

ST LUCY'S SCHOOL

In the Catholic Dominican tradition. A community enriched by difference; inspiring learning for a life of purpose.

APPLICATION FOR ENROLMENT

PRIMARY SCHOOL

PLEASE ATTACH RECENT PHOTO

We live **Joy**, foster **Community**, act with **Courage**, pursue the **Truth**.

21 Cleveland Street, Wahroonga 2076 Australia | www.stlucys.nsw.edu.au/enrolment Email: enrol@stlucys.nsw.edu.au | Phone: (02) 9487 1277

APPLICATION FOR ENROLMENT PRIMARY SCHOOL

CHECKLIST

Please attached the following documentation to the Application for Enrolment:

| The Application for Enrolment Form, with all contact and medical details fully completed. The signatures of both parents are required. Where only one parent signs, that person must satisfy the School that he/she is the sole parent and will be responsible for all fees and charges. Contact Registrar if you | Your written account of your child, your hopes and expectations of St Lucy's (pg 4). Any other medical/medication plans applicable Recent photo of the student (stuck to front of form) Copy of Birth Certificate/passport | |
|--|---|--|
| need to discuss this. | Immunisation Certificate | |
| Visa status documentation (where relevant). | Baptism Certificate (if applicable) | |
| A copy of passport and visa details if the student is not an Australian or New Zealand citizen and transcripts of reports. Current psychology report – recent expert assessments of your child's disability/ disabilities (see Eligibility Criteria on page 7 of Enrolment). Please note that along with any diagnosis, we also need a Stanford Binet, or Weschler cognitive assessment from a psychologist. Contact Registrar if your child does not have a Cognitive Assessment. Any other assessments or reports (Speech, OT, etc) that provide further information about your child relevant to the school. | Family Court Orders, if access restrictions in place. In the case of sole custody or split guardianship the school must be provided | |
| | with a copy of any court order or other custody documentation. | |
| | ASCIA Action Plan for Anaphylaxis (if applicable) | |
| | \$500 (AUD) application fee (non refundable) Please pay enrolment application fee to: | |
| | St Lucy's School | |
| | BSB: 062264 Acc No: 00900159 Please put child's name in reference field. | |
| | Applications must be complete in order to be considered for enrolment. Thank you! | |

JOY | COMMUNITY | COURAGE | TRUTH



ST LUCY'S SCHOOL APPLICATION FOR ENROLMENT

21 Cleveland Street, Wahroonga 2076 Australia www.stlucys.nsw.edu.au/enrolments Email: enrol@stlucys.nsw.edu.au Phone: (02) 9487 1277

Student Details:

| Surname | Given Name/s | |
|--|--|--|
| Preferred First Name | Date of Birth: | |
| Sex Demoise Sex Demoise Sex | Primary Home Address of Student | |
| Year which you are seeking to enrol student | | |
| Intended Start Date | Country of Birth | |
| | | |
| Students Residency Status | | |
| Australian Citizen New Zealand Citizen Norfolk Islander Permanent Resident Visa Holder Residence determination | | |
| If born overseas, what date did student arrive in Australia? | | |
| If student is a permanent or temporary visa holder, please provid | - | |
| Current Visa sub-class Visa expiry | | |
| | / Copy of Visa Documentation | |
| | | |
| Has your child attended school previously (for kindergarten stuc | · · · · | |
| Location Date | s of Attendance / / to / / | |
| Is English the only language spoken at home? | If No, what other language/s are spoken? | |
| Aboriginality No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander | | |
| Child's religion (if any) | Sacraments received (if applicable) | |

Student's Medical Details

| Student's Medicare Number | Medicare Card Expiry date |
|--|---|
| | |
| Private Medical Fund | Private Medical Fund Number |
| | |
| Doctors name/Medical Centre | Does your child have Allergies? Yes If Yes, what is the allergy to |
| Doctors Address | |
| | Is it a severe allergy (anaphylaxis)? Yes No Does your child have an ASCIA Yes No Action Plan for Anaphylaxis? Yes No Please attach this Plan to enrolment form Yes Yes |
| Doctors Phone Number | Has you child been prescribed an Yes No adrenaline autoinjector (ie EpiPen®)? If yes, you will need to provide the school with one (and renew prior to expiry date) |
| Immunisation – please indicate if your child is immunised against | the following: |
| (Immunisation certificate must be supplied.) | |
| Diptheria Whooping Cough Polio Tetar | nus Rubella Chickenpox Other |
| Medical Conditions the school should be aware of : Asthma Diabetes Epilepsy Seizures Other: Diabetes | Will your child require medication to be administered in school hours? Yes No If so what prescribed medication? The school will require further information in relation to prescribed medication on enrolment. No |
| Yes No In the case of accident/illness, I give permissio Hornsby Hospital or another hospital (if necess | n for my child to be seen by the Casualty Department of sary) and to be transported by ambulance. |
| Please provide below an account of your child - we're interested diagnosis to this point; how they fit into your family; what are yo | |
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Family Details

