

Brisbane Catholic Education

APPLICATION FOR ENROLMENT

ST TERESA'S CATHOLIC COLLEGE

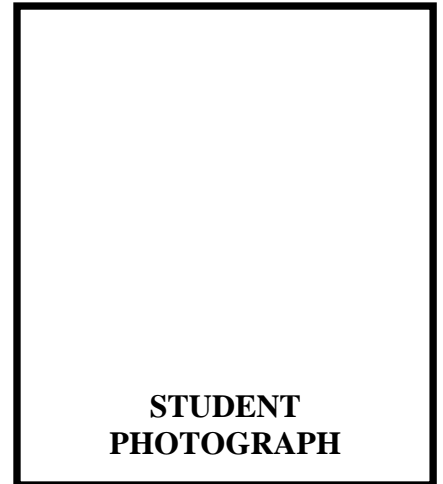
Sea Eagle Drive, Noosaville, Qld, 4566
 PO Box 1592, Noosaville, Qld, 4566

Tel: (07) 5474 0022

Fax: (07) 5474 0266

Email: snoosaville@bne.catholic.edu.au

Website: <http://www.stteresa.qld.edu.au>



STUDENT NAME:			
YEAR LEVEL:		YEAR OF ENROLMENT:	

OFFICE USE ONLY						
APPLICATION INFORMATION		INTERVIEW INFORMATION			ENROLMENT CONFIRMATION	
Lodgement Date		Date		Time		Date Received
Application Complete	<input type="checkbox"/> Yes	Interviewer Signature				Start Date
Receipt No.		Outcome				Confirmation Fee Paid
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date				Receipt No.
		BCE ID No.				



VISION STATEMENT

ST TERESA'S CATHOLIC COLLEGE NOOSAVILLE

*Our Vision is that St Teresa's Catholic College
is an authentic Christian community
where Gospel values are evident and lived out
in relationships and practices between students, staff and parents.*

*The spirit of the school is that of a family
which provides a safe and positive learning environment.*

*There will be equity of opportunity
for all to achieve their full potential.*

*It will provide a quality education rich in values and resources,
which are in keeping with contemporary educational needs.*

ST TERESA'S CATHOLIC COLLEGE

ENROLMENT POLICY

St Teresa's College, Noosaville, is a Catholic co-educational school in which Christian values and attitudes are lived, promoted and held in high regard. Equal opportunity is provided for both male and female.

Enrolment decisions are made by the Principal taking into account the needs of each student and operating in accordance with the Enrolment Policy of Brisbane Catholic Education:

**“Catholic schools in the Archdiocese
give priority in enrolments to students who are baptised Catholics.
Principals are required to assess the impact on the school's religious ethos and school
operations of the numbers of students who are not baptised Catholics both at a whole
school level and by year levels.
Schools may also enrol students from other Christian denominations and other faiths
whose families demonstrate that they share the expressed values of the school.
In such instances schools embrace church teachings
regarding respect for the faith journey of individuals
within the religious dimension of school life.
The process of enrolment is to be guided
by principles of justice and equity that support Catholic ethos and Vision”**

(Enrolment Policy of Brisbane Catholic Education)

RATIONALE

An enrolment policy exists to assist in developing expectations at the point of inquiry and entry. Guiding principles are set to assist the Principal with demands placed on places available in the school. Brisbane Catholic Education policies and procedures are followed at school level.

Enrolment of a student at St Teresa's College requires of parents to have demonstrated a pattern of:

- an acceptance of the importance of religious practice
- a commitment to participation in the educational processes of a Catholic school
- a commitment to the Religious Education program of the school
- a commitment to support school based activities
- support for school regulations and procedures
- payment of school fees and other fees unless other arrangements have been made with the Principal.

POLICY

The College does not employ waiting lists and the enrolment period is currently the first Term of the preceding year of enrolment.

Applicants will/may be considered as follows:

- Confirmed Catholic students, attending a Catholic school, who along with their families have demonstrated commitment to and involvement in their local parish and school community.
- Confirmed Catholic students attending non-Catholic schools, who along with their families, have demonstrated commitment to and involvement in their local parish and school community.
- **Siblings of students already attending St Teresa's Catholic College.**
- Students of another Christian faith attending Catholic schools, who along with their families have demonstrated commitment to and involvement in their religious and school communities.

