## St Thomas More Enrolment Form





St Thomas More is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS), where formation and education are based on the principles of Catholic doctrine, and where the teachers are outstanding in true doctrine and uprightness of life.

ENROLMENT FORM								
Name:								
Address:								
Email:								
Tel:				Fax:				
OFFICE USE ONLY	Date received:				Birth certificate Yes No attached:			No
	Enrolment date:				English as an Additional Language:		Yes	No
	Start date:				House colour:			
	Student/family c	ode:			VSN:			
	Immunisation history statemen attached:	Yes it	S	No 🗌	Visa information attached (if relevant):	n	Yes	No
STUDENT DETAIL	_S							
Surname:		Eı	ntry yea	ar (YYYY):		Enti	ry level/grad	le:
First name/s:								
Preferred first na	me:							
Date of birth:		Religion:	: (includ	de rite)				
Male:	Male: Other:							
HOME ADDRESS	OF STUDENT							
Street number ar	nd name:							
Suburb: Postcode:								
Home phone:								

EMERG	SENCY CON	TACTS – OTHER	R THAN PARE	NT/GUARDIA	N				
1. Nam	1. Name:				2. Name:				
Relationship to child:				Relationship to child:					
Hom	e phone:			Hom	e phor	ne:			
Mob	ile:			Mob	ile:				
SACRAMENTAL INFORMATION									
Baptisr	m	Date:		Parish:	Parish:				
Confirr	mation	Date:		Parish:	:				
Recond	iliation	Date:		Parish:	1				
Comm	union	Date:		Parish:	:				
Curren	t parish:								
PREVIO	ous schoo	L/PRESCHOOL	PERMISSION						
Name	and address	of previous sch	hool/preschoo	ol:					
I/We give permission for the school to contact the previous school or preschool and to gather relevan reports and information to support educational plants.			evant	No			se complete ple Consent for Information.)		
NATIO	NALITY		l						
Government Requirement Nationality:			•		Ethi	nicity:			
In which country was the student born?			a			Other – pleas	se specify:		
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both.)									
No 🗌			Yes, Aborigi	inal 🗌		Yes	, Torres Strai	t Islander 🗌	
Does the student or their parent(s)/guardian(s) speak a language other than English at home?  Note: Record all languages spoken.									
				Student		Paren A/Gu	nt ardian 1	Parent B/Guardian 2	
No	No English only								
Yes	Other – pl	ease specify all	languages						

IF NOT	BORN IN AUS	TRALIA, CITIZENSHIP STATU	JS*		
Please tick the relevant category below and record the visa subclass number as per government requirements:  (original documents to be sighted and copies to be retained by the school)					
		born in Australia:			
	Australian cit	izen (Australian passport or try of birth is not Australia)	naturalisation certificate	number/document for	
Austra	lian passport n	umber:			
Natura	llisation certific	cate number:			
Visa su	ıbclass recorde	d on entry to Australia:			
Date o	f arrival in Aust	tralia:			
Not cu	rrently an Aus	tralian citizen, please provi	de further details as appro	opriate below:	
	Permanent re	esident: (if ticked, record the	e visa subclass number)		
	Temporary re	esident: (if ticked, record the	e visa subclass number)		
	Other/visitor	overseas student: (if ticked	l, record the visa subclass	number)	
* Pleas	se attach visa/	mmiCard/letter of notificat	tion and passport photo p	age.	
	AL INFORMAT	ION			
	's name:				
name:	number and				
Suburk	uburb: Postcode: Phone:				
Medica	are number:		Ref number:	Expiry:	
Private insurar	e health nce:	Yes No No	Fund:	Number:	
Ambul	ance cover:	Yes No No	Number:		
Medical condition:  Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.					
	Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.				
Has th	e student beer	n diagnosed as being at risk	of anaphylaxis?	Yes No No	
If yes,	If yes, does the student have an EpiPen or Anapen?				

