APPLICATION FOR ENROLMENT

FAMILY NAME : ________________________

CHILD'S NAME : ________________________

Copies of Certificates must be attached when lodging an application

( ) Birth Certificate
( ) Baptismal Certificate
( ) Sacrament Certificates - Reconciliation, Eucharist, Confirmation (where applicable)
( ) Immunization Certificate
( ) Visa (if applicable) NUMBER ............... SUB CLASS ........... EXPIRY DATE ...........

ARCHDIOCESE OF MELBOURNE

ST. DOMINIC'S CATHOLIC PRIMARY SCHOOL

408 Camp Road
Broadmeadows,
Telephone : (03) 93094146
STUDENT'S INFORMATION

FAMILY NAME : ……………………… GIVEN NAMES : ……………………….

PREFERRED NAME : ……………….. MALE / FEMALE (Please circle)

Who is the student living with? Both Parents Mother Father Other ………………….
( Please circle)

RESIDENTIAL ADDRESS : ……………………………………………………………

………………………… POSTCODE : ……………

TELEPHONE : …………………………… (Silent - Yes / No)

DATE OF BIRTH : ……………………………

NAMES OF OTHER CHILDREN AT ST. DOMINIC’S : …………………………………………………………

IN WHAT COUNTRY WAS YOUR CHILD BORN : ………………………………………

LANGUAGE SPOKEN BY CHILD AT HOME : ………………………………………

DATE OF ARRIVAL IN AUSTRALIA : ………………………………………

NAME OF KINDERGARTEN ATTENDED : ………………………………………

(NUMBER OF DAYS ATTENDED PER WEEK) : ………………………………………

OTHER SCHOOLS ATTENDED : ………………………………………

(please attach past school reports)

CURRENT YEAR LEVEL : ………………………………………

SCHOOL ACCOUNTS TO BE ADDRESS TO : MR. MR. & MRS. MRS. MS. (please circle)

FAMILY NAME : ……………………… GIVEN NAME : ………………………

POSTAL ADDRESS : ………………………………………………….

………………………… POST CODE : ……….

SACRAMENTAL INFORMATION

PLEASE CIRCLE THE RITE OF THE CATHOLIC CHURCH TO WHICH YOU BELONG:

Roman Armenian Maronite Chaldean Syrian Melkite Coptic Ukranian Russian

ARE YOU ASSOCIATED WITH ANOTHER RELIGION: YES / NO

IF YES, PLEASE SPECIFY : ………………………………………

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS in the CATHOLIC CHURCH?

<table>
<thead>
<tr>
<th>SACRAMENT</th>
<th>YES / NO</th>
<th>DATE</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td>…………</td>
<td>………</td>
<td>………</td>
</tr>
<tr>
<td>Reconciliation</td>
<td>…………</td>
<td>………</td>
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</tr>
<tr>
<td>Eucharist</td>
<td>…………</td>
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<tr>
<td>Confirmation</td>
<td>…………</td>
<td>………</td>
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</tr>
</tbody>
</table>
STUDENT'S MEDICAL HISTORY

HAS YOUR CHILD BEEN IMMUNISED? YES / NO
(If not, an letter from your doctor must be attached to this application)

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? (please circle)

German Measles Asthma Chicken Pox Hay Fever Hepatitis Eczema Glandular Fever
Scarlet Fever Diabetes Measles Mumps Epilepsy Rheumatic Fever
Any of illnesses: .................................................................
Any know food allergy: ...........................................................
Please list medication (name, dosage and regularity) taken on a regular basis:
........................................................................................................

DOES YOUR CHILD WEAR GLASSES? YES / NO

ARE THEY TO BE WORN AT ALL TIMES? YES / NO

DOES YOUR CHILD HAVE A HEARING PROBLEM? YES / NO

COMMENTS: ..............................................................................
........................................................................................................

Please state any recent family situation, which may affect your child's health and well being (e.g. death or serious illness in family).

MEDICAL AND EMERGENCY INFORMATION

DOCTOR: .....................................................................................
ADDRESS: ........................................................................ POST CODE ........

MEDICARE NUMBER: ........................................
PRIVATE HEALTH SCHEME: ..............................

