



James Sheahan Catholic High School

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Application for Enrolment

Student Details

Student's Name: _____
(Christian Name/s) (Surname)

Enrolment for Year: 7 8 9 10 11 12 Calendar Year for Enrolment: 20__
(Please circle)

Family Name: _____ Gender: _____

Date of Birth: _____ Country of Birth: _____

Previous School: _____

Does the student or mother/carer or their father/carer speak a language other than English at home?
Please tick appropriate box (If more than one language, indicate the one that is spoken most often).

No, English only Student Mother/Parent1/Carer1 Father/Parent2/Carer2

Yes, Other – please specify

Is the student of Aboriginal or Torres Strait Islander Origin?

(Please advise if your child is of Aboriginal or Torres Strait Islander origin as this will assist with DEET Census Information and Funding Applications. For persons of both Aboriginal and Torres Strait Islander Origin, please mark both 'Yes' boxes)

No Aboriginal Torres Strait Islander

Student Lives With / In Custody of:

Mother & Father Mother Father
 Mother & Stepfather Father & Stepmother Other _____

Student lives at the Family Address Yes No

If No, please state the student's boarding address _____

Student's Religion: _____

Baptism Date: _____ Parish: _____

Confirmation Date: _____ Parish: _____

Eucharist Date: _____ Parish: _____

Reconciliation Date: _____ Parish: _____

Student's Doctor's Name: _____ Doctor's Phone Number: _____

Medicare Number: _____

Allergies/Medical History: _____

Medications Being Taken: _____

(The school should be advised in writing of any known medical condition and the medication which either you administer or your child needs to administer)

Is the child permitted to have an anaesthetic?

Yes

No

Accident Permission: If in the event of an accident or serious illness I cannot be contacted, I give permission for the Principal (or representative) to seek medical attention for my child as required.

Parent1/Carer1 Signature: _____ Date: _____

Parent2/Carer2 Signature: _____ Date: _____

Family Details

Family Surname: _____

Address (street): _____ Address (postal): _____

Phone (home): _____ Phone (alternate): _____

Email Address: _____

Emergency Contact Details (name, relationship & phone number):

Sibling Details

Name **Date of Birth** **Current School**

Complete for Caregiver not living at Student's Residential Address

First Name: _____ Address: _____

Surname: _____

Relation to Student: _____

Phone (home): _____ Phone (alternate): _____

Access Details: _____

PARENTS/CARERS PLEASE COMPLETE THE SECTION BELOW

Mother/Parent1/Carer1

Father/Parent2/Carer2

Title: _____

Title: _____

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Relationship to Student: _____

Relationship to Student: _____

Custody: Yes No

Custody: Yes No

Phone (home): _____

Phone (home): _____

Phone (work): _____

Phone (work): _____

Phone (mobile): _____

Phone (mobile): _____

Email: _____

Email: _____

Religion: _____

Religion: _____

Country of Birth: _____

Country of Birth: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

- If not currently in **paid** work but have had a job in the last 12 months or have retired in the last 12 months, please write your last occupation.
- If not in **paid** work in the last 12 months, write 'NIL' on the line above.

What is the highest level of primary or secondary school the parents/carers have completed?
(for persons who have never attended school, mark 'Year 9' or equivalent or below)

Mark one box only in each column

Mother/Parent1/Carer1

Father/Parent2/Carer2

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

What is the level of the highest qualification the parents/carers have completed?

Mark one box only in each column

Mother/Parent1/Carer1

Father/Parent2/Carer2

Bachelor degree or above

Diploma/Advanced Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

Educational Details

Special Programs

Please tick if your child is currently in a program for any of the following:

Speech Therapy Hearing Occupational Therapy Sight

Learning Needs

Please tick if your child has received special assistance in learning in any of the following:

Gifted & Talented Reading Spelling Writing
 Mathematics ESL Other _____
 Music

What instrument does your child play? _____

Please tick if your child is interested in participating in any of the following:

School Band Choir School Instrumental Program
(cost involved - see Enrolment Booklet)

Sporting Achievements

Please list your child's previous Sporting Achievements: _____

Declaration

1. I/We have read the Enrolment Handbook, and am/are willing to support the values and policies of James Sheahan Catholic High School.
2. I/We undertake that our child will attend and participate fully in the Religious Education activities at the school, including Reflection Days and Retreats.
3. I/We accept my/our obligation to pay school fees, subject fees and building fund levies as determined by the Parish and Diocesan Education Authorities and the Principal on demand.
4. I/We enclose the \$100 Application Fee which I/we understand is non-refundable and is in addition to the school fees.
5. I/We understand that my child's current school may be contacted regarding a confidential reference.

Parent1/Carer1 Signature: _____ Date: _____

Parent2/Carer2 Signature: _____ Date: _____

Office Use Only

Date Received: _____ Receipt Number: _____

Interview Date: _____ Interviewed By: _____

Comments: _____

Result: _____