



Application For Enrolment

Please ensure that all areas of this application form are completed in full. Some of the information collected on this form is required by the catholic education office for survey statistics and the college has a responsibility to provide accurate information for future planning.

Please return the following with your application

- This completed application form
- A photocopy of birth certificate or document attesting to Australian residency/visa
- A copy of students' latest school report and most recent NAPLAN
- A non-refundable \$200 application fee.
(For Year 7 applications a discount of \$100 will apply to this fee if paperwork is received by May 31st)

Please read carefully to check all information has been supplied, sign the declarations and return to:
The Enrolments Registrar, Lavalla Catholic College, PO BOX 1080 TRARALGON Vic 3844
(Incomplete application forms will be returned)

Student Details

Surname	Given names		
Date of birth / /	Country of Birth		
Residential Address	Gender	Male	Female
City	Postcode		
Religion ▼	Home Tel		
Current School	Student Mobile		
Year level applying for	Calendar year of entry applying for		
Office Use only			

Date Received	Form Completed	Receipt No	Birth Cert	Signatures	Synergetic	Interview	File Director

Student ID	.....	Contact 1 ID	.....
Contact 2 ID	.....	Contact 3 ID	.....
Date Entered	.....	Signature	.....

Parent/Guardian Information

Parent Guardian 1 (Residing at students address)

Relationship to student				Title ▼	
Surname				Given names	
Residential Address				City	Postcode
Postal Address (if different)				City	Postcode
AH Phone				Mobile	
BH Phone				Email	
Marital Status	Married	De Facto	Single	Maiden Name	
Occupation (Please refer to enclosed "Codes for Enrolment Lists")					
Occupation Code ▼				Occupation Group ▼	
Country of Birth				Religion Code ▼	
Language spoken at home (Other than English)				Other language not listed	
Education (Please tick)					
Secondary School	9	10	11	12	Are you a past student of the college Y N
Post School					
Bachelor Degree or equivalent		Diploma/ Advanced Diploma		Certificate 1-4 (including Trades)	Non School Qualifications

Parent/Guardian Information Continued...

Parent Guardian 2 (Residing at students address)

Relationship to student				Title ▼	
Surname				Given names	
Residential Address				City	Postcode
Postal Address (if different)				City	Postcode
AH Phone				Mobile	
BH Phone				Email	
Marital Status	Married	De Facto	Single	Maiden Name	
Occupation (Please refer to enclosed "Codes for Enrolment Lists")					
Occupation Code ▼			Occupation Group ▼		
Country of Birth			Religion Code ▼		
Language spoken at home (Other than English)			Other language not listed		
Education (Please tick)					
Secondary School	9	10	11	12	Are you a past student of the college Y N
Post School					
Bachelor Degree or equivalent		Diploma/ Advanced Diploma		Certificate 1-4 (including Trades)	Non School Qualifications

Student Information

Is The Student of Torres Strait Islander Origin?	Y	N	Commonwealth health care card no. (if Applicable)
Is the student of Aboriginal Origin?	Y	N	

Sacraments (Please tick the Sacraments your child has received)

Baptism	Date	Reconciliation	Date	
Eucharist	Date	Confirmation	Date	
Does the student have any physical or learning needs that the college needs to be aware of?	Y	N	Special Needs	Integration Needs
Does the student currently receive funding?	Y	N	If you have ticked yes to either of the last two questions please complete an additional needs form.	