Enrolments are at the discretion of the Principal, keeping in mind the Catholic identity of the College and the enrolment policy of Brisbane Catholic Education. **It is also acknowledged that in the above criteria that commitment to and involvement in their local parish includes participation in the sacramental life of the Church and the parish.**

PROCEDURES

This policy is put into place through the following procedures:

GENERAL

- Acceptance of an application form will not guarantee an enrolment interview or an offer of enrolment.
- It should be noted that students enrolled at any Catholic Primary School are not automatically accepted into St Teresa's College. Separate application must be made in accordance with College procedures.
- Parents wishing to enrol children at the school will be interviewed by a member of the College Leadership Team before enrolment is completed.
- All decisions of acceptance of applicants for enrolment shall be at the discretion of the Principal in consultation with the Parish Priest when required.
- In processing an application, the Principal may consider factors such as a student's spiritual, educational and behavioural history, as well as a student's potential contribution to the school also recognizing that available resources place limits on enrolments.
- In making an application to enrol a child, parents are showing that they are prepared to commit themselves to working in co-operation with school personnel for the benefit of their child.
- A non-refundable Application Fee of \$50 is required on application. Receipt of this fee does not guarantee a place at the College.

CHILDREN WITH SPECIAL NEEDS

- Enrolment of students with special needs will proceed according to the **Enrolment Application and Support Procedures for Students with Special Educational Needs** of Brisbane Catholic Education. If special needs become apparent after enrolment, this process may be started at any time.
- It is the responsibility of parents to disclose all relevant information regarding a child's special needs at the time of making application for enrolment.

INTERVIEW PROCESS

Currently, interviews for the College are held in Term 2 of the preceding year of enrolment. As part of the interview process, families will be invited to present information regarding their:

- Current level of participation in school related activities
- Local community involvement
- Parental expectations for child/children at St Teresa's Catholic College
- Student's participation in his/her current learning environment
- Student's current academic progress and other relevant factors

NOTIFICATION AND ACCEPTANCE OF ENROLMENTS

- Notification of an offer of a place will occur late in Term 2 of the preceding year of commencement of Year 7. Parents/guardians are required to pay a \$500 enrolment fee which includes a \$200 non-refundable enrolment levy and \$300 bond towards their child's fees in their last term of schooling. This fee may vary at the discretion of the Principal but should be ratified at an appropriate Pastoral Board Meeting.
- By accepting enrolment at St Teresa's Catholic College, the Parents/Guardians acknowledge:
 - St Teresa's Catholic College operates out of a Christian philosophy within the Catholic Church tradition. All students are required to support the ethos, mission and values of the College, and to participate in the Religious Education and Pastoral Programs of the College, including attendance at Liturgical Experiences and Celebrations, Retreats and Camps etc. that may be organized from time to time.
 - Students enrolled accept the rules of the College and Parents/Guardians co-operate with College authorities in implementing the Behaviour Management Policy.
 - St Teresa's Catholic College is a fee-paying institution. Parents/Guardians agree to pay fees/levies when due unless a prior arrangement has been made with the Principal. Fees must be paid in accordance with College Fees & Levies Collection Guidelines as set by the College Board Finance Committee. Costs associated with the collection of outstanding fees and levies is payable by you.
 - All relevant information about the student (including health, Church sacraments, education background and learning profile) has been declared.
 - The Parents/Guardians have fully and accurately disclosed any information required by the College for its consideration in determining the enrolment of my child.

May 2014

When completing this form, please PRINT CLEARLY in blue or black ink



STUDENT INFORMATION



In Year 20 ____ Student's current Year Level is: Yr ____ or Not Applicable

Section 1: Student Personal Details

A legible copy of the student's **Birth Certificate** (and **Change of Name Certificate**, if applicable) must be



Legal Surname:

Preferred Surname: *(to be used only with Principal's approval)*

Legal First Name:

Preferred First Name: *(If different from Legal First Name)*

Other Given Name(s):

Date of Birth:

BCE Student Id: *(if known):*

Gender*:

- Male
 Female

Section 2: Student Cultural Background

Country of Birth*:

In which country was the student born?

