

STUDENT NAME

(Given Name)

(Family Name)

Term _____

Year Commencing _____

Year Level _____

St Martin de Porres



APPLICATION FOR ENROLMENT

On lodgement of this Application of Enrolment, please provide:

- Enrolment fee of \$50 (per family)**

This Administration Fee is to help offset costs associated with the processing of this Application and is non-refundable.

- Copy of Birth Certificate**

Please note that this enrolment application is an **application only** and does not guarantee that a place will be offered to your child. In due course, applicants will be contacted regarding their application for enrolment in accordance with our Enrolment Criteria.

Enrolment Interviews commence approximately two years prior to commencement date and continue until year levels reach capacity.

St Martin de Porres School
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www.smdps.catholic.edu.au

OFFICE USE ONLY				
Enrolment Application Date Received:	Fee \$50 Paid:	Receipt Number:	Account G/L 0290	Sibling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interview Date:	Interview Complete:	Position Offered:	Offer Accepted: \$150 Paid:	

FAMILY DETAILS	Parent / Guardian 1	Parent / Guardian 2		
Title	Mr / Mrs / Ms / Miss / Dr	Mr / Mrs / Ms / Miss / Dr		
Family Name				
Given Name				
Date of Birth				
Occupation				
Employer				
If not employed, do you receive a Government Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Details	Mobile:	Mobile:		
	Email:	Email:		
	Home:	Work:		
Country of Birth				
Date of Arrival in Australia <i>(if applicable)</i>				
Visa <i>(if applicable)</i>	Visa Type: Visa Number: Date Granted:	Visa Type: Visa Number: Date Granted:		
Are you an Australian Citizen (A.C) or an Australian Permanent Resident (A.P.R)? <i>(Please Circle)</i>	A.C A.P.R	A.C A.P.R		
Cultural Background				
Main Language Spoken at Home				
Religion				
Relationship to Child				
Residential Address				
Postal Address <i>(If different from residential)</i>				
Child Resides With	YES - <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> - NO	YES - <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> - NO		
Family Court / Relevant Court Order	<input type="checkbox"/> YES – Please provide a copy of the order to the School <input type="checkbox"/> NO			
Parent School Information <i>(Highest year level completed)</i>	Year: 12 / 11 / 10 Old Scholar <input type="checkbox"/> YES <input type="checkbox"/> NO St Martin de Porres School Sacred Heart College Marymount College Cabra Dominican College Cardijn College <i>(please circle)</i>	Year: 12 / 11 / 10 Old Scholar <input type="checkbox"/> YES <input type="checkbox"/> NO St Martin de Porres School Sacred Heart College Marymount College Cabra Dominican College Cardijn College <i>(please circle)</i>		
	<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> Advanced Diploma / Diploma	<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> Advanced Diploma / Diploma
Parent Non-School Education <i>(Highest qualification completed)</i>	<input type="checkbox"/> Certificate I to IV (Incl. Trade)	<input type="checkbox"/> No non-school qualifications	<input type="checkbox"/> Certificate I to IV (Incl. Trade)	<input type="checkbox"/> No non-school qualifications
	1 2 3 4 8		1 2 3 4 8	
Occupation Group – please circle <i>(Refer to list: options for parental occupation groups)</i>	1 2 3 4 8		1 2 3 4 8	

STUDENT DETAILS

Family Name		Given Name/s	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth / /	
Address: <i>Please note, where parents are separated, state the address where the child mostly resides</i>			
Home Languages - Main		Other	
Country of Birth		If born overseas, date of arrival in Australia	
Australian Residency Status <i>Please Tick One</i>		Australian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>
		Temporary Resident <input type="checkbox"/>	
Visa Type:		Visa Number:	Date Granted:
Is the student of Aboriginal or Torres Strait Islander Origin?			
No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander <input type="checkbox"/>			
Religion		Has your child been baptised Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Current Parish	
Kindergarten Enrolled In	Term & Year to start Kindy	Current School (School Transfer)	Current Year Level (School Transfer)
Sibling Information – details of other children in the family			
Name	DOB	School/Kindergarten/Childcare	Year Level or Year to commence