Does this student have siblings who are currently attending the college?	Y	N			
Name	House	Year Level			
Name	House	Year Level			
Name	House	Year Level			
Does this student have siblings who previously attended the college?	Y	N	Does this student have siblings who may be attending the college in the future?	Y	N
Name		Name			
Name		Name			
Name		Name			

If **NOT** born in Australia please answer the following questions

Visa Type	Visa No.
Issue Date	Expiry Date
Passport No.	Passport Country
Issue Date	Expiry Date
Date Arrived in Australia	First School Attended
First year level commenced in Australia	Initial starting date (at Australian school)
Language spoken at home	Other language not listed

Other Information (Please tick if applicable)

The following information is important and designed to help avoid confusion and embarrassment:

Parents Separated	Parents Divorced	Father Deceased	Mother Deceased		
Father Remarried	Mother Remarried	Are there any court orders relating to this student? (please provide copy)	Y	N	

Non-Residential Parent (if applicable)

Relationship to student

Is this parent to receive copies of school reports?	Y	N	Is this parent to receive the college newsletter?	Y	N
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Title	▼	Surname	Given names
Residential Address		City	Postcode
Postal Address (if different)		City	Postcode
AH Phone		Mobile	
BH Phone		Email	
Marital Status	Married	De Facto	Single
		Maiden Name	

Occupation (Please refer to enclosed "Codes for Enrolment Lists")

Occupation Code	▼	Occupation Group	▼
Country of Birth		Religion Code	▼

Education (Please tick)

Secondary School	9	10	11	12	Are you a past student of the college	Y	N
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Post School

Bachelor Degree or equivalent	Diploma/ Advanced Diploma	Certificate 1-4 (including Trades)	Non School Qualifications
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Medical Information

This information is intended to assist the college in case of any medical emergency involving your child and to assist with special requirements. All information is held in strict confidence. Details must be completed accurately; as staff and emergency personnel will refer to it should the student require urgent medical attention. Please note that camps/excursions/retreats may operate in remote areas where such medical information may be vital.

Family Doctor/Clinic		Phone	
Family Dentist		Phone	
Private Health Fund		Private Health Fund Number	
Ambulance Cover (Highly Recommended)	Y N	Ambulance Number	
Medicare Number			
Can the student swim 50 metres?	Yes, with ease	Yes, with difficulty	No, not at all
Are there any medications taken by the student that the college should be aware of? If yes please specify below		Y N	
Medication		Dose	
Frequency		List side effects	

If the medication is to be administered by the college, please provide it to the first aid officer. The first aid officer may only assist with the dispensing of any medication if the medication is provided in its original packaging with the label clearly displaying the students name and the required dosage. All medications will be stored in a locked cupboard in the first aid office. If it is necessary for the student to carry his or her own medication (for example ventolin or insulin), it must be with the knowledge and approval of the parent/guardian.

Immunisation

DTP (Diphtheria, Tetanus, Whooping cough)	Twinrix (Hepatitis a and b)	Chicken Pox	Japanese Encephalitis
ADT	HIB	Tuberculosis	Yellow Fever
MMR (Measles, Mumps, Rubella)	Influenza	Cholera	Meningitis
Tetanus Booster*	Meningococcal C	Typhoid	Pneumococcal

*Booster (please write date of booster below)

Medical Conditions

Glandular Fever	Chronic Fatigue	Allergic Rhinitis	Period Pain
Travel Sickness	Hay Fever	Heart Condition	Enuresis
Haemophilia	Respiratory	Urinary Infections	Ear Infections
Skin Complaints	Migraine	Eczema	Head Injury
Epilepsy	Nose Bleeds	Chicken Pox	Hepatitis
Diabetes *	Asthma *	Other (Please Specify):	

*Please provide a management plan if your child suffers from asthma and/or diabetes

Allergies

Please indicate if this student has any allergies, specifying the type of allergy and recommended treatment

Allergies to medications	Mild	Severe	Details
Allergies to food or food substances	Mild	Severe	Details
Any other allergies			*Is this child Anaphylactic? Y N

*If yes, please provide the college with a suitable management plan

Local Emergency Contact Details (Other than parents)

Contact 1

Relationship to student	Title	▼	
Surname	Given names		
Residential Address	City	Postcode	
AH Phone	Mobile		
BH Phone			

Contact 2

Relationship to student	Title	▼	
Surname	Given names		
Residential Address	City	Postcode	
AH Phone	Mobile		
BH Phone			

Declaration

(A) In case of an emergency, i hereby authorise the principal or other authorised staff members to contact the nearest doctor available, and if necessary, arrange for any hospital treatment/ambulance transportation. I accept any responsibility for any costs involved.

