St Mary’s Primary School
St Kilda East
est. 1873

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STUDENT DETAILS

Family Name __________________________
Given Name __________________________
Calendar Year 2 0 1 ______
Class Level to Start __________
Victorian Student Number (VSN) ______________

APPLICATION FOR ENROLMENT

ENROLMENT CHECKLIST

Please return the completed and signed application to:

THE PRINCIPAL
ST MARY’S PRIMARY SCHOOL
214 DANDENONG ROAD
ST KILDA EAST VIC 3183

Phone: (03) 9510 7420
FAX: (03) 9510 7872
EMAIL: admin@smstkildaeast.catholic.edu.au
WEBSITE: www.smstkildaeast.catholic.edu.au

Please include the following:

• A copy of student’s Birth Certificate
• A copy of student’s Passport (for students born overseas)
• A copy of student’s Baptism Certificate
• Copy of Council Immunization Certificate
• For students entering Grades 1 to 6; a copy of their last school report

FOR OFFICE USE ONLY

Date Received __________________________
Documents BirC BapC ImmC Report
Interviewed ____________________________
Enrolment Fee Chq Cash Credit Card
STUDENT'S GIVEN NAMES: ___________________________________  __________________________________
STUDENT'S PREFERRED FIRST NAME: ___________________________________
SEX: Male / Female
DATE OF BIRTH: ___ / ___ / ____  COUNTRY OF BIRTH: __________________________
RELIGION: ___________________________________  PARISH (Suburb) __________________________
MAIN LANGUAGE SPOKEN AT HOME: ____________________________________________
DOES YOUR CHILD ATTEND A LANGUAGE SCHOOL? Yes / No
IF YES, WHICH ONE? ____________________________
INDIGENOUS IDENTIFIER – Aboriginal / Torres Strait Islander: Yes ☐  No ☐
☐ Aboriginal  ☐ Torres Strait Islander  ☐ Both Aboriginal & Torres Strait Islander
CLASS LEVEL TO START AT ST. MARY’S: __________  CLASS LEVEL PREVIOUS YEAR: __________
YEAR TO START AT ST. MARY’S: __________  POSITION IN FAMILY (Eg. 2nd Child): __________________
LAST SCHOOL / KINDERGARTEN ATTENDED: _______________________________________________________________
SUBURB OF SCHOOL: __________________________________________
FOR STUDENTS BORN OUTSIDE AUSTRALIA – WHAT IS THEIR FIRST SCHOOL YEAR IN AUSTRALIA? _________
DATE OF ARRIVAL IN AUSTRALIA: _____ / _____ / _____  PARENT VISA NUMBER: ____________
Sacraments Received:  BAPTISM ☐ Yes ☐ No  RECONCILIATION ☐ Yes ☐ No
COMMUNION ☐ Yes ☐ No  CONFIRMATION ☐ Yes ☐ No
MEDICAL INFORMATION: (eg. Asthma, epilepsy, vision, hearing, allergies, hay fever, etc.) If student has no medical problems, please write ‘NIL’. __________________________________________
FAMILY DOCTOR: ____________________________  ☎ DOCTOR’S PHONE: ____________
ADDRESS: ________________________________  POSTCODE: __________
MEDICARE NO: _____________________________  NAME OF PRIVATE HEALTH FUND: ___________________________
PRIVATE HEALTH FUND NUMBER: _____________________________
ARE YOU A MEMBER OF AN AMBULANCE FUND? YES  /  NO  AMBULANCE NUMBER: __________________________
METHOD OF TRAVEL TO SCHOOL: ____________________________
PLEASE SPECIFY ANY SPECIAL INFORMATION THE SCHOOL SHOULD BE AWARE OF WHICH IS LIKELY TO INFLUENCE YOUR CHILD’S EDUCATION PROGRESS: (eg. Mental or physical disability, behaviour or learning difficulties – If there is nothing, please write ‘NIL’.)
________________________________________________________________________________________
________________________________________________________________________________________
**FAMILY INFORMATION**  
*(PLEASE USE CAPITAL LETTERS AND FILL IN ALL DETAILS)*

**STUDENT’S FAMILY NAME:** ____________________________________________

**RESIDENTIAL ADDRESS:**

________________________________________________________

________________________________________________________

POSTCODE: ____________

**EMAIL ADDRESS:** _________________________________________________

**THE STUDENT LIVES WITH:**

- [ ] Father & Mother  
- [ ] Mother  
- [ ] Father  
- [ ] Guardian  
- [ ] Other

**ANY CUSTODY DETAILS**

**WITH WHOM DOES THE CHILD LIVE?**

- [ ] Mother  
- [ ] Father

**DOES THE NON-CUSTODIAL PARENT HAVE ACCESS RIGHTS?**

- [ ] Yes  
- [ ] No

*(If NO, please supply copy of Court Order)*

**ACCOUNT DETAILS**

**NAME OF PERSON TO SEND ACCOUNTS TO:** ________________________________

**ADDRESS TO SEND ACCOUNTS TO:**

________________________________________________________

________________________________________________________

POSTCODE: ____________

**HEALTH CARD CARD/PENSIONER CONCESSION CARD**

**DO YOU HOLD A VALID CONCESSION CARD?**

- [ ] Yes  
- [ ] No

*IF YOU ANSWERED YES, YOU ARE ELIGIBLE FOR EDUCATION MAINTENANCE ALLOWANCE (EMA) FROM THE GOVERNMENT. PLEASE COMPLETE DETAILS:*