- Australia
 Other *(Please specify)* _____

First Language Spoken:

What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

- English
 Other *(Please specify)* _____

Indigenous Status*:

Is the student of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Both Aboriginal and Torres Strait Islander

Main Language Spoken at Home*:

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
 Yes, Other *(Please specify)* _____

Other Language Spoken at Home:


Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

- No
 Yes, Other *(Please specify)* _____

Section 3: Student Citizenship

Country of Citizenship:

In which country does the student currently hold citizenship?


- Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, **proof of Australian Citizenship documentation must be provided**)
Proceed to Section 5: Current/Previous Schooling 
- Other Country (Please specify) _____
Proceed to Section 4: International Details

Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens

A legible copy of the student's **Visa, Passport and Health Care** documentation must be attached.

Country of Passport Issue:


 

Date of Entry to Australia:

Visa Sub-Class Number:

Health Care Number:

Visa Expiry Date:

Health Care Expiry Date:

Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended


Legible copies of any **Transfer Documentation** should be attached (if applicable). 

School Name	Suburb/Town	State	Contact Number	Year Level(s)	Attended From (Date)	Attended To (Date)
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Is the Student Catholic?

- Yes. A legible copy of the student's **Baptismal Certificate** must be attached and details of any **Sacraments Received** should be provided below. *Please contact your Parish office should you require copies of certificates to be supplied.* 
- No. Other Religion (Please specify)

Sacraments Received:

Baptism Date Received DD / MM / YY Parish _____ Suburb _____

Reconciliation Date Received DD / MM / YY Parish _____ Suburb _____

Eucharist Date Received DD / MM / YY Parish _____ Suburb _____

Confirmation Date Received DD / MM / YY Parish _____ Suburb _____

RELATED PERSONS INFORMATION

Section 7: Related Persons' Personal Details

Parent/Legal Guardian/Caregiver 1

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Name)*

Preferred First Name: *(If different from Legal Name)*

Title:

- Mr Mrs Miss Ms Dr
 Fr Sr Br Rev Prof

Gender:

- Male
 Female

Date of Birth:

DD/MM/YYYY

Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Name)*

Preferred First Name: *(If different from Legal Name)*

Title:

- Mr Mrs Miss Ms Dr
 Fr Sr Br Rev Prof

Gender:

- Male
 Female

Date of Birth:

DD/MM/YYYY

Section 8: Related Persons Cultural Background

Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

- Australia
 Other *(Please specify)* _____

Country of Passport Issue:

If not eligible for an Australia Passport.

Main Language Spoken at Home*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
 Yes, Other *(Please Specify)* _____

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No
 Yes, Other *(Please Specify)* _____

Religion:

Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

- Australia
 Other *(please specify)* _____

Country of Passport Issue:

If not eligible for an Australian Passport.

Main Language Spoken at Home*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
 Yes, Other *(Please Specify)* _____

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No
 Yes, Other *(Please Specify)* _____

Religion:

Section 9: Related Persons' General Information

Parent/Legal Guardian/Caregiver 1

Occupation Group*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the list in **Appendix 1** (Pg19) and write the number in the box at right.

- 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, 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.

Highest School Level*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Highest Qualification Level*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Parent/Legal Guardian/Caregiver 2

Occupation Group*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the list in **Appendix 1** (Pg 19) and write the number in the box at right.

- 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, 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.

