



APPLICATION FOR ENROLMENT FORM

Student's Name _____ Grade _____ for Year _____

Student's Current School _____

Parent's Names & Address _____

I have enclosed the non-refundable \$30.00 enrolment application fee Yes

Prior to offers being made, an enrolment interview will be scheduled between the College, the student and parents/guardians.

In the process of the enrolment interview, we will endeavour to ascertain your desire for the education of your son/daughter in relation to the:

- **College Mission Statement and**
- **The Values and Ethos of this College**

It is essential that this enrolment document is completed **prior** to the interview. It is not possible to canvas every issue in this document at interview, but in the process of completing the document, you may decide on key questions that you would particularly like to raise with the interviewer.

If for language or due to other considerations you have difficulties completing this enrolment document prior to the enrolment interview, please contact the College Office for assistance. Thank you.

Please Note:

- *Full and frank disclosure of requested information is required.*
- *Failure to disclose all relevant and correct information could result in cancellation of enrolment.*
- *A confirmation deposit may be requested on offer of a place at the College.*
- *Prep Enrolments are only considered where the child turns five years of age on or before 30 June of the year of intended commencement at the College.*

The purpose of these questions is to ascertain the educational and physical needs of your child and to determine our ability to best meet those needs.

OFFICE USE ONLY

Application Received	Enrolment Fee Included \$	Receipt Number
Acknowledgement.....	<input type="checkbox"/> Mail <input type="checkbox"/> Email	Follow-up required <input type="checkbox"/> Yes <input type="checkbox"/> No
Interview Date	Interviewed By	Special Circumstances <input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation Received	Confirmation Fee \$	Receipt Number
Date Commenced	Class	Date Left
Notes.....		

Name of Student:	Office Use Only Student Code: Family Code:
Current School:	
Current Year Level:	
Name of Principal & Address of Current School, including Kindergarten/Day Care for Prep Enrolments:	
Do you intend to keep your child at Mary MacKillop Catholic College for the duration of their schooling?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please provide an explanation _____	

Family Details

Family Surname:	
Mail to (e.g. Mr & Mrs A Smith)	Greeting Names (e.g. John & Mary)
Address:	Suburb/City: Postcode:
Family Phone Number:	Other:
Relationship: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> please state:	Current Parish:
Health Fund (if applicable):	Health Fund Number: Expiry Date : ___ / ___ / ___
Health Care Card No. (if applicable):	Medicare Number:
Private Hospital Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Hospital Cover No:
Private Hospital Cover Type:	Language Spoken at Home:
Do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Language Spoken at Home:

Children in your Family
Include all other children in your family, at school or other

Full Student Name	M / F	School Year	Birth Order	Current School Attending

College Fees

The fees will be automatically billed to the father/guardian. If you wish to change the way your account is billed (e.g. father 50% and mother 50%, or mother 100% please indicate below:

Fees to be billed to:	Percentage:
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Fees to be billed to:	Percentage:
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If address for fees billed is different to family postal address, please provide details:

Student Details

First Name:

Middle Name:

Surname:

Preferred Name:

Gender: Male Female (please tick)

Date of Birth:

Nationality:

Place of Birth:

Ethnic Origin:

Country of Birth:

Australian Citizen: Yes No

Religion:

Does the student speak a language(s) other than English at home?

Method of Transport to School:

Yes No If Yes Please List Below:

1.

2.

Special Needs: Yes No (If Yes, please provide details on page 4)

Indigenous Identifier Yes No (If Yes, please tick one below)

Aboriginal

Torres Strait Islander

Both Aboriginal & Torres Strait Islander

Does your family speak an Indigenous language? Yes No If yes, which language? _____

Was the Student born overseas Yes No

If Yes Please complete the section below -

Date Arrived in Australia: ____ / ____ / ____

Date attended first Australian School: ____ / ____ / ____

First Australian School Year (e.g.: 2001) _____

Visa Student Please refer to "Declaration" section regarding CEO accessing visa status and entitlements via VEVO.