| Family Status In the case of sole custody or split guardianship the school must be provided with a copy of any court of other custody documentation. | | |
|---|--|--|
| Parent/Carer 1 | | |
| Surname | Does this Parent/Carer live in the Primary Address listed in Student Details section? Yes No If no, residing address | |
| Given Name/s | | |
| Preferred First Name | | |
| | Is the mailing address different to residing address? | |
| Sex All Semale | Yes No If yes, please provide | |
| Country of Birth | | |
| Nationality | | |
| Aboriginality No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander | | |
| Occupational group (see back page) Please chose the Group that best describes your occupation (mark only one box). If you have retired or stopped work in the last 12 months, chose the group in which you used to work. (See back page of this document for occupational reference to this.) Group 1 Group 2 Group 3 Group 4 | | |
| Occupation | Business name of current employer (if any) | |
| What is the highest level of schooling completed? Year 12 or equivalent Year 12 or equivalent Year 10 or Equivalent Year 9 or equivalent or below | | |
| Educational Qualifications - What is the highest qualification completed? No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/diploma Bachelor degree or above | | |
| Does this parent/carer speak a language other than English at home? English only Yes | If yes, what language/s? | |
| I confirm that I will be responsible for payment of fees. If sole parent, I will be responsible for all fees and charges. | | |
| Signature of Parent/Carer 1 | Date: | |

Parent/Carer 2

| Side in Vers _ No if no, residing address Given Name/s | Surname | Does this Parent/Carer live in the Primary Address listed in Student Details section? | |
|--|--|---|--|
| Given Name/s Image: Section of Sectin of Section of S | | | |
| Preferred First Name Sex Male Female Country of Birth Nationality Aboriginality No Aboriginality No Aboriginal or Torres Strait Islander Occupation Business name of current employer (if any) What is the highest level of schooling completed? Year 12 or equivalent Year 12 or equivalent Confirm that I will be responsible for payment of fees. If sole parent, I will be responsible for all fees and charges. Signature of Parent/Carer 2 Date: Displant to the sole of contracts Additional Emergency Contacts Please Instruction: Please instruction: Prese This Sole mergency in whet you used to work of sole pay in the sole or stopped work in the last 12 months. Prese choose the group in whet you used to work. (See back page of this document for occupational reference to this.) Group 1 Group 2 Group 3 Group 4 Usiness name of current employer (if any) | Given Name/s | | |
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| Alt number (home, work) | | | |
| | Relationship to Student | | |
| Family Name Given Name/s | | | |
| | Family Name | Given Name/s | |
| | | | |
| Relationship to Student Phone number (mobile) Alt number (home, work) | Relationship to Student | | |

Validation of Eligibility for School, Assisted Transport and Funding

| Area of Development | Acceptable Assessment Instruments | Date of Assessment | Quals of Assessor | Results |
|------------------------|--|-----------------------|----------------------|---------|
| Cognitive | Stanford Binet WIPPSI WISC Other | | | |
| Social/ behavioural | ABAS Vineland Baileys | | | |
| Physical | Please provide information. | | | |
| Sensory | Vision Acuity | | | |
| Autistic Spectrum | CARS GARS DSM IV DSM V A.D.O.S | | | |

Declaration and accuracy and signature

I declare that the information in this application is, to the best of my knowledge and belief, accurate and complete. Where I have given personal information about people other than myself or my child, I have done so with authorisation. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

| Signature of Parent/Carer 1 | Signature of Parent/Carer 2 |
|-----------------------------|-----------------------------|
| Print Name | Print Name |
| Date: | Date: |
| | |

RETURN FORM TO: Registrar, St Lucy's School | 21 Cleveland Street, Wahroonga NSW 2076 | enrol@stlucys.nsw.edu.au

The information requested in this Enrolment Form is for assessment and reporting purposes and is required by the Ministerial Council of Education, Employment, Training and Youth Affairs.

Privacy Statement: St Lucy's will use the information collected in this form for the purposes of, providing educational programs, making appropriate contact in emergencies, marketing opportunities; undertaking statistical, research, planning and reporting activities. For a copy of St Lucy's full Privacy Policy please contact the school on 9487 1277 or visit our website at stlucys.nsw.edu.au/policies.

List of Parental Occupation Groups (for completing Occupational Group question Parent/Carer)

| GROUP 1 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 director, 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 teach others Health, Education, Law, Social Welfare, Engineering, Science, Computing professional Business (management 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) |
|---|--|---|
| | | |
| GROUP 2 Other business managers, arts/media/ sportspersons 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, Computing 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 |
| | | |
| GROUP 3 Tradespeople, clerks and skilled office, sales and service staff | Tradespeople generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group. Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/ filling 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 adjuster, market researcher) Service (aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor) |
| | | |
| GROUP 4 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, kitchenhand, 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 attendant) Labourers and related workers Defence Forces ranks below senior NCO not included below Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand) Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car |
| | | park attendant, crossing supervisor) |
| GROUP 8 | • You have not been in paid work in the last 12 months | |