(B) I support the principal and staff in the education of my child and in the observance of college expectations as described in the code for student behaviour as it stands and is amended from time to time.

Signature

Father/ Guardian	.....	Date	/	/
Mother/ Guardian	.....	Date	/	/

Permission Regarding Use of Student Photographs

I/we give permission for Lavalla Catholic College and the catholic education office to publish the image, work and name of my child on the college website and in publications or media that could have a circulation outside the school community, as per the standard collection notice.

Signature

Father/
Guardian Date / /

Mother/
Guardian Date / /

The Code for Student Behaviour (please have student sign below)

Agreement of student to abide by the Student Code of Behaviour

Students are accepted into Lavalla Catholic College on the understanding that they are prepared to become familiar with, accept and act in accordance with the gospel and Marist values which are the foundation of the college community.

Students are expected to:

- Treat all people with the respect and dignity they deserve.
- Behave in a responsible and cooperative manner, enabling all members of the college community to feel safe and respected.
- Respect the right of every individual to learn by consistently behaving in a responsible manner in all classes.
- Participate in, and support, the religious education and liturgical programs of the college.
- Cooperate with the teacher's instructions and all college policies and procedures.
- Respect the college environment and the property of others.
- Complete school work and home work requirements to the best of their ability and in a timely manner.
- Be fully supportive of all college activities and participate as much as possible.
- Be punctual to school and all classes.
- Wear the correct college uniform as stipulated in the college uniform policy.
- Represent the college, when required, in a manner which brings credit to themselves and the college community.
- Abstain from all dangerous, threatening or illegal activities, including the possession or use of tobacco, alcohol, illegal drugs and dangerous weapons.
- Adhere to the college's technology policy, as it is amended from time to time.
- Accept the consequences of breaches of the student code of behaviour, which may include detention and suspension.

Signature
of Student Date / /

School Fees

School fees information is contained in a school fees brochure included in this enrolment package. A student's continued enrolment at the college is subject to the timely payment of all fees and charges raised by the college, and to the completion of an enrolment intention form in august each year.

A place for a student cannot be confirmed without the college being in receipt of:-

- A completed enrolment application accompanied by all necessary support documents
- Enrolment administration fee \$200.
- A signed fees agreement together with a fully completed payment plan. (Fees agreement and payment plan forms will be forwarded to parents after enrolment interviews have been conducted).

Privacy Collection Notice

Under the Privacy Act (the Act) Lavalla Catholic College is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APP's). This information is set out in our Privacy Policy which is available on the Lavalla Catholic College public website www.lavalla.vic.edu.au and also available upon request in hard copy from the Lavalla Catholic College office.

Our Privacy Policy describes

- who we collect information from;
- the types of personal information collected and held by us;
- how this information is collected and held;
- the purposes for which your personal information is collected, held, used and disclosed;
- how you can gain access to your personal information and seek its correction;
- how you may complain or inquire about our collection, handling, use or disclosure of your personal information and how that complaint or inquiry will be handled; and
- whether we are likely to disclose your personal information to any overseas recipients.

We strongly recommend that you read our Privacy Policy and if you have any queries with respect to its content you should contact the Lavalla Catholic College Privacy Officer at privacy@lavalla.vic.edu.au



Before returning this Form to the College, please check;-

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Photocopy of Student's Birth Certificate or passport or other document attesting to Australian residency/Visa

Attached

Photocopy of Student's most recent School Report

Attached

Enrolment Application Fee is to accompany this Form

Payment by Credit Card

If you wish to pay the Enrolment Application by Credit Card, please complete the information below

Credit Card Visa

Mastercard

Card
Number

Expiry
Date /

CCV
Number

Signature

Thank you