**CARD HOLDER NAME:** ________________________________

**CARD NUMBER:** __ __ __ - __ __ __ - __ __ __ - __

*(For our statistics, we require details of both parents, even if student is living with one parent or with a guardian.)*

**FATHER / GUARDIAN:**

**FIRST NAME:** ________________________________

**LAST NAME:** ________________________________

**EMPLOYER:** ________________________________

**OCCUPATION:** ________________________________

**OCCUPATION GROUP (refer to insert):** ________________________________

**RELIGION:** ________________________________

**LEVEL OF SCHOOL EDUCATION COMPLETED:**

- [ ] Yr 9  
- [ ] Yr 10  
- [ ] Yr 11  
- [ ] Yr 12

**QUALIFICATION:**

- [ ] Bachelor Degree  
- [ ] Advanced Diploma  
- [ ] Certificate  
- [ ] Non School Qualification

**COUNTRY OF BIRTH:** ________________________________

**MOTHER/GUARDIAN:**

**FIRST NAME:** ________________________________

**LAST NAME:** ________________________________

**EMPLOYER:** ________________________________

**OCCUPATION:** ________________________________

**OCCUPATION GROUP (refer to insert):** ________________________________

**RELIGION:** ________________________________

**LEVEL OF SCHOOL EDUCATION COMPLETED:**

- [ ] Yr 9  
- [ ] Yr 10  
- [ ] Yr 11  
- [ ] Yr 12

**QUALIFICATION:**

- [ ] Bachelor Degree  
- [ ] Advanced Diploma  
- [ ] Certificate  
- [ ] Non School Qualification

**COUNTRY OF BIRTH:** ________________________________

**HOW MANY CHILDREN ARE IN YOUR FAMILY?**

**BOYS:** ___________  
**GIRLS:** ___________


EMERGENCY CONTACT OTHER THAN PARENT:  *(This must be completed)*

(1) FULL NAME: ____________________________________________  ☎ DAYTIME: _____________________
    RELATIONSHIP TO CHILD: _______________________________________________________________________

(2) FULL NAME: ____________________________________________  ☎ DAYTIME: _____________________
    RELATIONSHIP TO CHILD: _______________________________________________________________________

TERMS AND CONDITIONS OF ENROLMENT

We the undersigned, accept these terms of enrolment:

1. Applicants will be interviewed and advised in due course if a place is available. The school reserves the right to accept applicants in keeping with our criteria.

2. On entry, students and parents undertake to support the Catholic Teaching and Religious activities of the school.

3. Proof of date of Birth, Baptism and Immunisation Certificates are all required prior to acceptance of enrolment.

4. School Fees are kept to a minimum to enable as many Catholic Families as possible to send their children to the School. Accounts are sent out to parents/guardians and both parents/guardians are responsible for the payment of fees/levies. School fees are payable within 30 days from the beginning of each term. The Principal or Parish Priest must first approve any variation.

5. The school will not be held responsible for the welfare and safety of any pupil in the school grounds prior to 8.45 am or later than 3.45 pm on school days.

6. Children are to care for the buildings, furniture and equipment of the School and parents are financially responsible for damage caused through carelessness or neglect.

7. Students and Parents undertake to uphold all school regulations including the use of correct School and Sports Uniform, in accordance with written notices from time to time by the School Principal.

8. Parents undertake to show support and loyalty to the Principal and Teachers in matters of School Policy.

9. Parents are encouraged to support the School by active participation in meetings/committees, activities, working bees, fund-raising efforts and religious celebrations.

10. In the case of authorisation or approval being required by the School in respect of a student’s medical requirements, it shall be sufficient for the School to act upon if signed by either or both parents or by a designated guardian.

11. A student may be referred to the Student Welfare Committee when it is deemed necessary to assist his welfare.

12. If at any time there is a lice problem at the school, the Principal has permission to call in a Registered Nurse to check children’s hair.

13. I give permission for my child’s name and photograph to be used in any advertising in print for promoting the school and its activities.

    Signature of Father/Guardian: ________________________________________________________________

    Signature of Mother/Guardian: _______________________________________________________________

    Date: ___________________________________________________________________________________

Following receipt of the above, your child will be interviewed together with Parents/Guardians. You will be advised shortly thereafter as to whether a place is available at the school. A $200 (non-refundable) deposit will be required to be paid at the conclusion of this interview.

We the undersigned Parents/Guardians of the above child, declare that the information given herein is full and correct to the best of our knowledge. If it is found to be incorrect, the enrolment at this school will be reconsidered. We undertake to inform the school promptly of any change in our intention to enrol. We have read and received the Terms and Conditions of Enrolment and further acknowledge that if our child is enrolled we agree to abide by them.

FATHER / GUARDIAN SIGNATURE: ___________________________________________ DATE: _______________

MOTHER / GUARDIAN SIGNATURE: ___________________________________________ DATE: _______________