Catholic Education
Diocese of Cairns
Learning with Faith and Vision

NAME OF SCHOOL: Holy Cross School

SUBURB: Trinity Park

APPLICATION FOR ENROLMENT

The Roman Catholic Trust Corporation for the Diocese of Cairns trading as Holy Cross School, Trinity Park. CRICOS Provider Code 02477B

This form is to be completed in conjunction with the Application for Enrolment Notes Booklet.

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

Please indicate/circle the Year Level and indicate the Year for which the enrolment is required. Select...

Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12

Start Date: Student's current Year Level is: Yr ____ or Not Applicable

Student Information

Section 1: Student Personal Details

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

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: D D / M M / Y Y Y Y

CES Student Id: *(If known)*: C __ __ __ __ __ __

Gender*:

- ☐ Male
- ☐ Female

Section 2: Student Cultural Background

Country of Birth*:
In which country was the student born?

- ☐ Australia
- ☐ 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

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)* _____

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 *(including passport number)*** **and Health Care** documentation must be attached.

Country of Passport Issue:

Date of Entry to Australia: D D / M M / Y Y Y Y

Visa Sub-Class Number: ___ ___ ___

Health Care Number:

Visa Expiry Date: D D / M M / Y Y Y Y

Health Care Expiry Date: D D / M M / Y Y Y Y

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)*, also the **last two Academic Reports** *(not applicable for Prep applications)*, and **most recent NAPLAN Results** *(if applicable)*.

School Name	Suburb/Town	State	Contact Number *(if known)*	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** is attached and details of any **Sacraments Received** are provided below

☐ 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 Surname)*

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

Title:

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr
☐ Fr ☐ Sr ☐ Br ☐ Rev ☐ Prof

Gender:

☐ Male
☐ Female

Date of Birth: D D / M M / Y Y Y Y

Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

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

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

Title:

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr
☐ Fr ☐ Sr ☐ Br ☐ Rev ☐ Prof

Gender:

☐ Male
☐ Female

Date of Birth: D D / M M / Y Y Y Y

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 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:

Parish of Worship: *(If applicable)*

Parent/Legal Guardian/Caregiver 2

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:

Parish of Worship: *(If applicable)*

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 attached list in **Appendix 1** in the Application for Enrolment Notes Booklet, 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 Cairns Regional Council, Cairns 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 attached list in **Appendix 1** in the Application for Enrolment Notes Booklet, 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 Cairns Regional Council, Cairns 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

☐ Same as Residential address

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

☐ Same as Parent/Legal Guardian/Caregiver1

Street Address:

Suburb/Town:

State: **Postcode:**

Country (if not Australia)**:**

Postal/Correspondence Address Details

☐ Same as Residential address

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 Indicate best contact order for this person.	Silent Is this number silent? Y/N
Home Telephone Number: ( ) _ _ _ _ _ _ _ _	☐	☐
Mobile Telephone Number:	☐	☐
Email Address:	☐	
Work Telephone Number: ( ) _ _ _ _ _ _ _ _	☐	☐
Work Mobile Telephone Number: _ _ _ _ _ _ _ _ _	☐	☐
Work Email Address:	☐	

Comments:

Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order Indicate best contact order for this person.	Silent Is this number silent? Y/N
Home Telephone Number: ( ) _ _ _ _ _ _ _ _	☐	☐
Mobile Telephone Number:	☐	☐
Email Address:	☐	
Work Telephone Number: ( ) _ _ _ _ _ _ _ _	☐	☐
Work Mobile Telephone Number: _ _ _ _ _ _ _ _ _	☐	☐
Work Email Address:	☐	

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)*

- ☐ Mother
- ☐ Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Foster Mother
- ☐ Foster Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Home Stay Parent
- ☐ Sister
- ☐ Brother
- ☐ Half Sister
- ☐ Half Brother
- ☐ Step Sister
- ☐ Step Brother
- ☐ Foster Sister
- ☐ Foster Brother
- ☐ Home Stay Sister
- ☐ Home Stay Brother
- ☐ Aunt
- ☐ Uncle
- ☐ Niece
- ☐ Nephew
- ☐ Cousin
- ☐ Friend
- ☐ Doctor
- ☐ Dentist
- ☐ Legal Guardian *(for Dept. of Communities only)*
- ☐ Care Provider
- ☐ Counsellor/Social Worker
- ☐ Agent
- ☐ Reg. Exchange Org

Parent/Legal Guardian/Caregiver 2

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

- ☐ Mother
- ☐ Father
- ☐ Step Mother
- ☐ Step Father
- ☐ Foster Mother
- ☐ Foster Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Home Stay Parent
- ☐ Sister
- ☐ Brother
- ☐ Half Sister
- ☐ Half Brother
- ☐ Step Sister
- ☐ Step Brother
- ☐ Foster Sister
- ☐ Foster Brother
- ☐ Home Stay Sister
- ☐ Home Stay Brother
- ☐ Aunt
- ☐ Uncle
- ☐ Niece
- ☐ Nephew
- ☐ Cousin
- ☐ Friend
- ☐ Doctor
- ☐ Dentist
- ☐ Legal Guardian *(for Dept. of Communities only)*
- ☐ Care Provider
- ☐ Counsellor/Social Worker
- ☐ Agent
- ☐ Reg. Exchange Org