SPECIAL NEEDS AND CONSIDERATIONS FOR STUDENT

Learning Needs	Autism Spectrum <input type="checkbox"/>	Intellectual disability <input type="checkbox"/>
	Emotional or behavioural <input type="checkbox"/>	Speech disorder <input type="checkbox"/>
	Attention Deficit Disorder (ADD/ADHD) <input type="checkbox"/>	Other <input type="checkbox"/>
	Please provide documentation relating to any special needs (reports and assessments)	
Specialist Services Has your child been assessed by a Specialist Service?	Speech Pathologist <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>
	Psychiatrist <input type="checkbox"/>	Psychologist <input type="checkbox"/>
	Audiologist <input type="checkbox"/>	Optometrist <input type="checkbox"/>
	Other (please specify) _____	
Has your child attended any specialised agencies, special schools, units or centres?	Yes <input type="checkbox"/> (please specify) _____	No <input type="checkbox"/>
Physical Impairments	Physical disability <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>
	Vision impairment <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Medical Conditions	Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>
	Epilepsy <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>
	Allergies requiring medication <input type="checkbox"/>	Other _____ <input type="checkbox"/>
<ul style="list-style-type: none"> • Does your child have any infectious diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No • Has your child ever been suspended, expelled or refused admission to another school? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have any outstanding school fees with another school? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does your child have any special achievement or talents? <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify) _____ • Is there any other information that the school should be aware of in order to meet your child's educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify) _____ 		

If you have answered YES to any of the above questions in the above tables/list, please give details using attachments and/or copies of specialist reports and action plans.

Has your child received all scheduled immunisations as determined by the National Immunisation Program? Yes No

If you have answered **NO** to the above questions, please give reason _____

If your child is unvaccinated they may be temporarily excluded in the event of outbreaks of so-called vaccine-preventable diseases

PRIVACY AND RELEASE OF INFORMATION

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, the Catholic Education Office, the South Australian Commission for Catholic Schools, the School's local diocese and the parish, Schools within other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. In situations where parents are separated, it is the policy of the School to release school reports to the mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interview upon request. However, the School will abide by any court orders, which prevent the release of such information.
8. The School may store personal information in the 'cloud', which may mean that it resides on servers, which are situated outside Australia.
9. In the event of default of payment of fees, the School may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
10. The School's Privacy Policy sets out how parents or students may seek access to personal information collected about them. 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 students have provided information in confidence.
11. The School's Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
12. As you may know, the 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 organisations 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.
13. On occasions, information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines and on our website. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines and on our website. The School will obtain separate permissions from the students' parent or guardian prior to publication. We may include students' and students' parents' contact details in a class list and School directory [or Schools may wish to seek specific consent to publish contact details in class lists and School directories.]
14. If you provide the 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 the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.

PARENT / GUARDIAN DECLARATION

15. In applying to enrol my child at this school, I/we accept that s/he will be educated in the Catholic faith within a Christian educational environment.
16. I / We accept that support of school staff and cooperation concerning school activities is essential.
17. I / We accept that we will abide by school policies as amended from time to time.
18. I / We accept that participation in camps is compulsory and that membership in school sporting teams takes priority over competing sporting interests.
19. I / We accept that the School reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct, which brings into disrepute the good name and reputation of the School.
20. I / We accept the standards the School sets regarding grooming, uniform and personal presentation.
21. I / We accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the School (except where exemptions/remissions have been sought and granted).
22. I / We give consent for the School to contact any other Catholic school, which my child has previously attended for ascertaining my/our fee-paying record.
23. I / We consent to my/our personal details (contact name, telephone number) being disclosed for Pastoral support and Thanksgiving campaigns to the Parish in which I/we reside.
24. I / We accept that the School does not accept liability for damage or loss of any personal possessions of students and that insurance for my child's personal possessions is my responsibility.
25. I / We accept that payment of one term's tuition fee to be charged if one term's notice of intention to withdraw a child is not provided.

- **I / We acknowledge, and if my application is successful, accept all of the above terms and conditions (1-25)**
- **I / We declare that all of the information provided in this application is true**

Parent/Guardian 1

NAME (print)

Signature

Date

Parent/Guardian 2

NAME (print)

Signature

Date

Please state your reasons for choosing St Martin de Porres School for your child(ren)'s education?

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