



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's (if enrolled by May 31st, a discount of \$100 will apply to this fee)
- For prospective Year 8-12 students, a non-refundable Application Fee of \$100.

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 <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	Country of Birth <input type="text" value=""/>
Residential Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City	Postcode
Religion <input type="text" value=""/>	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)

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)

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	<input type="text"/>	Year Level	<input type="text"/>
Name	House	<input type="text"/>	Year Level	<input type="text"/>
Name	House	<input type="text"/>	Year Level	<input type="text"/>

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 <input type="text"/>	

Other Information (Please tick if applicable)

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

Parents Separated	<input type="checkbox"/>	Parents Divorced	<input type="checkbox"/>	Father Deceased	<input type="checkbox"/>	Mother Deceased	<input type="checkbox"/>
Father Remarried	<input type="checkbox"/>	Mother Remarried	<input type="checkbox"/>	Are there any court orders relating to this student? (please provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-Residential Parent (if applicable)

Relationship to student

Is this parent to receive copies of school reports?	<input type="checkbox"/>	<input type="checkbox"/>	Is this parent to receive the college newsletter?	<input type="checkbox"/>	<input type="checkbox"/>
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a past student of the college	<input type="checkbox"/>	<input type="checkbox"/>
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Post School

Bachelor Degree or equivalent	<input type="checkbox"/>	Diploma/ Advanced Diploma	<input type="checkbox"/>	Certificate 1-4 (including Trades)	<input type="checkbox"/>	Non School Qualifications	<input type="checkbox"/>
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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	<input type="checkbox"/>	Chronic Fatigue	<input type="checkbox"/>	Allergic Rhinitis	<input type="checkbox"/>	Period Pain	<input type="checkbox"/>
Travel Sickness	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Enuresis	<input type="checkbox"/>
Haemophilia	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	Urinary Infections	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>
Skin Complaints	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Nose Bleeds	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Diabetes *	<input type="checkbox"/>	Asthma *	<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	

*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	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Severe	<input type="checkbox"/>		
Allergies to food or food substances	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Severe	<input type="checkbox"/>		
Any other allergies					*Is this child Anaphylactic?	<input type="checkbox"/> Y <input type="checkbox"/> 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 (\$100 if all documents received by May 31).
- 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;-

Page 1 Completed	<input type="checkbox"/>	Page 2 Completed	<input type="checkbox"/>	Page 3 Completed	<input type="checkbox"/>	Page 4 Completed	<input type="checkbox"/>
Page 5 Completed	<input type="checkbox"/>	Page 6 Completed	<input type="checkbox"/>	Page 7 Completed	<input type="checkbox"/>	Page 8 Completed	<input type="checkbox"/>
Photocopy of Student's Birth Certificate or passport or other document attesting to Australian residency/Visa				Attached	<input type="checkbox"/>		
Photocopy of Student's most recent School Report				Attached	<input type="checkbox"/>		
Enrolment Application Fee is to accompany this Form					<input type="checkbox"/>		

Payment by Credit Card

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

Credit Card	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/> / <input type="text"/>	CCV Number	<input type="text"/>	<input type="text"/>
Signature			

Thank you