



# HOLY ROSARY SCHOOL

18 Pohlman Street (P.O. Box 61)  
 Heathcote. Vic. 3523  
 Tel: (03) 5433 2057 Fax: (03) 5433 2601  
 Email: principal@hrheathcote.catholic.edu.au

## ENROLMENT FORM

**OFFICE USE ONLY**  
 Student Code:

Name of Student

Family Code:

### Family Mailing Details

Family Surname

Mail To: E.g. Mr & Mrs. Smith

Residential Address

Post Code

Family Phone Number

Other

Email:

Current Parish

**Office Use Only:**  
 FFlag

Marital Status

Cluster

**A COPY OF IMMUNISATION AND BIRTH CERTIFICATES MUST BE PRESENTED TO THE SCHOOL**

### Student Details

First Name

Enrolment Date:

VSN Number .....  
 (If attended other school)

Middle Name

1st Australian School Year (e.g: 2008)

Surname

Previous School

Year Level

Sex

Male

Female (please tick one)

Religion

Country of Birth

Nationality

Date of Birth

Does the student speak a language(s) other than English at

Commencement Date

Entry Level

home? Yes No If Yes Please list below:

Allowances

EMA Yes No

Conveyance Yes No

1.

2.

3. English only

**Indigenous Identifier** Aboriginal \ Torres Strait Islander: **Yes No** (If Yes, please tick one below

Aboriginanl

Torres Strait Islander

Both Aboriginal & Ltorres Strait Islander

Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?

Yes No

**(If Yes supporting documentation must be provided)**

Students at this school .....

Boys in family .....

Girls in family .....

Travel method

Distance from school

Bus route

Rank within family (at this school)

North / South of Heathcote

Medical Details	
Doctor's Name	Phone Number
Student's Medicare Number .....	Date of expiry .....
Health Fund ..... No	Ambulance Membership Yes No
Health Fund Number .....	If yes, please supply number .....
Health Care Card / Pension Number .....	

<b>Allergies / Medical Alert</b>	Please specify <b>any allergies / medical alerts</b> relating to the student. (e.g., Allergies to nuts, penicillin, Bee stings, etc.; asthma management et.)

<b>Immunisations</b>	Has the Immunisation Certificate been submitted? Yes No
Asthma sufferer	Asthma management plan given to school
Yes No	Yes No
	Nebuliser
	Yes No
	Operations: Date: Hospital:

Special Needs					
Indicate whether the student has any known or suspected <b>special needs</b> (please tick Yes or No for each of the following).					
Physical Needs	Medical Needs	Educational Needs	Behavioural Needs	Allergies	Any other special needs
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

If you have answered yes to any of the above, please provide **full details** of those needs and any assessment / intervention / support that he/she may be currently receiving (**Supporting documentation must be provided**).

**\*\* Parental Permission during Medical Needs\*\***

In the event of any illness or accident, where the Principal or school staff is unable or it is otherwise impracticable to contact me, I/We authorize the teacher in charge to

- \* consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- \* administer such first aid as the teacher in charge may judge to be reasonably necessary

I accept all operative, blood transfusion and/or anaesthetic risks involved and the responsibility for payment of all expenses incurred.

**SIGNATURE** ..... **DATE** .....

Parish/ Sacramental Details			
Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			
Reconciliation			
Eucharist			
Confirmation			

<b>Contact Details</b>		
<b>Details</b>	<b>Father / Carer Residing at same address</b>	<b>Mother / Carer Residing at same address</b>
Title		
First Name		
Surname		
Relationship		
Sex		
Address - Street		
Suburb & Post Code		
Residential Guardian Y / N?	Yes      No	Yes      No
Home Phone Number		
Work Phone Number		
Mobile		
Occupation		
Employer		
Occupational Group (Refer to insert "List of Parental Occupations)	Group A Group B Group C Group D	Group A Group B Group C Group D
Highest Year of School Education	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below
Level of Highest Qualification	Bachelor degree or above Advanced Diploma/Diploma Certificate I to IV (inc. trade cert.) No non-school qualification	Bachelor degree or above Advanced Diploma/Diploma Certificate I to IV (incl. trade cert.) No non-school qualification
Do you speak a language(s) other Than English at home?	Yes      No      If Yes, please list below 1.                                      2.	Yes      No      If Yes, please list below 1.                                      2.
Country of Birth		
Nationality		
Religion		
Person who will take responsibility for fees and charges in relations to this enrolled student  .....		