IMMUNISATI	ON (please attac	h an immunisation history s	tatement	for your child)		
All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit myGov) and provide it to the school with this enrolment form.				No	ease provide ion:	
If the student entered Australia on a humanitarian visa, Yes No did they receive a refugee health check?						
Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.						
ADDITIONAL	NEEDS					
Is your child eligible or currently receiving National Disability Yes No Insurance Scheme (NDIS) support?						
Does your chi	ld present with:					
autism (A	ASD)	behavioural concerr	ns	hearing impa	irment	
intellectual disability/ mental head developmental delay		mental health issues	oral language/communication difficulties			
ADD/ADHD		acquired brain injury		vision impairment		
giftedness physical impairment		t	other condition (please specify)			
Has your child	l ever seen a:					
paediatri	cian	physiotherapist		audiologist		
psycholo	psychologist/counsellor occupational therap			st speech pathologist		
psychiati	rist	continence nurse		other speciali	st (please specify)	
Have you attached all relevant information/reports?  Yes No					No _	
FAMILY DETAILS						
Who will be responsible for payment of the school fees and levies?						
Surname	First name	Address and email		Phone	Relationship to the student	

PARENT /GUAR	DIAN 1					
Surname:	Title: (e.g. Mr/Mrs/Ms)			First name:		
Address:						
Home phone:		Work phone:		Mobile:		
SMS messaging:	(for emergency and re	eminder purpose	es)	Yes No No		
Email:						
Government Requirement	Occupation:		What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)			
Religion: (include	e rite)		Nationality: Ethnicity if not	t born in Australia:		
Country of birth:	Australia	Other (plea	ase specify):			
_	What is the highest year of primary or secondary school Parent A/Guardian 1 has completed?  (Persons who have never attended secondary school, tick 'Year 9 or below'.)					
Year 9 or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalen			ent Year 12 or equivalent			
What is the leve	l of the highest qualif	ication Parent A	/Guardian 1 has	completed?		
No post-school qualification	•		dvanced iploma/diploma	Bachelor degree or above		
PARENT /GUARI	DIAN 2					
Surname:		Title: (e.g. Mr/Mrs/Ms)		First name:		
Address:						
Home phone:		Work phone:		Mobile:		
SMS messaging: (for emergency and reminder purposes)  Yes No						
Email:						
Government Requirement			What is the occ group? (select from list occupation gro School Family ( Index on p. 11)	t of parental ups in the Occupation		
Religion: (includ	e rite)		Nationality:			

			E.	thnicity if not born ir	Australi	a:
Country of birth:	Australia	Other (please	e specify):			
	est year of primary o	-			2 has cor	npleted?
Year 9 or below	Year 10 or 6	equivalent	Year	11 or equivalent	Year 12	or equivalent
What is the leve	l of the highest qualif	ication Parent	B/G	uardian 2 has compl	eted?	
No post-school qualification	Certificate I (including t certificate)			anced oma/diploma	Bachelo above	or degree or
CIDLINGS ATTEN	DING A SCHOOL (DDE	scucou				
	DING A SCHOOL/PRE		oscho	ool (oldost to youngo	ct) — incli	ıdo applicant:
Name	· · · · · · · · · · · · · · · · · · ·	preschool	250110	Year/g		Date of birth
Ivairie	30110017	prescrioor		rearyg	lauc	Date of birtii
HOME CARE ARE	RANGEMENTS					
Living with i	mmediate family			Out-of-home care		
Carer/guardian  Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:						
Kinship care				Other (please speci	fy)	
COURT ORDERS	OR PARENTING ORD	ERS (if applicab	ole)			
Are there any cur orders relating to	rrent court orders or pothe student?	parenting	Yes		No	
	hese court orders/par ther relevant court or	-	_	•	ederal M	1agistrates
Is there any othe	r information you wis	sh the school to	be a	aware of?		

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School. Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.

PARENT/CARER/GUARDIAN SIGNATURE:	Date:
PARENT/CARER/GUARDIAN SIGNATURE:	Date:

**Note:** The Victorian Government provides the following guidance regarding admission requirements: *Consent* 

The signature of:

- student, if they are over 15 and living independently
- parent as defined in the Family Law Act 1975
- Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
  - may be a relative or other carer
  - have day-to-day care of the student with the student regularly living with them
  - may provide any other consent required e.g. excursions.

## Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Note: Secondary students may complete parts of the form and co-sign.

**Disclaimer:** Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website: <a href="https://www.stmmtlza.catholic.edu.au/">https://www.stmmtlza.catholic.edu.au/</a>