

Application for Enrolment

Student Information

Student Surname:

Student Given Names:

Student Preferred Name:

Gender (please tick): Male Female

Postal address:

Residential address (if different):

Date of Birth & Age: Home/Mobile:

Country of Birth: Email Address:

Medicare number: Card colour: Expiry date:

Australian citizenship: Yes No Date first attended school in Aust:

Is student a permanent resident of Australia: Yes No If no, type of Visa:

First language spoken at home: Other languages spoken at home:

Is student of Aboriginal or Torres Strait Islander origin: No Yes, Aboriginal Yes, Torres Strait Islander Yes, both

Care Environment

Two-parent (biological) Key contact: Mother Father

Single parent

Two-parent (with step parent)

Carer

Independent Eligibility for school card: Yes No Unsure

Guardian of the Minister *(please circle)*

Government and/or Community Social Service Involvement (ie CAMHS, Shine)

Organisation	Worker	Phone Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Year level of entry to FAME: Year of entry to FAME:

Office Use Only

Date of Application: Commencement Date:

Case File No: Recording Staff Member:

Religious Information

Religion: Other:

School information

Current school: _____ Year Level: _____

Issues at previous school: _____

Has student repeated any year level: Yes No If Yes give details:

Any other schools attended: Yes No If Yes give details:

Additional Needs (complete if applicable)

Please attach any formal documentation/reports concerning additional needs outlined below.

Does the student have special needs (please tick): Intellectual Disability Autism Asperger syndrome
Down syndrome Other (please specify):

Does the student have learning needs (please tick): Dyslexia Dysgraphia Dyscalculia
Language Impairment ADD/ADHD Auditory Processing Disorder
Other (please specify):

Does the student have physical needs (please tick): Vision impairment Hearing Impairment
Cerebral palsy Other (please specify):

Other needs (please tick): Social/Emotional Anxiety Depression Other (please specify):

Gifted and Talented Other (please specify):

Please provide brief information regarding any of the additional needs selected above:

Please provide any relevant information on the student with regard to:

Care Environment Issues

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Psycho-Social Behaviour Management Issues

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Academic Assessment Issues

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parent/Carer Contact Details

Number 1#

Relationship to Student:

Title:

Surname:

Given Names:

Address:

Home Phone:

Work Phone:

Mobile:

Email:

Occupation:

Employer:

Religion:

Country of Birth:

Number 2#

Relationship to Student:

Title:

Surname:

Given Names:

Address:

Home Phone:

Work Phone:

Mobile:

Email:

Occupation:

Employer:

Religion:

Country of Birth:

What language do you speak at home:

What language do you speak at home:

Other language(s) spoken at home - eg grandparents/carers:

Other language(s) spoken at home - eg grandparents/carers:

List other children in family

Age

Present School (if applicable)

Does a court order apply to this student, ie custody order, restraining order etc: Yes No Copies provided _____

If Yes, please provide details:

Childrens Court

Family Law Court

Other

Centrelink Benefit Recipient: (please list benefits received)

Emergency Contacts:

In an emergency the school will always try to contact parents/guardians before contacting the following emergency contact numbers:

Emergency Contact 1:

Name (Mr/Mrs/Ms/Miss):

Relationship to Student:

Phone:

Address:

Emergency Contact 2:

Name (Mr/Mrs/Ms/Miss):

Relationship to Student:

Phone:

Address:

Family Doctor:

Name: _____ Phone: _____

Address: _____

Medicare: Colour of medicare card: _____ Permission to use info for usi (unique student id): Yes / No

Young person's name on card (exact): _____ Expiry: _____

Young person's number on card: _____ Medicare card number: _____

Please list any medical conditions your son/daughter may have, eg asthma, deafness, diabetes, sight deficiencies, epilepsy, allergies etc.

Medical Condition 1: _____ Medical Condition 2: _____

Emergency Plan: _____ Emergency Plan: _____

Symptoms/treatment: _____ Symptoms/treatment: _____

Medical Condition 3: _____ Medical Condition 4: _____

Emergency Plan: _____ Emergency Plan: _____

Symptoms/Treatment: _____ Symptoms/Treatment: _____

Privacy Statement: FAME respects the privacy of personal and sensitive information regarding your family. FAME collects personal information, including sensitive information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment at FAME. The primary purpose of collecting this information is to enable FAME to provide educational and wellbeing programs for your child.

FAME from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Catholic schools, EREA, government departments, South Australian Commission for Catholic Schools, Catholic Education Offices, local parish, medical practitioners and people providing services to FAME including specialist visiting Consultants and Advisers from the Catholic Education Offices, and volunteers.

JUVENILE JUSTICE SYSTEM DETAILS

Does the young person have contact with Youth Justice? Yes ____ No ____

Current orders: Yes ____ No ____

If yes, give details: _____

Youth Justice Case Worker:

Name: _____ Contact number: _____

Has the young person had any other contact with other agencies: Yes ____ No: ____

Centrelink: Yes: ____ No: ____

Details: _____

Youth Agency: Yes: ____ No ____

Details: _____

Community Agency: Yes ____ No ____

Details: _____

Child and Youth Mental Health (CAMHS): Yes ____ No ____

Details: _____

SAFETY / RISK MANAGEMENT PLAN

Does the young person have a current safety / risk management plan: Yes ____ No ____

Date: _____

Concern: _____

Action: _____

PARENT /CHILD DECLARATION

In applying to enrol my child at this school I/we accept that s/he will be educated in the Catholic faith within a Christian educational environment.

I/we accept that support of school staff and cooperation concerning school activities is essential.

I/we accept that we will abide by school principles: Honesty, Participation, Safe & Legal and Respect.

I/we accept that FAME has a commitment to working agreements with young people and expect that your child will abide by the working agreements they have committed to.

I/we accept that FAME does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my responsibility.

I/We hereby apply to FAME Special Assistance School (Re-engagement) for the enrolment of the above student. I acknowledge and accept all of the above terms and conditions.

Mother/Guardian (signature): _____ Date: _____

Father/Guardian (signature): _____ Date: _____

Additional Questionnaire: *Compulsory information to help with future funding and planning for FAME*

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

	Student	Mother/Parent1/ Guardian1	Father/Parent2/ Guardian2
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Italian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Arabic (include Lebanese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Vietnamese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Mandarin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Tagalog – (Filipino).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Spanish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Macedonian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify			

2. What is the highest year of primary or secondary school the parents/guardians have completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark One Box Only In Each Column

	Parent1/Mother/ Guardian1	Parent2/Father/ Guardian2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the level of the **highest** qualification the parents/guardians have completed?

Mark One Box Only In Each Column

	Parent1/Mother/ Guardian1	Parent2/Father/ Guardian 2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate 1 to IV (including Trade Certificate).....	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the occupation group of the mother/parent1/guardian1? (See note below)

5. What is the occupation group of the father/parent2/guardian2? (See note below)

- NOTE:
- Please select the appropriate parental occupation group **from the list on the back of this sheet.**
 - If the person is not currently in **paid** work, but has had a job in the last 12 months, or has retired in the last 12 months, please use the person's last occupation.
 - If the person has not been in **paid** work in the last 12 months, enter '8' in the box above.

List of Parental Occupation Groups

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: 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, recording/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 adjuster, 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]

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 above
 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]