



Sharing Faith, Hope & Love

# Emmanuel College

# Application for Enrolment

## Enrolment Application for

\_\_\_\_\_

FIRST NAME

\_\_\_\_\_

MIDDLE NAME

\_\_\_\_\_

SURNAME

Applying for level (eg. Yr 7) \_\_\_\_\_ in the year 20\_\_\_\_\_

Current family?

INFORMATION IN THIS APPLICATION IS **STRICTLY CONFIDENTIAL**

CURRENT AS OF FEBRUARY 2020

Please ensure that ALL sections of this form are completed by the Parent or Guardian and return to:

The Registrar  
Emmanuel College  
P.O. Box 486  
Warrnambool VIC 3280

### OFFICE USE ONLY

Date received: \_\_\_\_\_

Application fee paid: \_\_\_\_\_

Enrolment Acceptance fee paid: \_\_\_\_\_

Date entered: \_\_\_\_\_

Data entered by: \_\_\_\_\_

Confirmation sent: \_\_\_\_\_

House allocated: \_\_\_\_\_

Family code: \_\_\_\_\_

Student code: \_\_\_\_\_

**Email:** registrar@emmanuel.vic.edu.au **Phone:** (03) 5560 0888 **Fax:** (03) 5560 0889

**Postal address:** P.O. Box 486, Warrnambool, 3280, Australia **Administration Office:** 37 Ardlie Street, Warrnambool

# ABOUT THIS ENROLMENT FORM

Please direct all enquiries to the College Registrar – registrar@emmanuel.vic.edu.au Ph (03) 5560 0895

<b>Sections</b>	<b>A:</b> DOCUMENTS REQUIRED	<b>I:</b> ENROLMENT APPLICATION AND ACCEPTANCE FEES
	<b>B:</b> CONDITIONS OF ENROLMENT	<b>J:</b> PARISH SACRAMENT DETAILS
	<b>C:</b> STUDENT DETAILS	<b>K:</b> TRAVEL
	<b>D:</b> FAMILY DETAILS	<b>L:</b> ALLOWANCES
	<b>E:</b> PARENT GUARDIAN DETAILS	<b>M:</b> PHOTOGRAPH / VIDEO PERMISSION
	<b>F:</b> FEE PAYMENT	<b>N:</b> DECLARATION
	<b>G:</b> NON-RESIDENT PARENT DETAILS	<b>O:</b> PARENTAL OCCUPATION DEFINITION
	<b>H:</b> EMERGENCY CONTACTS	

## Entering information

Please enter all requested information. If a field is not applicable or relevant, enter a dash (-) and when an entire section is not applicable (eg. Non Resident Parent) diagonally cross (X) the entire section. Please enter current and concise information, avoiding abbreviations. Forms with incomplete information may not be processed.

## A: DOCUMENTS REQUIRED to accompany this form

- a copy of your child's Birth certificate
- a copy of Citizenship papers, Passport, Visa or travel documents for non-Australian resident or non-Australian born
- a copy of your child's Baptismal certificate and first Eucharist certificates
- Custody and/or Court Order documents if applicable
- Any Specialist or educational reports

### for Year 7

- Grade 5 Naplan statement (to help identify learning difficulties/strengths)

### for Years 8-12

- a copy of your child's current and previous year's school reports
- Naplan Statement

## B: CONDITIONS OF ENROLMENT

Application for enrolment of your child at Emmanuel College means that you are choosing a Catholic education, which requires a commitment to support the vision and aims of the College and a willingness to cooperate in their implementation. Enrolment is provided in the following order:

- Siblings of Students currently enrolled in the College
- Baptised Catholics from feeder and rural Primary Schools
- Other Baptised Catholics
- Other than Catholic from Catholic Primary Schools
- Others at the discretion of the Principal

The Principal reserves the right to vary the application of the enrolment guidelines in special situations.

### By signing the Enrolment Application Form, Parents (Carers) understand and agree to the following:-

- To respect and support the College's Catholic Ethos, the celebration of mass and liturgies, reflection days and retreats
- To the conditions of attendance and to support the school's policies as published on the College website and in the student diary.
- To pay all fees and College Levies as nominated and any other related costs required to do so. Should financial hardship prevent full payment of fees, contact will be made with the College Business Manager or Principal. All contact will be confidential.
- To pay all fees and levies and acknowledge fees and levies takes precedence over non compulsory extra curricular camps and activities Eg. Rock to Reef, France, Japan trip, Presentation Ball etc.
- To give permission for student to participate in any local excursion within the town boundary organised by subject teachers in school hours.
- To ensure that all correspondence with College staff is undertaken in a polite and respectful manner.
- To consent to Naplan data and other relevant information including any Learning Assessments from previous Primary School in order to maximise students learning to be obtained.
- To consent to photos taken in events such as sports days, drama productions, social and camps which may be included in the College Annual, news items for newspapers and in promotional materials.
- To complete CareMonkey to ensure medical information and health alerts are current.