1. Is the Student residing in Australia on a Visa? Yes No If Yes – date of arrival in Australia: ____ / ____ / ____

2. If 'no' has the student spent 2 years or more in a non-English speaking country? No Yes Country: _____

3. If 'yes' what was the date of departure from Australia? ____ / ____ / ____ Date of return to Australia? ____ / ____ / ____

4. Visa Sub Class (3 Digits): _____ Temporary / Permanent

5. Actual Visa Number: _____ Visa expiry Date: ____ / ____ / ____

6. Passport Number: _____ Passport expiry Date ____ / ____ / ____ Passport Issued By (Country): _____

Does the Students passport expire before the Visa? Yes No If 'Yes' please renew passport at least 6 months before the expiry date via your consulate / embassy.

7. Is the Student a Full Fee Paying Overseas Student (FFPOS)? Yes No If 'Yes' please complete below.

8. Confirmation of Enrolment – Course Code: _____ Course Description: _____

9. Confirmation of Enrolment Number: _____ Course Start Date: ____ / ____ / ____ Course End Date: ____ / ____ / ____

10. OSHC Provider: _____ Membership Number: _____ OSHC Expiry Date: ____ / ____ / ____

Medical Details

Doctor / Medical Centre Name:	Phone Number:
Student's Medicare Number: Medicare Expiry Date:	Date of Last Tetanus Injection/Booster:
Allergies / Medical Alert	Please specify any allergies / medical alerts, particularly ANAPHYLAXIS , relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabètes, Epilepsy management etc).
Immunisations	Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Needs

Please indicate whether the student applying for enrolment has any known or suspected **special needs**
(please tick Yes or No for **each** of the following)

Does your child have:

- | | | |
|---|--|---|
| Autism <input type="checkbox"/> | Behaviour disorders <input type="checkbox"/> | A hearing impairment <input type="checkbox"/> |
| An intellectual disability <input type="checkbox"/> | A language disorder <input type="checkbox"/> | Mental health issues <input type="checkbox"/> |
| A physical disability <input type="checkbox"/> | A vision impairment <input type="checkbox"/> | ADD/ADHD <input type="checkbox"/> |
| Giftedness <input type="checkbox"/> | Difficulties in the basic areas of learning <input type="checkbox"/> | |
| Acquired brain injury <input type="checkbox"/> | Other (please specify) <input type="checkbox"/> | |
| None of the above <input type="checkbox"/> | | |

What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school?

- | | |
|--|---|
| Alternative teaching and learning strategies <input type="checkbox"/> | Signing <input type="checkbox"/> |
| A reader or scribe <input type="checkbox"/> | Access to technology <input type="checkbox"/> |
| Modifications to equipment, furniture and learning spaces <input type="checkbox"/> | Personal carer support <input type="checkbox"/> |

Other (please specify) _____

If you have answered yes to any of the above, where applicable, please provide **full details** of those needs and any assessment / intervention / support that he/she may be currently receiving (**Supporting documentation MUST be provided**).

Health and Safety

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this college? Yes No

If yes please provide a brief description: _____

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues:

Does your child have any history of violent behaviour? Yes No

Does your child have any history of behavioural problems (including verbal bullying)? Yes No

Has your child ever been suspended or expelled from any previous school? Yes No

If yes, was this for:

Actual violence to any person? Yes No

Possession of a weapon or any item used to cause an injury? Yes No

Intimidation, bullying or harassment of students or staff at a school / college? Yes No

Threats of violence? Yes No

Illegal drugs? Yes No

Other, please specify _____

I/We will provide written consent to the college on request to contact health professionals or other relevant agencies
 Yes No

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our college. It will assist the college to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

Parish/Sacramental Details

Sacraments	Date Received	Parish Received	Copy of Certificate supplied	
Baptism			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reconciliation			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eucharist			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confirmation			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Media Consent

