



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

Occupation Code	▼	Occupation Group	▼
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Country of Birth	Religion Code	▼
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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, Whoop-
ing cough)

Twinrix
(Hepatitis a
and b)

Chicken
Pox

Japanese
Encephalitis

ADT

HIB

Tuberculosis

Yellow Fever

MMR (Measles,
Mumps, Rubella)

Influenza

Cholera

Meningitis

Tetanus Booster*

Mening-
ococcal C

Typhoid

Pneumo-
coccal

*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	/	/

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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Completed

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Page 7
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Page 8
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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