



APPLICATION FOR ENROLMENT ST. BERNADETTE'S PRIMARY SCHOOL

2 Willey Street
Sunshine North 3020

Telephone: 9311 8872

Fax: 9311 2469

Web page : www.stbsunshinenth.catholic.edu.au

St Bernadette's Catholic School Community strives to create a faith-filled contemporary learning environment.

In communion we celebrate and embrace diversity.

We honour our history and traditions to create a future which enhances and inspires.

God Loves Us – Let Us Love God

STUDENT INFORMATION

SURNAME: _____

FIRST NAME/S: _____ PREFERRED NAME: _____

ADDRESS: _____

POSTCODE: _____

DATE OF BIRTH: ____/____/____ **(Attach copy)** GENDER: Male / Female

FAMILY EMAIL ADDRESS: _____

Resides with: Both parents Mother Father Other (please specify) _____

If Student resides with one parent, can we contact the other parent YES NO

RELIGIOUS DENOMINATION: _____

<p>Please attach the following:</p>	<p>Copy Attached:</p> <p><input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Private Healthcare Card (if applicable)</p> <p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Ambulance Membership Card (if applicable)</p> <p><input type="checkbox"/> Immunisation Form <input type="checkbox"/> Language Profile (EAL learners)</p> <p><input type="checkbox"/> Medicare Card <input type="checkbox"/> Court Order (if applicable)</p> <p><input type="checkbox"/> Passport/Visa (if applicable)</p> <p><input type="checkbox"/> Health Care/Pension Card (if applicable)</p>
<p>Upon receipt of application the School Administration will contact you to inform you of an interview or waitlist.</p>	<p>Office Use Only:</p> <p>ENTRY YEAR: YEAR LEVEL:</p> <p>NAME :</p> <p>FAMILY CODE:</p> <p>STUDENT CODE:</p> <p>VSN NUMBER:</p>
	<p><input type="checkbox"/> Waiting Placement Date: _____</p> <p><input type="checkbox"/> Application Approved Date: _____</p> <p><input type="checkbox"/> \$50 Deposit Paid Receipt No: _____</p>

STUDENT INFORMATION (continued)

Baptism Date: ___/___/_____ Parish / Place of Baptism: _____

(Attach copy)

SACRAMENTS already received: Reconciliation Date: ___/___/_____ Parish: _____

(Attach copy) Communion Date: ___/___/_____ Parish: _____

Confirmation Date: ___/___/_____ Parish: _____

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal & Torres Strait Islander

In which country was the student born? Australia Other, (please specify) _____

Date of Arrival in Australia: _____ Entry Visa Number: _____

(Attach copy)

Does the student speak a language other than English at home?

No, English only Yes, Other (please specify) _____

Does your child attend Language School? No Yes If yes language learnt _____

If yes, name of Language School attending: _____

Does your child suffer from any medical conditions of which we need to be aware? No Yes

If yes, please provide details: _____

Does your child have any special needs of which we need to be aware? No Yes

If yes, please provide details: _____

FEES TO BE SENT TO: _____

IF ENROLLING FOR PREP, NAME OF KINDERGARTEN OR GRADE 1 – 6 CURRENT SCHOOL:

KINDER/SCHOOL: _____

ADDRESS: _____

_____ Telephone: _____

YEAR LEVEL: ___ (at previous school) Position in family: ___ How many other boys: ___ girls: ___ in the family

Names of siblings: _____ Date of Birth: _____

_____ Date of Birth: _____

Names of cousins attending this school: _____ Date of Birth: _____

MEDICAL INFORMATION

Doctor: _____ Doctor Phone: _____

Doctor Address: _____

Medicare Number: _____ Ref: _____ Expiry Date: _____

(Attach copy)

Health Care/Pension Card Number: _____ Expiry Date: _____

(Attach copy)

Private Health Care Number: _____ Expiry Date: _____

(Attach copy)

Ambulance Membership Name and Number: _____

(Attach copy)

MOTHER / GUARDIAN INFORMATION

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Telephone: (H) _____ (B) _____ (M) _____

Email address: _____

Religion: _____ Date of Birth: ____/____/____

Australian Citizen? No Yes Country of birth: _____

Does the mother/guardian speak a language other than English at home?

