



# Application for Enrolment

## OFFICE USE ONLY:

Date Received: \_\_\_\_\_

- Birth Certificate
- Certificate of Baptism
- School Report
- Visa / Citizenship

## STUDENT DETAILS

Year Level at Commencement (eg Year 7):		Year of Commencement:	
Surname:		Gender:	
Given Name(s):			
Preferred Name:		Date of Birth:	
Street Address:			
Suburb:		State:	Postcode:
Home Phone:		Student Mobile (if applicable):	
Current School:		Current Year Level:	

## FAMILY DETAILS

Family Surname:	
Mail to: (eg Mr & Mrs Smith)	
Number of children in the family:	Boys          Girls
Please list names of siblings who have attended or are currently attending Kolbe Catholic College	
Name:	Current Year Level/Year left:
Name:	Current Year Level/Year left:
Name:	Current Year Level/Year left:
Name:	Current Year Level/Year left:

## FAITH & SACRAMENTS

Religion:	Current Parish:		
Please tick if you have received the following Sacraments:			
Baptism <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>

## NATIONALITY

Country of Birth:	Nationality:
Date of Arrival: (if born outside of Australia)	First Year Enrolled at an Australian School:
Main language spoken at home:	Other Language:
Does the student study a language outside of their current school?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which language?	Language School?



## CITIZENSHIP

Is the student an Australian Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please specify Visa status	Type of Visa:	Sub Class:
Passport Number:	Date of Arrival in Australia:	
Is the student of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INDIVIDUAL NEEDS					
Does the student have any individual needs the College should be aware of to help support them?					
Gifted/Extension Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Literacy Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ESL/New Arrival	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Numeracy Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health/Medical/Physical	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
LNSLN Funding	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please provide category (eg. Social Emotional, Severe Language, Chronic Health, Hearing/Vision Impairment)					

ADDITIONAL INFORMATION: YEARS 8-12 APPLICATIONS ONLY	
Current Year Level:	Proposed Commencement Date:
Current School:	Current School Contact:
Previous VCE Years: (if applicable)	VCAA No. (if applicable)
Reason for leaving:	

CONFIDENTIAL MEDICAL INFORMATION	
Name of Student:	Medicare Number:
Name of Family Doctor:	Telephone Number:
Ambulance Subscription: Yes <input type="checkbox"/> No <input type="checkbox"/>	Subscription Number:
<p><b>Does your child have any medical condition that would require IMMEDIATE TREATMENT or response?</b>  <b>Eg. Known Severe Allergy (Anaphylaxis), Epilepsy, Asthma, Diabetes, Heart Condition</b>            (A separate Anaphylaxis Management Plan and Asthma Form must be completed and signed by a Medical Practitioner. Should medication need to be administered at school, a separate Medical Request Form must be completed. These forms are available from our Administration Office.</p>	
No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, please specify:

CONSENT TO MEDICAL ATTENTION	
Where the College is unable to contact me or my nominee, I authorise the College to administer such First Aid as the College may judge to be reasonably necessary; provide such medical or surgical attention as may be deemed necessary by a medical practitioner or authorised medical agent; including the provision of ambulance transport/treatment as deemed appropriate:	
Signature of Mother/ Guardian: 	Date:
Signature of Father/Guardian: 	Date:

Please nominate two people who are not a parent/guardian who may be contacted in an emergency		
	Emergency Contact 1	Emergency Contact 2
Surname		
First Name		
Gender		
Relationship to Student		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		

PARENT/GUARDIAN DETAILS		
	Father/Guardian	Mother/Guardian
Title		
Surname		
First Name		
Relationship to Student		
Address		
Suburb & Postcode		
Mailing address if different		
Residential Guardian	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
Email		
Occupation		
Employer		
Occupation Group (Please see last page for further explanation)	<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N	<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N
Highest Year of School Education	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Level of Highest Qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification
Do you speak a language(s) other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please list)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please list)
<b>Do you require an interpreter for day to day communications?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (Preferred Language)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Preferred Language)
Country of Birth		
Nationality		
Ethnic Origin		
Religion		
Are you an Australian Citizen	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Non Residential Parent/Guardian Requiring Student Correspondence
Surname:
First Name:
Address:
Suburb & Post Code:
Email:
Relationship to Student

Are there any Court Orders or Parental Agreements in place relevant to the residence of the student? <input type="checkbox"/> No <input type="checkbox"/> Yes
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## FINANCIAL INFORMATION

### Billing Information

Information provided in this form will be used to set up your fee account with the College. If you need to make any changes to family details or your billing arrangements at any time, please contact the Administration Office.

**Student's Full Name** \_\_\_\_\_



### Person(s) responsible to payment of school fees

I/We acknowledge and accept that the signatories below are jointly and severally liable to all fees and charges payable and pertaining to my/our child's education at Kolbe Catholic College Greenvale Lakes; regardless of any future financial arrangements between the parents/guardians.