I/we consent /do not consent (*please indicate below*) to the Student being photographed and/or named in publications of the college, Catholic Education Office and Diocese of Toowoomba including but without limitation, any internet or web site, year book, newsletter, advertising or promotional material or press release. **(Refer to the College Media Consent & Use of Student Images Policy)**

Consent Do not consent

Contact Details

Details	Father/Carer Residing at the Same Address	Mother/Carer Residing at the Same Address
Title:		
First Name:		
Middle Name:		
Surname:		
Relationship:		
Address – Residential including Suburb & Postcode:		
Postal Address (if different to above)		
Home Phone Number:		
Work Phone Number:		
Fax Number:		
Mobile Phone Number:		
Email Address:		
Occupation:		
Occupational Group (Refer to list of occupation codes on page 8)	Group 1 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 8 <input type="checkbox"/> Group 3 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 8 <input type="checkbox"/> Group 3 <input type="checkbox"/>
Employer:		
Employer Address:		
Employer Suburb & Post Code:		
Country of Birth:		
Nationality:		
Ethnic Origin:		
Religion:		
Highest Year of School Education:	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.
Level of Highest Qualification:	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Medicare Number:		
SIGNATURE		

Digital Media Agreement

I/we agree to work in partnership with the college and will not use digital social media in a manner that is critical of the college, its staff or others associated with Mary MacKillop Catholic College or the Toowoomba Diocese. Further, I understand that this is an essential condition of ongoing enrolment.

Student Enrolment Agreement

Conditions of Enrolment

The enrolment of a student at Mary MacKillop Catholic College implies the acceptance of certain responsibilities by the student and a commitment by parents and students to the Values Statement of the college. Enrolment also implies the acceptance of all college policies published in the Information Handbook.

I understand that as a condition of enrolment at the college, students must be willing to:

1. Show respect for all persons, property and the environment.
2. Actively participate in the Religious Education classes, liturgies and retreats.
3. Wear the full and correct college uniform neatly on all college occasions, as well as to and from the college.
4. Actively participate in the college sports program, and college sports carnivals.
5. Be prepared to contribute towards a mature and productive working relationship with staff and peers.
6. Be prepared to participate in co-curricular skill-building experiences and excursions.
7. Assist with the maintenance of a clean classroom and college environment.
8. Present a note from parents explaining any absence. This note must be presented to the PC teacher upon return from absence.
9. Comply with any directions from teachers.
10. Uphold the College Student Code of Conduct by word and deed.
11. Must not possess or use alcohol, tobacco or illegal substances at college or on any college occasion.
12. Actively participate in the christian community service program.

Student's Signature

Print Name

Date

Parent / Guardian Declaration

In dealing with this application, it may be necessary for the college, or any part of the Catholic Education Office, to look at documents held by previous schools, health care professionals or other government agencies. This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act* and *Health Records and Privacy Act 2002*. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application. Policies are available on the college website.

I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- College Enrolment Policy
- College Behaviour Management Policy
- College Anti-Bullying Policy
- Schedule of Fees and Charges
- College Uniform expectations – refer to the Parent Handbook
- Special Needs Enrolment Protocols (where applicable)
- College Network & Internet Acceptable Use Contract
- College Privacy Policy / Standard Collection Notice / Media Consent & Use of Student Images Policy
- Student Protection Policy / Volunteer requirements
- Excursion Policy

Consent to Access Documents

1. I/we consent to Mary MacKillop Catholic College and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous schools, health care professionals or other government agencies.
2. I/We have included **copies** of the following documents with this application for enrolment (please tick appropriate boxes):
 - Full Birth Certificate
 - Change of Name Certificate (if applicable)
 - Sacramental Certificates to date
 - Immunisation Certificate (primary school applications only)
 - Evidence of time out of the country e.g. passport, visa, citizenship documentation (if applicable)

- Most recent previous school reports and external test results
- NAPLAN results
- Current Family Court Orders (if applicable)
- Relevant medical and/or special needs information (if applicable)
- Reports or assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable).