Highest School Level*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Highest Qualification Level*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Section 10: Related Persons' Address Information

Parent/Legal Guardian/Caregiver 1

Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country: (If not Australia)

Postal/Correspondence Address Details

If same as Residential address, write "as per Residential"

Postal Address:

Suburb/Town:

State:

Postcode:

Country: (If not Australia)

Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country: (If not Australia)

Parent/Legal Guardian/Caregiver 2

Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country: (If not Australia)

Postal/Correspondence Address Details

If same as Residential address, write "as per Residential"

Postal Address:

Suburb/Town:

State:

Postcode:

Country: (if not Australia)

Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country: (If not Australia)

Section 11: Related Persons' Contact Information

Parent/Legal Guardian/Caregiver 1

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
()	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
	<input type="checkbox"/>	
Work Telephone Number:		
()	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
	<input type="checkbox"/>	
Comments:		

Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
()	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
	<input type="checkbox"/>	
Work Telephone Number:		
()	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
	<input type="checkbox"/>	
Comments:		

Section 12: Related Persons' Relationship to the Student

Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? *(Tick one (1) only)*

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Brother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Home Stay Sister |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Home Stay Brother |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Foster Father | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Care Provider |
| <input type="checkbox"/> Half Sister | <input type="checkbox"/> Counsellor/Social Worker |
| <input type="checkbox"/> Half Brother | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Step Sister | <input type="checkbox"/> Reg. Exchange Org |
| <input type="checkbox"/> Step Brother | <input type="checkbox"/> Legal Guardian <i>(for Dept of Communities only)</i> |
| <input type="checkbox"/> Foster Sister | <input type="checkbox"/> |

Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? *(Tick one (1) only)*

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Brother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Home Stay Sister |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Home Stay Brother |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Foster Father | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Care Provider |
| <input type="checkbox"/> Half Sister | <input type="checkbox"/> Counsellor/Social Worker |
| <input type="checkbox"/> Half Brother | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Step Sister | <input type="checkbox"/> Reg. Exchange Org |
| <input type="checkbox"/> Step Brother | <input type="checkbox"/> Legal Guardian <i>(for Dept of Communities only)</i> |
| <input type="checkbox"/> Foster Sister | <input type="checkbox"/> |

Section 12: Related Persons' Relationship to the Student *(continued..)*

Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

Emergency Contact:

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1st 2nd

No

Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.



- Yes
 No

Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes
 No

Main Contact:

A student must have one (1) main contact.

- Yes
 No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports: Yes No
Newsletters: Yes No
Invitations: Yes No
School Portal Access: Yes No

Does this person reside with the student?

- Yes
 No

Does this person require the assistance of an interpreter?

- Yes
 No

Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

Emergency Contact:

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1st 2nd

No

Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.



- Yes
 No

Caregiver:

A person who has responsibility for the general wellbeing of a Student on a day-to-day basis.

- Yes
 No

Main Contact:

A student must have one (1) main contact.

- Yes
 No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports: Yes No
Newsletters: Yes No
Invitations: Yes No
School Portal Access: Yes No

Does this person reside with the student?

- Yes
 No

Does this person require the assistance of an interpreter?

- Yes
 No

Additional Student Information

Section 13: Student Address Information

Residential Address Details

- Same as Parent/Legal Guardian/Caregiver 1
 Same as Parent/Legal Guardian/Caregiver 2

Residential (Alternative) Details *(If required)*

- Same as Parent/Legal Guardian/Caregiver 1
 Same as Parent/Legal Guardian/Caregiver 2

Street Address:

Street Address:

Suburb/Town:

Suburb/Town:

State:

Postcode:

State:

Postcode:

Country (If not Australia):

Country (If not Australia):

Section 14: Student Contact Information

Contact Method Type

Order **Order**

Indicate best contact order for the student. Is this number Silent?

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Contact Method Type
(if required)

Order **Order**

Indicate best contact order for the student. Is this number Silent?

Home (Alternative) Number:

Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

- Yes. Provide details below.
- No. **Proceed to Section 16: Student Specialist Assessments**

Condition	Requires Medication [#]	Has Medical Action Plan [#]	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (<i>Please specify</i>) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

[#] Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached.
- No. **Proceed to Section 17: Educational Support Information**



Section 17: Educational Support Information

At St Teresa's Catholic College, we aim to cater to each student's individual needs. To do this we ask you to share with us important information you have about your son/daughter. This information is managed within our privacy principles and is used to identify the needs of incoming students and to better inform teachers about what will assist your child's education. Feel free to attach more detailed information or contact the College if you require further information.

