



St John's Catholic College

DARWIN

Application for Enrolment

Application fee: \$150 must accompany this application (non-refundable administration fee)

When completed please return to:

The Principal

St John's Catholic College Locked Mail Bag 13, GPO Darwin NT 0801

Telephone: (08) 8982 2222 | Facsimile: (08) 8982 2204

Email: admin.stjohns@nt.catholic.edu.au | Website: www.stjohnsnt.catholic.edu.au

ST JOHN'S CATHOLIC COLLEGE IS A REGISTERED EDUCATION PROVIDER WITH THE AUSTRALIAN GOVERNMENT.

CRICOS PROVIDER NO: 00466K

The following information must be submitted with the enrolment application:

- Birth certificate.
- Previous two full semester reports (not interim reports).
An interview will not be conducted until reports are received.
- Immunisation records (can be provided by Medicare).
- Copies of most recent Benchmark levels achieved (from previous school).
- Custody/Guardianship (relevant documentation - see enrolment form).
- Passport and Visa (for overseas students).
- Baptismal certificate (if available).

The following information should also be provided where/if appropriate:

- Involvement in special programmes and associated reports e.g. Special Education units, Reading Recovery, Literacy support, Gifted and Talented programme.
- Copies of any relevant Case conferences held with student services.

SECTION A Student Information

Day student Boarder

1. **Legal name** Surname or family name

Given name/s

Preferred given name

2. **Email address**

3. **Sex** Male Female

4. **Date of birth**

5. **Place of birth**

6. **In which country was the student born?**

Australia Other – please specify

7. **Residential status**

Australian Citizen (*go to Nationality*) Resident

Overseas Date of arrival Copy of Visa attached

Nationality

8. **Indigenous status 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

9. **Does the student speak a language other than English at home?** *(if more than one language, indicate the one that is spoken most often)*

No, English only Yes, other – please specify

10. **Year level in which student is enrolling**

7 8 9 10 11 12 Other or unsure

Date of commencement

Has student attended St John's Catholic College previously?

No Yes - please give dates/years attended

11. **Previous school**

12. **Other family currently enrolled or enrolling at a Catholic school in the Northern Territory**

Surname

Given names

Year level

13. Are there any special family circumstances? (e.g. single parent, dual custody, foster care, access restrictions)

No Yes - supporting legal documents are required by the school - attached No Yes

14. Religion

15. Sacraments

Date

Parish

Baptism

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Communion

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Confirmation

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SECTION B Family Information

This information refers to parents residing at the same address as the student. For parent/guardian not residing at the same address please complete Section C Alternative Family Information.

MOTHER / PARENT 1 / GUARDIAN 1

16. Relationship to student

17. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names

Surname or family name

Occupation

Nationality

Country of birth

18. Does parent/guardian 1 speak a language other than English at home?

(if more than one language, indicate the one that is spoken most often)

No, English only Yes, other – please specify

19. Employer

20. Religion

FATHER / PARENT 2 / GUARDIAN 2

Relationship to student

Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names

Surname or family name

Occupation

Nationality

Country of birth

Does parent/guardian 2 speak a language other than English at home?

(if more than one language, indicate the one that is spoken most often)

No, English only Yes, other – please specify

Employer

Religion

MOTHER / PARENT 1 / GUARDIAN 1

21. Business phone

22. Mobile phone

23. Email

Do you wish to receive the newsletter by email?

 No Yes

24. Sole Parent

 No Yes

25. Does the student come from an Australian Defence family?

 No Yes – please specify Army Navy Air Force

26. Family parish

27. Family Medicare number

28. Health care card

 No Yes

Expiry date

29. Family address details (for parent/guardian not residing at the same address please complete **Section C Alternative Family Information**)The child lives at this address Permanently Occasionally

30. Residential address

Mailing title (e.g. Mr & Mrs D Smith)

Street number and name

Town

State and postcode

Home telephone number

31. Postal address (leave blank if same as residential address)

Street number and name or post office box

Town

State and postcode

FATHER / PARENT 2 / GUARDIAN 2

Business phone

Mobile phone

Email

Do you wish to receive the newsletter by email?

 No Yes

Sole Parent

 No Yes

32. The following information is only to be supplied if the payment of school fees is shared or from an alternative source. This information will be used in the billing for the fees.

Billing title (e.g. Mr & Mrs D Smith)

Street number and name

Town

State and postcode

Home telephone number

Mobile telephone number

OFFICE USE ONLY: FAMILY KEY

SECTION C Alternative Family Information

This information is required if the student resides with an alternative family during school term.

ALTERNATIVE FEMALE PARENT/GUARDIAN

33. Relationship to student

34. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names

Surname or family name

Occupation

Nationality

Country of birth

35. Does parent/guardian 1 speak a language other than English at home?

(if more than one language, indicate the one that is spoken most often)

No, English only Yes, other – please specify

ALTERNATIVE MALE PARENT/GUARDIAN

- Relationship to student

- Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names

Surname or family name

Occupation

Nationality

Country of birth

- Does parent/guardian 2 speak a language other than English at home?

(if more than one language, indicate the one that is spoken most often)

No, English only Yes, other – please specify

ALTERNATIVE FEMALE PARENT/GUARDIAN

36. Employer

37. Religion

38. Business phone

39. Mobile phone

40. Email

Do you wish to receive the newsletter by email?