The College Fee Policy may be viewed in full on our website at [www.kolbecc.catholic.edu.au](http://www.kolbecc.catholic.edu.au)

Please tick to indicate you have read and agree with the College's Fee Policy

### Name of person/persons legally and financially responsible for payment of fees

	Person 1		Person 2	
Percentage of fees responsible for	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%
Surname				
First Name				
Email *				
Relationship to Student				
Signature				
Date				

\* an email address must be provided for each fee payer

## ENROLMENT PREFERENCE

If applying for other schools, please list schools in order of preference, including Kolbe Catholic College


1.	2.	3.
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## INFORMATION COLLECTION PERMISSION

I/We give permission for Kolbe Catholic College to seek information from my child's Primary/Secondary school:

No  Yes

- I/We understand that if my child has special needs, this may involve information regarding specialist reports for Kolbe Catholic College and the CEM/CECV for the purpose of Integration Funding
- Following the CEM/CECV Guidelines, details of all applications will be shared with other Catholic colleges in our region.

Signature of Mother/Guardian: 

Date:

Signature of Father/Guardian: 

Date:

## PRIVACY STATEMENT

Kolbe Catholic College is collecting this information to facilitate the enrolment and transition of your child. The information is used for general educational purposes and development initiatives within the College community, during and subsequent to the period of enrolment. The information will only be used for the purposes for which it has been provided. The College's Privacy Policy may be viewed in full on our website .

Please tick to indicate you have read and agree with the College's Privacy Policy

## PHOTOGRAPH/VIDEO PERMISSION

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our College publications. I/We give permission for my child's photograph/video and name to appear in publications such as, but not limited to the College year book, the school newsletter, the school intranet, the school website and social media, promotional materials, newspapers and other media.

### Licensed under N.E.A.L.S

The photograph may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

I authorise the CEM/CECV to use the photograph in material available free of charge to schools and education departments around Australia for the CEM/CECV's promotional and educational purposes.

Name of Parent/Guardian:

Signature of Parent/Guardian:



Date:

If the student is aged 15+, the student must also sign:

Name of Student:

Signature of Student:



Date:

## DECLARATION

In all matters pertaining to the administration of the College and its discipline and attendance of the enrolling student at College functions, their wearing of the College uniform, and their conforming to accepted standards in matters of general behaviour and appearance, we agree to abide by the decisions of the College Board as conveyed to me by the Principal or published in Policies or Newsletters of the College.

1. Fees are payable in accordance with payment terms listed on the College's schedule of tuition fees and charges. Fees are reviewed by the College Board on an annual basis.
2. The parents of the student applying will be responsible for all breakages and damage to College property caused by the student.
3. Students shall comply with any requirements the College may make in respect to uniform, general appearance, behaviour and participation in the College's program of activities and Religious Education program.
4. The College will not be responsible for loss or damage to clothes, effects etc. of a student.
5. These conditions are subject to alteration from time to time by the College. Any such alteration shall be notified in writing. Continuing enrolment of a student at the College following receipt of such notice shall be deemed to constitute acceptance of the revised conditions.
6. I have read the Privacy of Collected Information Notice outlining the collection of information under the Privacy Act. Information Notice outlining the collection of information under the Privacy Act.

Signature of Mother/Guardian:



Date:

Signature of Father/Guardian:



Date:

## STATEMENT BY STUDENT

I wish to be enrolled at Kolbe Catholic College Greenvale Lakes and, if accepted, I agree to abide by the spirit and rules of the College.

Signature of Student:



Date:

## DOCUMENT CHECKLIST

**Copies of the following documents are required. Please note: No original documents for photocopying will be accepted.**

Please tick appropriate boxes:

- Birth Certificate
- Certificate of Baptism
- Copy of most recent school report (mid year or end of year where applicable)
- Relevant Family Court Orders (where applicable)
- Visa documentation (where applicable)
- Citizenship documentation (where applicable)

The Enrolment Application is deemed incomplete until ALL relevant documents are provided.

## PAYMENT METHOD

**A non-refundable Administration fee of \$50 must accompany this Application Form. Please select your payment method:**

- Cash
  - Cheque
  - Money Order
  - EFTPOS
  - Credit Card
- Card Number
- Expiry Date  CVV

## FEEDBACK

**How did you hear about Kolbe Catholic College?**

- Word of Mouth
- Primary School
- Parish
- Current Family
- Advertising
- Open Day/School Tour
- Website
- Social Media
- Other \_\_\_\_\_

**What influenced you to seek enrolment at Kolbe Catholic College**

	Strong Influence	Moderate Influence	No Influence
Catholic School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering for Individual Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathways Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Curricular Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of School Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify			

Please return the completed Application for Enrolment Form together with requested documentation to:

The Registrar  
Kolbe Catholic College  
PO Box 480  
CRAIGIEBURN VIC 3064

For further enquiries, please contact the Registrar on 03 8339 3060 or email registrar@kolbecc.catholic.edu.au

## LIST OF PARENTAL OCCUPATION GROUPS

### OCCUPATION GROUP A

#### **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 directors, 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 then teach others:
  - Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
  - Business (managements 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)

### OCCUPATION GROUP B

#### **Other business managers, arts/media/sports persons 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, Commuting 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

### OCCUPATION GROUP C

#### **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, recoding/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 adjustor, market researcher)
  - 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)

### OCCUPATION GROUP D

#### **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, kitchen hand, 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 assistant.
- Labourers & 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, forest/logging worker, miner, seafarer/fishing hand)
  - Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector car park attendant)

### OCCUPATION GROUP N

#### **If you have not been in paid work for the least 12 months**

- Home Duties
- Carer

FAITH • COURAGE • COMPASSION