Learning

How would you rate the following for your son/daughter? (Tick ✓)

	Significant Difficulties	Below Average	Average	Above Average	Exemplary Performance
Reading					
Written Expression					
Mathematics					
Spelling					
Handwriting					
Organisation					

Does your son/daughter require consideration / support in one or more of the following areas? (Tick ✓)

- | | |
|---|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Physical/Medical | <input type="checkbox"/> Other: _____ |

Please provide details:

Has your child received support for any particular difficulties? (Tick ✓) Yes No

If yes, what type of support have they received:

- | | | |
|--|---|--|
| <input type="checkbox"/> Learning Support Teacher | <input type="checkbox"/> School Counsellor/Guidance Officer | <input type="checkbox"/> Parent Helper |
| <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Advisory Visiting Teacher | <input type="checkbox"/> E.S.L Teacher |
| <input type="checkbox"/> Inclusion/Integration Teacher | <input type="checkbox"/> Special Education Unit | <input type="checkbox"/> Appraisalment |
| <input type="checkbox"/> Other _____ | | |

Please describe:

Has your child been diagnosed with a disability? If so, provide details.

Has your child been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

If your son/daughter is from interstate or overseas, describe the educational support provided.

Has your child been included in a program for gifted and talented? If so, provide details.

Has your child had any behavioural difficulties at school which may impact on duty of care and / or participation in school? If so, provide details.

Describe any social difficulties (e.g. conflicts, bullying, difficulty making friends) which may impact on duty of care and / or participation in school.

Describe any emotional difficulties which may impact on duty of care and / or participation in school.

Section 18: Legal Information

Is the student in Care of the State?

- Yes
 No

Are there any legal issues concerning the student of which the school should be aware?

- Yes. Provide details below and ensure a legible copy of any relevant **legal document(s) is attached.**
 No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the	Effective From (Date)	Effective To (Date)
<input type="checkbox"/> Parenting Order		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Parenting Agreement		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Domestic Violence Order		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Apprehended Violence Order		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Child Protection Order		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Other Caring Arrangement <i>(please specify)</i>		DD/MM/YY	DD/MM/YY
<input type="checkbox"/> Legal Guardianship Documentation		DD/MM/YY	DD/MM/YY

Section 19: Sibling Information

(a) Does the student have any school-aged siblings currently attending a BCE school?

- Yes. Provide details below.
 No. **Proceed to Section 20: Reason(s) for seeking enrolment**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname				
Preferred Surname				
Legal First Name				
Relationship to Student				
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
School Name				
Class				
House				
Resides with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) Does the student have younger siblings not yet attending school?

- Yes. Please provide child/ren's names (including date of birth)

[Listing sibling details here is not regarded as an enrolment. An enrolment application is required for each student for any future enrolment.] Office Use Only: Younger siblings are not recorded in the Student Administration System.

Section 20: Reason(s) for seeking enrolment

a) Please provide your reason(s) for seeking a position for your child at St Teresa’s Catholic College.

(b) Please outline any academic/leadership awards/positives your son/daughter has achieved.

(c) Please outline any sports/cultural awards or achievements of your son/daughter.

(d) Please provide any other achievements/ abilities/ interests of your son/daughter that may assist with this application.

APPENDIX 1 – 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]

If the person is not currently working

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, select 'Not in paid work in last 12 months'.












CHECK LIST

Please complete before submitting the Application for Enrolment form

Note that original documents will need to be sighted to finalise enrolment confirmation.

Documents which must be included with application:

- | | | |
|---|------------------------------|------------------------------|
|  Certified Copy/Original Birth Certificate | <input type="checkbox"/> Yes | |
|  Australian Citizenship Documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|  Current Visa | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|  Current Passport | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|  Health Care Documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|  Latest Report Card & NAPLAN results | <input type="checkbox"/> Yes | |
|  Baptism Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|  Health or Medical Assessment Reports | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|  Legal Documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |

Signature(s)

I declare that:

- I have completed this form in conjunction with the Enrolment Notes Booklet which includes the BCE Collection Notice Form
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment.

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian



SIGNATURE of Parent or Legal Guardian



PRINT NAME of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

RELATIONSHIP to Student

DATE SIGNED

DD / MM / YYYY

DATE SIGNED

DD / MM / YYYY