- No

Invitations:
- Yes
- No

School Portal Access:
- Yes
- No

Does this person reside with the student?
- Yes
- No

Does this person require the assistance of an interpreter?
- Yes
- No

Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

Emergency Contact:
- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1st
- 2nd
- No

Legal Guardian:
If this person is not a birth or adoptive parent, then legal documentation must be attached.
- Yes
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Caregiver:
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
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Newsletters:
- Yes
- No

Invitations:
- Yes
- No

School Portal Access:
- Yes
- No

Does this person reside with the student?
- Yes
- No

Does this person require the assistance of an interpreter?
- Yes
- No

Parent/Legal Guardian/Caregiver Educational History

<table>
<thead>
<tr>
<th>Name</th>
<th>School Attended</th>
<th>Date from</th>
<th>Date to</th>
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</thead>
<tbody>
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</tbody>
</table>

September 2013
ADDITIONAL STUDENT INFORMATION

Section 13: Student Address Information

**Residential Address Details**
- ☐ Same as Parent\Legal Guardian\Caregiver1
- ☐ Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country (If not Australia):**

--- --- ---

**Residential (Alternative) Details (If required)**
- ☐ Same as Parent\Legal Guardian\Caregiver1
- ☐ Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country (If not Australia):**

--- --- ---

Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

☐ Yes. Provide details below.

☐ No. Proceed to Section 16: Student Specialist Assessments

<table>
<thead>
<tr>
<th>Condition</th>
<th>Requires Medication</th>
<th>Has Medical Action Plan</th>
<th>Brief Description of Condition and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify in space below)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

# Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student’s file.
Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

☐ Yes. Provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached.

☐ No. Proceed to Section 17: Educational Support Information

Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.

☐ No. Proceed to Section 18: Legal Information

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Has the student been diagnosed with a disability? If so, provide details.

________________________________________________________________________________________

________________________________________________________________________________________

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

________________________________________________________________________________________

________________________________________________________________________________________

If the student is from interstate or overseas, describe the educational support provided.

________________________________________________________________________________________

________________________________________________________________________________________
Section 18: Legal Information

Is the student in Care of the State?

☐ Yes  ☐ No

Are there any legal issues concerning the student of which the school should be aware?

☐ Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.  
☐ No.  Proceed to Section 19: Sibling Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal First Name and Surname of the person for whom the document is issued</th>
<th>Effective From (Date)</th>
<th>Effective To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Order</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
<tr>
<td>Parenting Agreement</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
<tr>
<td>Domestic Violence Order</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
<tr>
<td>Apprehended Violence Order</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
<tr>
<td>Child Protection Order</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
<tr>
<td>Other Caring Arrangement (Please specify)</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
<tr>
<td>Legal Guardianship Documentation</td>
<td></td>
<td>D D / M M / Y Y</td>
<td>D D / M M / Y Y</td>
</tr>
</tbody>
</table>

Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

☐ Yes. Provide details below.  
☐ No.  Proceed to Section 20: Additional Information

<table>
<thead>
<tr>
<th>Sibling 1</th>
<th>Sibling 2</th>
<th>Sibling 3</th>
<th>Sibling 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Surname</td>
<td>Preferred Surname</td>
<td>Legal First Name</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
<td>DD / MM / YYYY</td>
</tr>
<tr>
<td>School Name and Suburb (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House (If applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resides with Student?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>
Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

☐ Yes. Provide details below.
☐ No. Proceed to Check List

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CHECK LIST

Please complete **before** submitting the Application for Enrolment form

Documents provided:

- Birth Certificate
- Australian Citizenship Documentation
- Current Visa
- Current Passport
- Health Care Documentation
- Current/Previous School Transfer Form
- Most recent School Report
- Baptism Certificate
- Health or Medical Assessment Reports
- Legal Documentation
- Application Fee. This is NON REFUNDABLE.

☐ Yes   ☐ No   ☐ Not Applicable
Signature(s)

I declare that:

• I have completed this form in conjunction with the Notes Booklet
• The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

• I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
• Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED D D / M M / Y Y Y Y

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED D D / M M / Y Y Y Y
MISSION STATEMENT

At Marymount Catholic Primary School our mission is to promote an authentic Christianity embracing the person and vision of Jesus.

We are committed to working in partnership to provide a welcoming environment that values the uniqueness and dignity of everyone.

We are dedicated to the education of the whole person so that individuals recognize and embrace their role in building a better world.