APPLICATION FOR ENROLMENT

Family Name: ____________________ First Name: ____________________

Year to commence: ___________ Grade: ____________________

Please return your completed application form with original
Birth Certificate, Baptism Certificate and Status of Immunisation Certificate to:

Principal
Annunciation P.S.
P O Box 431,
Altona North, 3025

We will photocopy the Birth & Baptism Certificates and return them to you.

Any enquiries should be directed to Connie Cornwill at the school office on 9314 6271.

CHILD’S DETAILS
Family Name: _________________________  Child’s First Name: _________________________

Address: _______________________________________________________________________

Postcode: ______________  Home phone: ________________________

Sex (please circle):  Female / Male  Date of Birth: ______/_______/_______

Country of Birth: _______________  Year of Arrival in Australia: ______________________

Religion: ________________________

Sacraments received:  Baptism ……/……/……  Reconciliation ……/……/……
Eucharist ……/……/……  Confirmation ……/……/……

Place sacraments received (church name & suburb) ______________________________________

Kindergarten or School last attended: ____________________________________________________

Medicare No.: __________________________  Ambulance Subscription:  YES  NO

Has your child any:
physical disability  YES  NO  learning disability  YES  NO
eyesight problems  YES  NO  hearing problem  YES  NO
asthma  YES*  NO  allergies  YES  NO

If yes to any of the five questions above, please give details including medication: ________________

____________________________________________________________________________________

____________________________________________________________________________________

* If your child is an asthmatic please obtain an Asthma Management Plan from the school. This needs to be completed in conference with your child’s Medical Practitioner and returned to school so it can be kept on file both with class teacher and office records.

Is there any other information about your child that the school should know?  YES  NO

If yes, please give details: ______________________________________________________________

____________________________________________________________________________________

Who does the child normally live with (please circle):
Both mother & father  Mother only  Father Only  Guardian

Is there a Family Court Order (access restriction) for your child?  Yes  No

If yes, please supply a copy of the Family Court Order.

**YOUNGER CHILDREN IN FAMILY**

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<tr>
<th>Name</th>
<th>Date of Birth</th>
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**MAILING NAME & ADDRESS**

Mailing name and address for accounts, student’s reports, correspondence, etc.:

Name (Include title e.g. Mr & Mrs, Mr, Mrs, Ms, etc. and first initial)

Address: ____________________________________________________________

**FATHER’S DETAILS**

Surname: _________________________  Christian Name: _________________________
Address (if different to child): _____________________________________________

Home phone number (if different to child): _________________________________

Country of Birth: ___________________________ Year of Arrival in Australia: __________

Religion: _____________________________

Marital Status: Married  Divorced  Remarried  Widowed  De Facto  Separated  Sole Parent

Occupation: ___________________________ Full-time  Part-time

Employer: ____________________________________________________________________________

Work phone number: ______________________ Mobile phone (if applicable): ______________________

Email address: ____________________________________________________________________________

Do you have a current Commonwealth Health Card? YES  NO

MOTHER’S DETAILS

Surname: _______________________________ Christian Name: _______________________________

Address (if different to child): __________________________________________________________

Home phone number (if different to child): _________________________________

Country of Birth: ___________________________ Year of Arrival in Australia: __________

Religion: _____________________________

Marital Status: Married  Divorced  Remarried  Widowed  De Facto  Separated  Sole Parent

Occupation: ___________________________ Full-time  Part-time

Employer: ____________________________________________________________________________

Work phone number: ______________________ Mobile phone (if applicable): ______________________

Email address: ____________________________________________________________________________

Do you have a current Commonwealth Health Card? YES  NO

EMERGENCY CONTACT

In the event of illness/emergency, school authorities may be unable to contact you (the parents/guardians). Please provide the names of at least two adults who could look after your child on your behalf. (Please inform these people that you have nominated them as emergency contacts).

<table>
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<tr>
<th>Name: (first name &amp; surname)</th>
<th>Relationship to child (e.g. aunt, Grandparent, uncle, friend, etc.):</th>
<th>Daytime phone number</th>
<th>Mobile phone number</th>
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CONDITIONS OF ENROLMENT

CHILDREN’S PROPERTY
Parents/guardians should note that at Annunciation School; teachers and senior administration staff are authorised by the Principal to examine school bags/other property belonging to any enrolled pupil. This would take place when it is deemed to be in the interests of safety, morale or the school’s good name.

RELIGIOUS EDUCATION AND SACRAMENTS
Annunciation School is a Catholic Primary School and hence it is expected that all students and parents will respect and support the school’s Catholic Ethos and Religious Education Program.
As standard procedure in Catholic Education, only those children who have been Baptised in the Catholic Church will be eligible to receive the Sacraments of Reconciliation, Eucharist and Confirmation.

DISCLOSURE OF RELEVANT INFORMATION
In making this application for enrolment parents/guardians must be prepared to provide the school with all relevant and necessary information about their child. For example, if a child has a recognised disability (physical, learning, emotional, etc.) or other serious problem, the Principal must be informed of the same. Failure to do so could:

a) jeopardise the enrolment
b) reduce the school’s opportunities to gain appropriate enrolment support/advice from Government or Catholic Education Office sources
c) impair the education of the child

EXPECTATION OF PARENTS/GUARDIANS
By completing and signing this application form I/we the parents/guardians confirm I/we have read and understood the Expectation of Parents/Guardians of students enrolled at Annunciation Primary School.

PRIVACY POLICY AND STANDARD COLLECTION NOTICE
By completing and signing this application form I/we the parents/guardians confirm I/we have read and understood the Privacy Policy and Standard Collection Notice of Annunciation Primary School.

PERMISSION TO CONTACT CURRENT OR PREVIOUS SCHOOL OR KINDERGARTEN
By completing and signing this application form the parents/guardians authorise the Principal or his/her delegate to contact the kindergarten or school their child is currently attending (or previously attended) to obtain information relating to their child that may assist in the transition. In the case of Kindergarten children, such disclosure may include information concerning readiness for school. All information will be treated confidentially.

I/we have read and agree to the conditions of enrolment mentioned above.

Mother/Guardian Signature: ___________________________ Date: ______________

Father/Guardian Signature: ___________________________ Date: ______________

ACCIDENT DECLARATION

• This consent would only be used in emergencies.
• A separate accident declaration will be required for all excursions/camps.
In the event of an accident or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or delegated staff member in charge of my child - (where it is impractical to communicate with me) - to consent to any emergency medical treatment on my behalf as deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and medical procedures. I will incur the costs of any such treatment or procedures.

Mother/Guardian:
Name: ___________________________
Signature: ___________________________ Date: _____/_____/

Father/Guardian:
Name: ___________________________
Signature: ___________________________ Date: _____/_____/