



ENROLMENT FORM
DIOCESE OF BROKEN BAY SYSTEMIC SCHOOLS



OUR LADY OF GOOD COUNSEL CATHOLIC SCHOOL

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| | | |
|------------------------|--------------|--------------------|
| Office use only | Family code: | Student ID number: |
|------------------------|--------------|--------------------|

| | | |
|----------------------|-------------------|--------------------|
| STUDENT NAME: | Entry Year | Entry Level |
| <i>first name(s)</i> | <i>last name</i> | |

| | |
|--------------------------------|----------|
| HOME ADDRESS OF STUDENT | |
| No. and Street Name: | |
| Suburb: | Home Ph: |
| Postcode: | Email: |

| | |
|---|---------------------------------|
| Billing Name and Address <i>(if different from home address)</i> | |
| Name: | Title: <i>(eg Mr/Mrs/Ms/Dr)</i> |
| No. and Street Name: | |
| Suburb : | Ph: |
| Postcode: | Email: |

| | | |
|--|--|---------|
| FATHER / GUARDIAN RESIDING WITH STUDENT | | |
| Name: | Title: <i>(eg Mr/Dr)</i> | |
| <i>first name(s)</i> | <i>last name</i> | |
| No. and Street Name: | | |
| Suburb: | Home Ph: | |
| Postcode: | Business Ph: | Email: |
| | Fax: | Mobile: |
| Occupation: | Group: <i>(select from list of parental occupation groups on page 3)</i> | |
| Nationality: | Country of Birth: | |
| Religion: | | |

| | | |
|--|--|---------|
| MOTHER / GUARDIAN RESIDING WITH STUDENT | | |
| Name: | Title: <i>(eg Mrs/Ms/Dr)</i> | |
| <i>first name(s)</i> | <i>last name</i> | |
| No. and Street Name: | | |
| Suburb: | Home Ph: | |
| Postcode: | Business Ph: | Email: |
| | Fax: | Mobile: |
| Occupation: | Group: <i>(select from list of parental occupation groups on page 3)</i> | |
| Nationality: | Country of Birth: | |
| Religion: | | |

PARENT NOT RESIDING WITH STUDENT

Name: _____ Title: (eg Mr/Mrs/Ms/Dr)

first name(s) *last name*

No. and Street Name:

Suburb: _____ Home Ph: _____

Postcode: _____ Business Ph: _____ Email: _____

Fax: _____ Mobile: _____

Relationship to student:

| Government requirement | Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) | | | |
|------------------------|---|--------------------------|--------------------------|--------------------------|
| | | <i>student</i> | <i>mother/guardian</i> | <i>father/guardian</i> |
| | No English only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Arabic (incl. Lebanese) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Cantonese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Mandarin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Vietnamese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Italian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Greek | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Tagalog - (Filipino) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Spanish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Hindi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes Other - please specify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Government requirement | What is the highest year of primary or secondary school the parents/guardians have completed: (for persons who have never attended school, mark 'Year 9 or equivalent or below') | | |
|------------------------|--|--------------------------|--------------------------|
| | | <i>mother/guardian</i> | <i>father/guardian</i> |
| | Year 12 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| | Year 11 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| | Year 10 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| | Year 9 or equivalent or below | <input type="checkbox"/> | <input type="checkbox"/> |

| Government requirement | What is the level of the <i>highest</i> qualification the parents/guardians have completed: (mark one box only in each column) | | |
|------------------------|---|--------------------------|--------------------------|
| | | <i>mother/guardian</i> | <i>father/guardian</i> |
| | Bachelor degree or above | <input type="checkbox"/> | <input type="checkbox"/> |
| | Advanced diploma/Diploma | <input type="checkbox"/> | <input type="checkbox"/> |
| | Certificate I to IV (including trade certificate) | <input type="checkbox"/> | <input type="checkbox"/> |
| | No non-school qualification | <input type="checkbox"/> | <input type="checkbox"/> |