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. Indicate 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. Indicate 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\Caregiver1

☐ Same as Parent\Legal Guardian\Caregiver2

Street Address:

Suburb/Town:

State: **Postcode:**

Country (If not Australia)**:**

Residential (Alternative) Details *(If required)*

☐ Same as Parent\Legal Guardian\Caregiver1

☐ Same as Parent\Legal Guardian\Caregiver2

Street Address:

Suburb/Town:

State: **Postcode:**

Country (If not Australia)**:**

Section 14: Student Contact Information

Contact Method Type	Order (Indicate best contact order for the student.)	Silent (Is this number silent? Y/N)
Home Telephone Number: ( ) _ _ _ _ _ _ _ _ _		
Mobile Telephone Number: _ _ _ _ _ _ _ _ _ _		
Email Address:		

Contact Method Type *(If required)*	Order (Indicate best contact order for the student.)	Silent (Is this number silent? Y/N)
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
☐ Allergy	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Anaphylaxis	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Asthma	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Diabetes Mellitus Type 1	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Epilepsy	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Febrile Convulsions	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Other *(Please specify)* _____	☐ Yes ☐ No	☐ Yes ☐ 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

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.

☐ No. ***Proceed to Section 18: Legal Information***

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

Has the student been diagnosed with a disability? If so, provide details.

Has the student 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 the student is from interstate or overseas, describe the educational support provided.

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 document is issued**	**Effective From** (Date)	**Effective To** (Date)
☐ Parenting Order		D D / M M / Y Y	D D / M M / Y Y
☐ Parenting Agreement		D D / M M / Y Y	D D / M M / Y Y
☐ Domestic Violence Order		D D / M M / Y Y	D D / M M / Y Y
☐ Apprehended Violence Order		D D / M M / Y Y	D D / M M / Y Y
☐ Child Protection Order		D D / M M / Y Y	D D / M M / Y Y
☐ Other Caring Arrangement *(Please specify)* _____		D D / M M / Y Y	D D / M M / Y Y
☐ Legal Guardianship Documentation		D D / M M / Y Y	D D / M M / Y Y

Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

☐ Yes. Provide details below.

☐ No. ***Proceed to Section 20: Additional Information***

	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 and Suburb *(If applicable)*				
Class *(If applicable)*				
House *(If applicable)*				
Resides with Student?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

☐ Yes. Provide details below.

☐ No. ***Proceed to Check List***

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 provided:

Birth Certificate	☐ Yes	☐ No	
Australian Citizenship Documentation	☐ Yes	☐ No	☐ Not Applicable
Current Passport	☐ Yes	☐ No	☐ Not Applicable
Current Visa	☐ Yes	☐ No	☐ Not Applicable
Health Care Documentation	☐ Yes	☐ No	☐ Not Applicable
Current/Previous School Transfer Documentation	☐ Yes	☐ No	☐ Not Applicable
Last two Academic Reports	☐ Yes	☐ No	☐ Not Applicable
Most recent NAPLAN Results	☐ Yes	☐ No	☐ Not Applicable
Baptism Certificate	☐ Yes	☐ No	☐ Not Applicable
Legal Documentation – Related Persons	☐ Yes	☐ No	☐ Not Applicable
Health or Medical Assessment Reports	☐ Yes	☐ No	☐ Not Applicable
Legal Documentation – Student	☐ Yes	☐ No	☐ Not Applicable
Application Fee	☐ Yes	☐ No	☐ Not Applicable
Reference	☐ Yes	☐ No	☐ Not Applicable
Supporting Information (eg Folio of relevant merit certificates, awards)	☐ Yes	☐ No	☐ Not Applicable

Signature(s)

I declare that:

- I have completed this form in conjunction with the Application for Enrolment Notes Booklet.
- I have read and understood the Catholic Education Information Collection Notice, Enrolment Agreement Terms and Financial Obligation Terms in the Application for Enrolment Notes Booklet.
- 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. I can do this by using the Revision of Information Supplied form, available from the school.
- I submit this Application for Enrolment in the knowledge and acceptance that, should I be offered an interview and a subsequent Offer of Enrolment, I will, at the time of Confirmation of Enrolment, consent to the Enrolment Agreement Terms and Financial Obligation Terms, as outlined in the Application for Enrolment Notes Booklet and replicated in the Confirmation of Enrolment form.
- 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. I can do this by using the Revision of Information Supplied form, available from the school.

SIGNATURE of Parent or Legal Guardian 1

SIGN HERE

PRINT NAME of Parent or Legal Guardian 1

RELATIONSHIP to Student

DATE SIGNED

D D / M M / Y Y

SIGNATURE of Parent or Legal Guardian 2

SIGN HERE

PRINT NAME of Parent or Legal Guardian 2

RELATIONSHIP to Student

DATE SIGNED

D D / M M / Y Y