**SIGNATURE**

**Contact Notes:**

<b>Details</b>	<b>Emergency Contact</b>	<b>Emergency Contact</b>
	Please nominate a person <b>other than a parent</b> who may be contacted in the event Of an emergency, if parents cannot be contacted.	Please nominate a person <b>other than a parent</b> who may be contacted in the event Of an emergency, if parents cannot be contacted.
Title		
First Name		
Surname		
Address - Street		
Suburb & Post Code		
Home Phone No.		
Mobile Phone No.		
Relationship to Student		

**Please tick the following boxes and sign below**

1. I/we have included copies of the following documents

Immunisation Certificate	Birth Certificate	Baptismal Certificate
Most recent previous school reports (if applicable)		Relevant Family Court Orders (where applicable)
Relevant medical and/or special needs information including clinical/educational assessments (where applicable)		
Immunisation Certificate		

2. I/we understand that the information that I/we have provided must be kept up to date throughout the period of enrolment.

3. I/we agree to support our child's participation in the religious life of the school.

I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.

SIGNED .....(Father / Carer)

**and / or**

..... (Mother / Carer)

DATE .....

**Parental Occupation Definition:**

**Parental Occupation** is defined as the **main** work undertaken by the parent/guardian.

If a parent/guardian has more than one job, report their main job.

**Group A: 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, 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 B: 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]

**Defence Forces** senior Non-Commissioned Officer

**Group C: Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, 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 worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

**Group D: Machine operators, hospitality 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, kitchenhand, 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, ticket 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, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

**STANDARD COLLECTION NOTICE : YEAR OF ENROLMENT .....**

**(This authorization will remain in place whilst the child attends Holy Rosary)**



1. Holy Rosary School Heathcote collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment with us. The primary purpose of collecting this information is to enable us to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable us to discharge our duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. Holy Rosary School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Schools, Government Departments, the Catholic Education Office, the Catholic Education Commission, your local Diocese and the Parish, Medical Practitioners and people providing services to Holy Rosary School including Specialist Visiting Teachers, Sports and other coaches, Counselors and volunteers.
6. If we so not obtain the information referred to above we may not be able to enroll or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School Newsletters, Magazines and on our website. Publishing the image and name or work of students on the school website and in school publications that go beyond the school community requires the prior permission of the parent/guardian.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the pupil, or where pupils have provided information in confidence.
9. As you may know Holy Rosary School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a Class List with your specific consent.
11. If you provide Holy Rosary School with the personal information of others, such as Doctors or Emergency Contacts, we encourage you to inform them that you are disclosing that information to us and why, so that they can access that information if they wish. Holy Rosary School does not usually disclose the information to third parties.

**SIGHTED**

.....  
(Parent/Guardian Name - please print)

**SIGNATURE**

..... **DATE** .....



**HOLY ROSARY SCHOOL HEATHCOTE - YEAR OF ENROLMENT .....**

**(This authorization will remain in place whilst the child attends Holy Rosary)**



FAMILY NAME: .....

FAMILY ADDRESS: .....

STUDENT NAME: ..... YEAR LEVEL ON ENROLMENT .....

**INFORMATION ON THE USE OF STUDENT PHOTOGRAPHS**

The school web site ([www.hrheathcote.catholic.edu.au](http://www.hrheathcote.catholic.edu.au)) and certain school publications are an important means of communication between the school, yourselves and the wider community. The inclusion of photographs of school activities, people and works is a valuable aspect of this communication.