| Government requirement | LIST OF PARENTAL OCCUPATION GROUPS | | | |
|---|---|--|--|--|
| Group 1 | Group 2 | Group 3 | Group 4 | |
| Senior management in large business organisation, government administration and defence, and qualified professionals | Other business managers, arts/media/sportspersons and associate professionals | Tradesmen/women, clerks and skilled office, sales and service staff | Machine operators, hospitality staff, assistants, labourers and related workers | |
| <p>Senior executive/manager/department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director, health/education/police/fire services administrator</p> <p>Other administrator school principal, faculty head/dean, library/museum/gallery director, research facility director</p> <p>Defence Forces Commissioned Officer</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p>Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer</p> <p>Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller</p> | <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager finance/engineering/production/personnel/industrial relations/sales/marketing</p> <p>Financial services manager bank branch manager, finance/investment/insurance broker, credit/loans officer</p> <p>Retail sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency</p> <p>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager</p> <p>Defence Forces senior Non-Commissioned Officer</p> | <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. <u>All tradesmen/women are included in this group.</u></p> <p>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</p> <p>Skilled office, sales and service staff</p> <p>Office secretary, personal assistant, desktop publishing operator, switchboard operator</p> <p>Sales company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher</p> <p>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</p> | <p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office typist, word processing/data entry/business machine operator, receptionist, office assistant</p> <p>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</p> <p>Assistant/aide trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included above</p> <p>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</p> <p>Other worker labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor</p> | |

STUDENT DETAILS

Last Name:

First Name/s:

Date of Birth:

Religion:

Sex: Male
Female

Name and Address of Previous School or Preschool:

I / We give permission for school to contact previous school or preschool. Yes
No **Medical Information**

Doctor's Name:

No. and Street Name:

Suburb: Postcode:

Phone:

Medicare No:

Private Health Fund:

Allergies: *Please specify any known allergies the student has, eg allergy to nuts, penicillin, bee stings etc.*Medical Conditions: *Please specify any medical conditions the student suffers from, eg asthma and/or any medication taken by the student.*Immunisation: *Please indicate if the student has been immunised against the following:*

| | <i>please circle</i> | Date of Immunisation | | <i>please circle</i> | Date of Immunisation |
|--------------------|----------------------|----------------------|----------------|----------------------|----------------------|
| Polio | Yes / No | _____ | Rubella | Yes / No | _____ |
| Measles/Mumps | Yes / No | _____ | Whooping Cough | Yes / No | _____ |
| Diphtheria/Tetanus | Yes / No | _____ | Meningococcal | Yes / No | _____ |
| Hepatitis B | Yes / No | _____ | | | |

Other (*please specify*)
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.....
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| Sacramental Information | | |
|-------------------------|-------|--------|
| Baptism | Date: | Place: |
| Confirmation | Date: | Place: |
| Reconciliation | Date: | Place: |
| Communion | Date: | Place: |
| Current Parish: | | |

| | |
|------------------------|--|
| Government requirement | Nationality: |
| | In which country was the student born? |
| | Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> China <input type="checkbox"/> England <input type="checkbox"/> Philippines <input type="checkbox"/> Hong Kong (SAR of China) <input type="checkbox"/> South Korea <input type="checkbox"/> South Africa <input type="checkbox"/> India <input type="checkbox"/> United State of America <input type="checkbox"/> Other – please specify |

| | |
|------------------------|--|
| Government requirement | 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 <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> |

| EMERGENCY CONTACT INFORMATION | | | |
|-------------------------------|---------|--------------------------|---------|
| Contact 1 | | Contact 2 | |
| Name: | | Name: | |
| Relationship to student: | | Relationship to student: | |
| Ph: | Mobile: | Ph: | Mobile: |

| Non Australian Citizens / Overseas / Exchange Students | |
|--|---------------------|
| Passport Number: | Expiry Date: |
| Permanent resident: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If not permanent resident, Visa Number: | Class: Expiry Date: |
| Date of arrival in Australia: | |
| Australian school entry date: | |

| Court Orders (if applicable) | |
|--|----------|
| Access: Are there any current court orders relating to the student? If yes, please provide a copy of the court order/s. | Yes / No |

Special Needs

Indicate whether the student applying for enrolment has any known or suspected Special Needs.

please tick

| | | | |
|---------------------------------|--|-------------------------|--|
| Educational needs | Yes <input type="checkbox"/> No <input type="checkbox"/> | Medical needs | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Physical needs | Yes <input type="checkbox"/> No <input type="checkbox"/> | Behavioural needs | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Received therapy (eg speech) | Yes <input type="checkbox"/> No <input type="checkbox"/> | any other Special Needs | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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It is important that you advise the school fully so that the school can determine the level of support necessary in order to meet your child's needs. The school will rely on your response in considering this application for enrolment.

List all children in your family attending Catholic Schools (from oldest to youngest) – include applicant.

| Name | School | Year/Grade (current calendar year) |
|------|--------|---------------------------------------|
| | | |
| | | |
| | | |
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| | | |

AGREEMENT

1. I/We agree to support school policies in relation to program of studies, sport, student conduct, school uniform, discipline and the general operation of the school.