 No Yes

41. Copy of student reports

 No Yes

42. Alternative family residential address

Mailing title (e.g. Mr & Mrs D Smith)

Street number and name

Town

State and postcode

Home telephone number

43. Alternative family postal address *(leave blank if same as residential address)*

Street number and name or post office box

Town

State and postcode

ALTERNATIVE MALE PARENT/GUARDIAN

Employer

Religion

Business phone

Mobile phone

Email

Do you wish to receive the newsletter by email?

 No Yes

Copy of student reports

 No Yes

SECTION D Parent/Guardian Background Information

The following information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

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

Mark only one box. For persons who have never attended school, mark 'Year 9 or equivalent or below'.

MOTHER / PARENT 1 / GUARDIAN 1

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

FATHER / PARENT 2 / GUARDIAN 2

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

45. What is the level of the highest qualification the parents/guardians have completed?

MOTHER / PARENT 1 / GUARDIAN 1

- Bachelor degree or above
- Advanced diploma/diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

FATHER / PARENT 2 / GUARDIAN 2

- Bachelor degree or above
- Advanced diploma/diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

The following questions refer to the parental occupation group. Please select the appropriate parental occupation from the list on the following page. 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 below.

46. Occupation group

MOTHER / PARENT 1 / GUARDIAN 1

Occupation group

FATHER / PARENT 2 / GUARDIAN 2

List of Parental Occupation Groups

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, 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]

Defence 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 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/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: 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]

SECTION E Parental Consent

52. Consent to medical attention

In the event of illness or injury requiring urgent medical treatment I consent for medical and/or hospital attention to be sought (if ambulance travel is required the cost is covered by the College ambulance cover). Parents' emergency contact will be contacted immediately in these events.

If prescription / medication is required to be administered, it is sent to school with the student, accompanied with a note giving details of dosage and permission for College staff to administer medication.

No Yes

53. Consent for publication of photographs and student work

From time to time, photographs or videotapes of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the College and Catholic Education Office (CEO), school magazines, newsletters, displays, journals, professional development materials for teachers, or on the College and/or CEO web site. In addition, student work is also published from time to time.

Publications I give consent for my child's photos / images / videos taken during College activities to be published by the College and CEO, school magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.

Parent/guardian signature

Parent/guardian signature

Websites I give consent for my child's photos / images / videos taken during College activities to be published on the College and/or CEO web site. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites

Parent/guardian signature

Parent/guardian signature

54. Aboriginal / Torres Strait Islander students

Is parental consent given for tutorial assistance as per funding guidelines?

No Yes

55. Excursion permission

Travel off campus is often required for curriculum based activities, College sports and access to facilities within Darwin.

Is parental consent given for the student to attend off campus activities?

No Yes

SECTION F Emergency Contacts

56. The first and second parent or guardian stated on page 6 will be the school's first and second priority contacts.

You may wish to provide other names below.

Contact name	Relationship to student	Work phone	Home phone	Mobile
3				
4				
5				
6				

SECTION H Confidential Medical History

This information is for the School Nurse's records.

Surname

Given name/s

Date of birth

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Medicare number

Health care card

No Yes

Health care card number

Private health fund

Member number

Doctor's name

Doctor's phone number

1. Is the student under medical treatment at present? No Yes - please give details below

2. Has he/she ever had a serious illness? No Yes - please give details below

3. Does he/she have any hearing problems? No Yes - please give details below

4. Does he/she have eye problems/wear glasses? No Yes - please give details below

5. Is he/she taking any medication? No Yes - please give details below

6. Does he/she suffer from allergies or allergic to any food, substance and/or medication?

No Yes - please give details below

7. Medic alert required?

No Yes - please give details below

8. Does he/she suffer from Attention Deficit Hyperactivity Disorder (ADHD)?

No Yes - please give details below

9. Does your daughter suffer from period cramps? No Yes

10. Does he/she suffer from headaches/migraines? No Yes

11. Do you permit the school infirmary to administer Panadol? No Yes

12. Immunisation record (a copy of student's immunisation record is to be supplied with this application)

MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hepatitis B (HEB)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tetanus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	HIB (Haemophilus Influenza Type B)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pertussis (Whooping Cough)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	BCG (TB)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diphtheria	<input type="checkbox"/> No	<input type="checkbox"/> Yes	MEN (Meningococcal)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Polio (OPV)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

13. Please tick any of the following illnesses the student may have suffered or still suffers from

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Tuberculosis (TB)
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hepatitis (A, B or C)	<input type="checkbox"/> Heart problems (murmur, chest pains)
<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Rheumatic heart fever	<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> Other - please specify		

Please give any relevant information (medication, treatment etc)

14. Please supply any other relevant information

The following questions only apply for boarding students.

- 15. Do you consent to School Health Program for your child? No Yes
- 16. Do you consent to head lice surveillance for your child? No Yes
- 17. Do you consent to your child receiving children's dental service if required? No Yes
- 18. Do you consent to your child being given a Mantoux (tuberculosis) test if required? No Yes
- 19. Do you consent to your child being tested for vision hearing/or speech problems if required? No Yes

20. Is there anything else the school or health personnel should know that might influence the child's participation at school?

No Yes - please give details below

Information supplied by

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Date

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Female parent/guardian signature

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Male parent/guardian signature

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St John's Catholic College DARWIN

10-54 Salonika Street, The Gardens, NT 0820

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