 No, English only Yes, Other (please specify) _____

Mother's/guardian's Occupation: _____

Employer: _____

What is the highest year of primary or secondary school the mother/guardian has completed?

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

What is the level of the highest qualification the mother/guardian has completed?

 Bachelor Degree or above Advanced Diploma/Diploma Certificate I to IV (including Trade Certificate) No non-school qualifications

FATHER / GUARDIAN INFORMATION

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Telephone: (H) _____ (B) _____ (M) _____

Email address: _____

Religion: _____ Date of Birth: ____/____/____

Australian Citizen? No Yes Country of birth: _____

Does the father/guardian speak a language other than English at home?

 No, English only Yes, Other (please specify) _____

Father's/guardian's Occupation: _____

Employer: _____

What is the highest year of primary or secondary school the father/guardian has completed?

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

What is the level of the highest qualification the father/guardian has completed?

 Bachelor Degree or above Advanced Diploma/Diploma Certificate I to IV (including Trade Certificate) No non-school qualifications

FAMILY STATUS Married Separated Divorced Single Parent Family De factoIs there a Parenting Plan/Court Order? No Yes (**Attach copy**)

1ST EMERGENCY CONTACT (other than parent/guardian)

Surname: _____ First Name: _____

Relationship to child: _____ Male Female Date of Birth: _____

Telephone: (H) _____ (B) _____ (M) _____

2ND EMERGENCY CONTACT (other than parent/guardian)

Surname: _____ First Name: _____

Relationship to child: _____ Male Female Date of Birth: _____

Telephone: (H) _____ (B) _____ (M) _____

GENERAL ENROLMENT GUIDELINES

1. Priority of access to our school will be given to Catholic children and to siblings of children already enrolled.
2. In consultation with Father Taliana consideration will be given to Christian families within the Parish and to families with special pastoral circumstances.
3. It is expected as parishioners, parents of children enrolled in Parish schools would be supporting the Parish physically and financially in thanksgiving offering, school fees and levies. The payment of school fees should be seen as a priority in the family budget. It is also expected that families would support the policies, religious teachings and practices of the Church. Contact the Presbytery Office 9311 2297 for Thanksgiving envelopes.
4. As the Church's mission is particularly to those in greater need, no discrimination will be shown against families or situations where parents are unable to pay school fees. Where the latter situation exists, parents are expected to contact the Parish Priest or Principal in strictest confidence.
5. Only children who are residents of the Catholic Parish of North Sunshine will be normally accepted into the Parish schools. Parents would normally be expected to enrol their children at the Catholic school nearest to their place of residence.
6. Upon acceptance of this offer a \$50 deposit is required. This will confirm your enrolment at St Bernadette's Catholic School. The fee will be deducted from your first set of school fees and is non-refundable in all other circumstances.
7. The Parish Priest and Principal reserve the right to review this policy at any time.

PRIVACY POLICY

St Bernadette's Primary School is Privacy compliant. From time to time the school may require the use of student/s images for various publications and publicity purposes. This may include the use of student/s images for the school's website, prospectus, handbooks, diary and/or local or daily newspapers.

I / We understand that should we not want our child's image to be used for any publication or school publicity, we will advise the school in writing.

MEDICAL AUTHORITY

In the event of any illness, or accident, I accept responsibility and authorise the person in charge in obtaining of such medical assistance as my child may require, should the school not be able to contact either parent/guardian. I also authorise the doctor called to administer an anaesthetic if necessary.

Following notification by the school, I will promptly attend any location to which my child may be taken for treatment.

COMMITMENT OF PARENTS / GUARDIANS AND FAMILY / SCHOOL PARTNERSHIP

In applying for enrolment, parents/guardians acknowledge that the school is a Catholic school in which all members of the school community commit to:

- prayer and liturgy as vital aspects of religious life in the school;
- pastoral care & wellbeing programs for students, families and staff being based on the teachings of the Catholic Church;
- our Catholic vision, values and motto statement
- the regulations of the school and the enforcement of school rules and maintain the standards of behaviour at all times.

I / We jointly agree to abide by the above conditions and policies and to pay the school fees and other charges as may be notified to me / us from time to time by the school. *(Signatures of both parents are requested.)*

Mother's/Guardian's signature: _____ Date: ____/____/____

Father's/Guardian's signature: _____ Date: ____/____/____