ARE YOU A MEMBER OF THE AMBULANCE SERVICE? YES / NO

HEALTH CARE CARD NUMBER: ............................... (if applicable)

EMERGENCY INFORMATION
In case of emergency the school will try to contact you, your emergency contact, your child's doctor or an ambulance will be called. Please nominate a relation, neighbour or friend, if possible with a vehicle, who may be contacted if you are unavailable to collect your child from St. Dominic's School.

EMERGENCY CONTACT NAME: ........................................
EMERGENCY CONTACT NUMBER: ........................................
RELATIONSHIP TO YOUR CHILD: ........................................

ONLY IMPLEMENTED IN EMERGENCY SITUATION
(every effort would be made to contact parents first)

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my child may require. After notification by the School, I will accept responsibility as soon as possible for any further action necessary in the care of my child, including prompt attendance at any place to which my child may be taken for treatment.

I accept all operation, blood transfusions and/or anaesthetical risks involved and the responsibility for payment of any expenses thus incurred.

Signature of Parent / Guardian: ................................. Date: ...............

..............................................................
FAMILY INFORMATION

**FATHER'S DETAILS**

| NAME | :………………………………… | PHONE NUMBER | :………………………………… |
| MOBILE NUMBER | :………………………………… | OCCUPATION | :………………………………… |
| BUSINESS TELEPHONE | :………………………………… | COUNTRY OF BIRTH | :………………………………… |
| YEAR OF ARRIVAL | :………………………………… | STATUS OF ENTRY | :………………………………… |
| RELIGION | :………………………………… | Father's language other than English spoken at home | :………………………………… |

**MOTHER'S DETAILS**

| NAME | :………………………………… | PHONE NUMBER | :………………………………… |
| MOBILE NUMBER | :………………………………… | OCCUPATION | :………………………………… |
| BUSINESS TELEPHONE | :………………………………… | COUNTRY OF BIRTH | :………………………………… |
| YEAR OF ARRIVAL | :………………………………… | STATUS OF ENTRY | :………………………………… |
| RELIGION | :………………………………… | Mother's language other than English spoken at home | :………………………………… |

Father's language other than English spoken at home

Mother's language other than English spoken at home

MARRIED DIVORCED SEPARATED SINGLE WIDOWED (please circle)

If separated / divorced, please specify custody arrangements. (Please supply a copy of the Court Orders - Custody Arrangement)

The school is required to collect some of the following information on behalf of the State Government for incorporation into national reporting on schooling and student outcomes.

What is the highest year of primary or secondary school parent has completed? What is the level of the highest qualification parent has completed?

<table>
<thead>
<tr>
<th>Year 12 or equivalent</th>
<th>Father</th>
<th>Mother</th>
<th>Bachelor degree of above</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □</td>
<td></td>
<td></td>
<td></td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td>□ □</td>
<td></td>
<td>Advanced diploma / Diploma</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td>□ □</td>
<td></td>
<td>Certificate I to IV (incl. Trade Cert)</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td>□ □</td>
<td>□ □</td>
<td>No non-school qualification</td>
<td>□ □</td>
<td></td>
</tr>
</tbody>
</table>

SOCIAL LINGUISTIC PROFILE

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

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

IS THE STUDENT OF ABORIGINAL or TORRES STRAIT ISLANDER ORIGIN?

NO ( ) YES, ABORIGINAL ( ) YES, BOTH ABORIGINAL and TORRES STRAIT ( )

DOES YOUR CHILD ATTEND A LANGUAGE SCHOOL? YES / NO

IF YES: VICTORIAN LANGUAGE SCHOOL ETHNIC SCHOOL FOR HOW MANY YEARS : …… (please circle)

TO BE COMPLETED AT THE INTERVIEW

I agree to abide by the Policies of St. Dominic’s Catholic Primary School, to support the School in the religious education of my child, to be involved in the school activities as much as possible, and to be responsible for payment of School fees and Levies.

Signature of Parent / Guardian : ………………………………………

Signature of Witness : …………………………………………………

Please note, it is your personal responsibility to advise the school regarding any alterations to the information supplied on the form.