



IMMACULATE HEART COLLEGE

Through Mary to Jesus: "The Way, the Truth and the Life"

John 14:6

ENROLMENT FORM



Immaculate Heart College

Through Mary to Jesus: "The Way, the Truth and the Life"
John 14:6

STUDENT (Photo)

Office Use Only

Received Date ___/___/___

Date of Interview ___/___/___

Interviewed by _____

Commencement Date ___/___/___

Birth/Passport Certificate

Baptismal Certificate

Immunisation Records

Student Number _____

Family Number _____

Family Name _____

Given Names _____

Date of Birth ___ ___/___ ___/___ ___ ___ (A copy of Birth Certificate or Passport must be attached)

Country of Birth if other than Australia _____

Visa Number _____ Visa Subclass _____ (Attach copy of Visa)

Religion _____ (A copy of Baptismal Certificate must be attached)

Name and Address of Parish

Parish Priest's Name & Phone Number _____

Previous School

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN: Title _____ Christian Name _____

Surname _____

Marital Status _____ Occupation _____

Religion _____

Address:

Street Number & Name _____

Suburb/Town _____ Post Code _____

Email _____

Home Telephone No. _____ Mobile _____

Bus Tel. _____

Signed: _____ Dated: _____

FATHER/GUARDIAN: Title _____ Christian Name _____

Surname _____

Marital Status _____ Occupation _____ Religion _____

Address:

Street Number & Name _____

Suburb/Town _____ Post Code _____

Email _____

Home Telephone no. _____ Mobile _____

Bus Tel. _____

Signed: _____ Dated: _____

FAMILY DETAILS

List other family members, the level of education, and the schools they are attending:

MEMBER _____ YEAR LEVEL _____

SCHOOL _____

MEMBER _____ YEAR LEVEL _____

SCHOOL _____

MEMBER _____ YEAR LEVEL _____

SCHOOL _____

MEMBER _____ YEAR LEVEL _____

SCHOOL _____

REFERENCES

Please give the name and address and phone number of Two Referees (Include Parish Priest)

1. _____

2. _____

STUDENT PROFILE

Religion: _____

Comment on practice and involvement in the Religion

Does the student play a musical instrument? (Please specify) _____

Is the student involved in other cultural activities? (Please specify) _____

What are the sporting interests and achievements of the student? _____

Are there any behavioral or family circumstances which should be brought to the attention of the Principal? _____

*Please note that this information will be kept private and confidential to the school authorities

FAMILY EMERGENCY CONTACTS:

NAME _____ PHONE NO. _____

NAME _____ PHONE NO. _____

FAMILY DOCTOR DETAILS:

Doctor's Name: _____

No. and Street: _____

Suburb/Town: _____ Postcode: _____

Telephone Number: _____

Student's Medicare Number: _____

Does the student have private health care cover? (If yes, state what Fund)

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or Teacher-in-Charge of my child (where the Principal or Teacher-in-Charge is unable to contact me, or it is otherwise impracticable to contact me) to:

(Cross out any unacceptable statement)

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; or
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____

Date: ____ / ____ / _____

Has your child been tested by a Guidance Officer?	Yes/No
If so, when.....	Where.....
Has your child attended support lessons?	Yes/No
If so, when.....	Where.....
Has your child ever attended a special school or special education unit?	Yes/No
Has your child received help from one of the following? (Please Circle)	
a. Speech Therapist	
b. Migrant Teacher	
c. Hearing Impaired Teacher	
d. Communication Teacher	
e. Occupational Therapist	
f. Teacher for the Physically Handicapped	

Siblings attending this

School:

Custody Details: _____ (A copy of the Court Order and/or Custody directions, where applicable at time of enrolment or after, must be provided to the school. Please attach the relevant documentation to this Enrolment form.)

Doctor: _____ Phone: _____

STUDENT MEDICAL AND IMMUNISATION DETAILS

IMMUNISATION DETAILS OF STUDENT

What is the student's immunisation status: (Tick box) Complete Immunisation
Partial Immunisation
No Immunisation

Please Note: Immunisation records needs to be sighted by the school and a copy of the original documents to be kept on file

Does the student suffer from any of the following impairments? (Tick)

	Yes	No
Hearing	_____	_____
Vision	_____	_____
Speech	_____	_____
Mobility	_____	_____
Asthma*	_____	_____

*If yes, please complete Asthma Medical Condition Details segment below.