3. I/We understand the college may approach these bodies directly. The information they request may include information related to any of the questions I have answered above.

Conditions of Enrolment

- 4. I/we understand and support the Catholic ethos of the college and agree to abide by the rules and regulations of the college including those pertaining to program of studies, sport, pastoral care, college uniform, discipline and the general operation of the college.
- 5. If this enrolment application is successful I/we agree to honour the financial commitments required by the college as per the Schedule of Fees and Charges.
- 6. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment, e.g. change of address, court orders.
- 7. If this enrolment is accepted I/we agree to support our child’s participation in the religious life of the college (e.g. college liturgies, retreats).
- 8. I/we agree, if my child should require urgent medical treatment, the college staff are authorised to seek medical attention. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle and I/we agree to meet all costs.
- 9. If this enrolment application is successful I agree to honour the financial commitments required by the college as per the Schedule of Fees and Charges.
- 10. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school / college.
- 11. I/we give permission for the publication of any college related material by or about our child, including photographs. It is acknowledged that such material is used regularly in publications by the college to communicate and promote events. Publications include college or diocesan publications, newsletters, prospectuses, magazines, media promotional materials, newspaper articles and the college website.
- 12. I/we give permission for my/our child to walk to and from local venues during college hours.

I/we have read all of the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful.

I/we declare that the information provided in this Enrolment Application is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Mother/Guardian signature _____

Date _____

Father/Guardian signature _____

Date _____

Please note:

Acceptance of this application for enrolment is subject to the approval of the College Principal.

Acceptance to this college does not constitute acceptance into any other Catholic school / college (primary or secondary).

Occupational Groups

Parental Occupation Definition:

Parental Occupation is defined as the **main** work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

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, kitchen hand, 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]

Group 8: Currently not in paid work

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, tick Group 8 in the appropriate box.



MARY MACKILLOP CATHOLIC COLLEGE VISION & MISSION STATEMENTS



WHO WE ARE:

We are the Learning Community of Mary MacKillop Catholic College, Highfields founded in 2003 to serve the growing Highfields area within the Toowoomba Diocese. The foundation of this community is the message of Jesus Christ – ‘To love one another as I have loved you.’ We honour the uniqueness of each individual who feels called to be a part of our community.

VISION:

Mary MacKillop Catholic College’s Vision is to be:

**‘A PLACE WHERE LIFE, LOVE AND LEARNING
ARE EMBRACED AND CELEBRATED.’**

MISSION:

Mary MacKillop Catholic College exists to promote:

- **Quality Education - Staff are committed to giving students a holistic education, so that they will enhance society through their contribution.**
- **A Vibrant Learning Environment- A place where laughter, spontaneity, success, risk taking and inquiry are experienced.**
- **Our Catholic Christian Tradition - We are a pilgrim people journeying together, constantly drawing upon our story and also being called into new ways of growing and renewing ourselves.**
- **Collaboration and Partnership - We value ‘shared wisdom,’ as a process of; a joint venture where we share the whole journey, the risks as well as the gains.**
- **Life Long Learning - Our educational framework equips our learners for a personal and global future.**
- **Creativity - Innovation and imagination will be the essence of all our teaching and learning.**
- **Stewardship – Living in a community calls for positive attitude and action in our relationships with one another and the world.**
- **Community of Care – Positive and caring relationships will be nurtured, so that all members of our community experience Christ in each other.**
- **Dignity & Justice – Our college empowers our students with values that enrich and enliven our world, while recognising the rights and responsibilities of all.**
- **Inclusion & Welcome – The living spirit of Christ will be witnessed through the outreaching presence of our college community.**

Ratified by the Mary MacKillop Catholic College Board - November, 2005

College Contact Details

Principal : Mr Peter Murphy

Telephone : 07 4698 7777
Facsimile : 07 4698 7900

Email : highfields@twb.catholic.edu.au

Website : www.highfields.catholic.edu.au

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