At Holy Rosary Primary School Heathcote we celebrate the efforts of our students by mentioning their participation in school events and their achievements in our school newsletter and in displays around the school; photographs of the students and their names may be included. We may also use photographs of students in our School Information Booklet and brochures.

On the school website there will be images of students, usually group photographs, and we may identify the student by name.

We invite local press to school events and they are expected to follow School Policy on the publication of photographs of students. Unless a story features an individual child, only group photos are published.

Students with medical conditions, that require specific care, will have their photograph displayed, along with relevant information, in the staffroom, sickbay and perhaps other areas. This will enable all staff to be aware of individual children's medical needs.

We are aware, however, of possible privacy issues associated with web sites and school publications seen by persons outside the immediate school community. For this reason, we intend that images, work and names of students should be published only with the written permission of the parent/guardian. This applies to any image (individual or group) that would be able to identify a person.

If you have any concerns about how photographs of your child may be used by the school please let the school know in writing.

**Acknowledgement - I have read the above information and agree that my children's photographs may be used by the school in the ways outlined above.**

I .....(name of parent/guardian) give permission for Holy Rosary School, Heathcote, to publish the image, work and name of my son/daughter ..... on the school web site and in other school publications that could be seen by people outside the school community.

Name of Parent / Guardian .....  
(please print)

Signed Parent / Guardian: ..... Date: ..... / ..... / .....





# HOLY ROSARY SCHOOL EXCURSION FORM

(This authorization will remain in place whilst the child attends Holy Rosary)



**PUPIL'S NAME:** \_\_\_\_\_ **Year of Enrolment** \_\_\_\_\_

**ENTRY GRADE:** \_\_\_\_\_

## 1. EXCURSION PERMISSION FORM (To be filled out for each child)

**This permission form includes excursions that are held during school hours in and around Heathcote. Separate permission forms will be sent home for excursions out of Heathcote and those that extend beyond school hours.**

My daughter/son \_\_\_\_\_ has permission to attend the excursions arranged by Holy Rosary School Heathcote and to travel by bus where and when necessary.

In the event of accident or illness, I authorise the teacher in charge of the excursion to consent, where it is impractical or the teacher is unable to communicate with me or my other emergency contact person/s, to my child receiving such medical or surgical treatment as may be deemed necessary. I accept all operative, blood transfusions and/or anesthetic risks involved and the responsibility for payment of all expenses incurred.

Signed: \_\_\_\_\_ (Parent or Guardian) Date: \_\_\_\_\_

Contact Phone Numbers: (1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

Ambulance Cover: Yes  No  Membership Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Medical Fund: \_\_\_\_\_ Membership Number: \_\_\_\_\_

## 2. SWIMMING/AQUATIC CONSENT FORM : This authorisation will remain in place while the child attends Holy Rosary

As a parent/guardian of \_\_\_\_\_, I \_\_\_\_\_ consent for him/her to participate in the school swimming program and agree to the delegation of authority to the Staff and Instructors involved.

I authorise the Teaching Staff and Instructors to obtain medical assistance that they deem necessary should an accident occur, and agree to pay all medical, ambulance and other expenses incurred on behalf of the above student. I submit the following medical information concerning the above student and include details of his/her limitations that he/she has for the activities concerned.

I further authorise qualified practitioners to administer an anaesthetic if necessary.

Signed: \_\_\_\_\_ (Parent or Guardian) Date: \_\_\_\_\_

## 3. MEDICAL INFORMATION FORM

**Note:** Information contained in this section will not prevent your child from taking part in Swimming/Aquatic activities, unless further medical advise warrants exclusion.

**THIS INFORMATION CAN PROTECT YOUR CHILD.**

MEDICAL CONDITION	YES/NO	SPECIAL INSTRUCTIONS	EMERGENCY ACTION REQUIRED	ANY FURTHER INFORMATION
Epilepsy				
Periodic Loss of Consciousness				
Ear Disorder				
Respiratory Disorder e.g. Asthma				
Allergies e.g., Insect Bites / Stings				
Other relevant Medical Information				