ASTHMA MEDICAL CONDITION DETAILS

Answer the following questions **only** if the student suffers from any asthma conditions.

Please indicate if the student suffers from any of the following symptoms: (Tick)

	Yes
Cough	_____
Wheeze	_____
Exhibits symptoms after exertion	_____
Difficulty Breathing	_____
Tight chest	_____

If my child displays any of the above symptoms please (Circle preferred option):

Inform Doctor	Yes	No	
Inform Emergency Contact	Yes	No	
Administer Medication	Yes	No	
Other Medical Action	Yes	No	If yes, please specify: _____

Has an Asthma Management Plan been provided to the school? Yes No

Does the student take medication for the above medical condition? Yes No

Name the medication taken: _____

Is the medication taken regularly by the student (preventative) or only in response to symptoms?

Preventative Response

Indicate the usual dosage of the medication taken: _____

Indicate how frequently the medication is taken: _____

Medication is usually administered by: (Tick) Student Teacher Other

Is a reminder required for the student to take their medication? Yes No

Medication is stored: (Tick) With Student In Staff Fridge Elsewhere

OTHER MEDICAL CONDITIONS

Does the student have any other medical condition? (Tick) Yes No Please include food allergies:

Symptoms: _____

If my child displays any symptoms above please (Tick):

Inform Doctor Inform Emergency Contact Other Medical Action (Please Specify)-

Does the student take medication for the above condition? Yes No

If yes, name the medication taken: _____

Is the medication taken regularly by the student (preventative) or only in response to symptoms?

Preventative Response

Indicate the usual dosage of medication taken: _____

Indicate how frequently the medication is taken: _____

Medication is usually administered by: (Tick) Student Teacher Other

Is a reminder required for the student to take their medication? Yes No

Medication is stored (Tick): With Student In Staff Fridge Elsewhere

Acceptance of a student's enrolment is on the basis that all relevant information has been provided to the College during the enrolment process. If information relevant to the enrolment has been withheld by the parents/guardians, the College reserves the right to decline the enrolment.

OTHER INFORMATION REQUIRED

Q1) What gender is the student? Male Female

Q2) is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Q3) In which country was the student born? _____

Q4) Is a Language other than English spoken at home? No Yes If yes, please state what language is spoken: _____

Q5) What is the highest year of primary or secondary school the parents/guardians have completed?

Mother/Guardian Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent, or below

Father/Guardian Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent, or below

Q6) What is the highest qualification the parents/guardians have completed?

Mother/Guardian Bachelor degree or above Advance Diploma/Diploma
 Cert I to IV including trade certificate No Non-school qualification

Father/ Guardian Bachelor degree or above Advance Diploma/Diploma
 Cert I to IV including trade certificate No Non-school qualification

Q7) What is the occupation group of the mother/guardian?

(See groups listed on next page)

Q8) what is the occupation of father/guardian?

Please select the appropriate Parental occupation group from the list below.

- 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, please 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.

List of Parental Occupation Groups (for questions 7 & 8)

Group 1: 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 organisation
- **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
- **Health, Education, Law, Social Welfare, Engineering, Science and Computing professional**
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- **Air/Sea Transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2: 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
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional
- **Business/Administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
- **Defense Forces** senior Non-Commissioned Officer

Group 3: Tradesmen/women, Clerks and skilled Office, Sales and Service staff

- Tradesmen/women generally have completed a 4 year Certificate, usually by apprenticeship. All tradesmen/women are included in this group
- **Clerks** [bookkeeper, bank/PO clerk, statistical/accounting/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**
- **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [company sales representative, auctioneer, insurance agent/ assessor/ loss adjuster, market researcher]
- **Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal working, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine Operators, Hospital 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**
- **Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, tickets seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- **Assistant/Aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- **Labourers and related workers**
- **Defence Forces** (Ranks below senior NCO not included above)
- **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]
- **Other worker** [labourer, factory hand, storeman, guard, cleaner, laundry worker, trolley collector, car park attendant, crossing supervisor]