2. I / We have included copies of the following documents with this application for enrolment:
(please tick appropriate boxes)

- Birth Certificate *
- Sacramental Certificates to date
- Passport, visa, citizenship documentation (if applicable) *
- Most recent previous school reports and external test results eg Basic Skills Test, ELLA, SNAP (if applicable)
- Relevant Family Court Orders (if applicable) *
- Relevant medical and/or special needs information (if applicable)
- Immunisation Certificate (primary school applications only)
- Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)
- Parish Priest Reference Form (unless priest has indicated he will forward form direct to school)

*** Originals will need to be produced during the enrolment process.**

3. If this enrolment application is successful I / we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.

4. I / We understand that if this application is successful the information that I / we have provided must be kept up to date throughout the period of enrolment, eg change of address.

5. If this enrolment is accepted I / we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).

6. I / We **give / do not give** permission for my/our child's photograph to be used in publications eg school website, Broken Bay News, local newspaper publications.

7. I / We have read the standard collection notice about the collection and management of the personal information contained in this form.

8. If, in time of emergencies, accidents or serious illness, I / we cannot be contacted I / we give permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle.

I / We have read all of the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful. I / We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

Signature: _____ Signature: _____
Father / guardian *Mother / guardian*

Date: _____ Date: _____

Please note: Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee. Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

DIOCESE OF BROKEN BAY

Section A:

PARISH PRIEST'S REFERENCE FORM FOR SCHOOL ENROLMENT

REFERENCE FORM MUST BE COMPLETED FOR EACH APPLICATION
(to be completed by parents for Years K-6)

For Enrolment in: **OUR LADY OF GOOD COUNSEL SCHOOL FORESTVILLE**

Child's Full Name: _____

Child's Religion: _____

Address: _____

Telephone Number: (home) _____ (mobile) _____

Parish of Residence: _____

Parish where you regularly attend Mass: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

How does the family contribute to the Parish Community?

For example: (please tick whichever applicable)

- | | | |
|---|---|--|
| <input type="checkbox"/> Acolytes | <input type="checkbox"/> Altar Servers | <input type="checkbox"/> Readers |
| <input type="checkbox"/> Catechists | <input type="checkbox"/> Planned Giving Programme | <input type="checkbox"/> Care Group |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Church Cleaning | <input type="checkbox"/> Altar Society |
| <input type="checkbox"/> Prayer Group | <input type="checkbox"/> St Vincent De Paul | <input type="checkbox"/> Choir / Musicians |
| <input type="checkbox"/> Catholic Women's League | <input type="checkbox"/> School P&F Association | |
| <input type="checkbox"/> Other (please state) _____ | | |

What value do you see in Catholic Education?

Signed: _____ Date: _____

Section B:

CONFIDENTIAL REFERENCE FROM PARISH PRIEST OF RESIDENCE

Please note

- Families who are members of Frenchs Forest Parish are to leave this section.
- Families who are members of other Parishes/Church Communities please ask your Parish Priest or Minister to complete Section B and then forward it to Our Lady of Good Counsel Catholic School, 11 Currie Road, Forestville.

TO BE COMPLETED BY PARISH PRIEST / MINISTER

Does this family live in your Parish? _____

Do you know them personally? _____

Do they regularly worship and participate in Parish Life? _____

TO BE COMPLETED BY THE ENROLMENT COMMITTEE

I recommend this application for enrolment []

I give provisional recommendation for this application []

I do not recommend this application []

Any further comments:

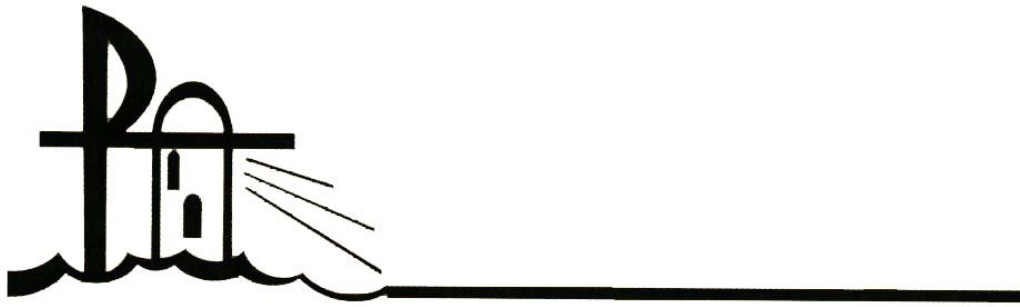
Signed: _____

Parish: _____

(if necessary)

Signed: _____
Parish Priest of Residence

PARISH SEAL



*Catholic Schools
in the
Diocese of Broken Bay
exist to educate and
form young people
in Catholic discipleship:
offering them
experiences
of following Jesus
as members of the
Catholic community.*