### By signing the Enrolment Application Form, the Student understands and agrees:

- To comply with all College requirements regarding general appearance, wearing the correct College uniform with pride and avoiding extremes in hairstyles, colours and fashion.
- To attend all timetabled classes including extra curricula activities eg. Athletic and Swimming Sports, Camps and Retreats.
- To consent to photos taken in events such as sports days, drama productions, social and camps which may be included in the College Annual, news items for newspapers and in promotional materials.

**The Principal reserves the right to cancel enrolment of any student whose behaviour or influence is regarded as harmful to the interests of other students and the College community.**

## C: STUDENT DETAILS

First Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_  
Surname: \_\_\_\_\_ Preferred first name: \_\_\_\_\_ Sex:  Male  Female  
Date of Birth: (copy of birth cert to be supplied) \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Student lives with (please tick):  Both Parents  Mother  Step Mother  Father  Step Father  
 Guardian  Other Living Arrangements

(Please provide details) \_\_\_\_\_

Home Address of Student - Street Number and name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Victorian School No (VSN): \_\_\_\_\_

Commencement Year (eg 2020): \_\_\_\_\_ Year Level Commencing (eg Year 7): \_\_\_\_\_

Current School: \_\_\_\_\_ Town: \_\_\_\_\_ Year Level: \_\_\_\_\_

Nationality: Are you a Refugee or were you one anytime in the last 7 years?  Yes  No

(Please provide details) \_\_\_\_\_

Does the student speak a language(s) other than English at home?  Yes  No

(If YES, please list) \_\_\_\_\_

Do any Parenting Orders apply to your family?  Yes  No

If YES, please indicate type of order and provide copy

Resident Order  Contact Order  Specific Issues Order  Access Restriction  Parenting Order

Other (please provide details) \_\_\_\_\_

### IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS

Please tick the relevant category below and record the visa subclass number as per government requirements:  
(original documents to be sighted and copies to be retained by Emmanuel College)

#### Australian citizen not born in Australia:

Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)

Australian passport number: \_\_\_\_\_

Naturalisation certificate number: \_\_\_\_\_

Visa subclass recorded on entry to Australia: \_\_\_\_\_

Date of arrival in Australia: \_\_\_\_\_

#### Not currently an Australian citizen, please provide further details as appropriate below:

Permanent resident: (if ticked, record the visa subclass number)

Temporary resident: (if ticked, record the visa subclass number)

Other/visitor/overseas student: (if ticked, record the visa subclass number)

### HOME CARE ARRANGEMENTS

Living with immediate family  Out-of-home care

Carer/guardian  Shared parenting e.g. one week with each parent:

Days with Parent A/Guardian 1: \_\_\_\_\_

Days with Parent B/Guardian 2: \_\_\_\_\_

Kinship care  Other (please specify) \_\_\_\_\_

### INDIGENOUS IDENTIFIER

Is the student Aboriginal / Torres Straight Islander?  Yes  No

If YES, please tick one:  Aboriginal  Torres Straight Islander  Both Aboriginal and Torres Straight Islander

### PLACE IN FAMILY

Write B or G in each square to indicate each boy and girl in the family, starting with the eldest.

Draw a circle around the position of this student.

Oldest         Youngest

Siblings currently attending Emmanuel College (if relevant):

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Siblings currently attending Primary School (if relevant):

Name of Primary School: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings who previously attended Emmanuel College (if relevant):

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Please state briefly why you chose Emmanuel College for your child's Education:

\_\_\_\_\_

## STUDENT'S MEDICAL DETAILS

Name of Student's Doctor: \_\_\_\_\_ **Anaesthetic:**  Permission given  No permission

Address of Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has your daughter / son ever suffered from asthma?  Yes  No

Does your daughter / son have an asthma plan?  Yes  No

Does your daughter / son have Anaphylaxis (severe allergic reaction)  Yes  No Allergic to: \_\_\_\_\_

My child has been prescribed an Adrenaline autoinjector (EpiPen®)  Yes  No Expiry date: \_\_\_\_\_  
(Please supply anaphylaxis plan)

Has your daughter / son experienced any of the following conditions?

- Diabetes  Glandular Fever  Back problems  Allergies  
 Epilepsy  Arthritis  Phobias  Physical disability  Other conditions

If you have ticked any of the above please provide details below:

\_\_\_\_\_

Please indicate any medication which your daughter / son is required to take regularly (at school):

\_\_\_\_\_

**PLEASE NOTE: No Paracetamol can be administered to students by office / teaching staff.**

Private Health Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

### Ambulance Cover:

All transport will be at the expense of the parent/s concerned if they are not covered by an Ambulance Subscription or holders of a Pensioner Concession Card, Health Care Card or Health Benefits Card.

Please tick one of the following boxes to indicate the ambulance cover applicable to this student:

Ambulance Subscription Membership Number: \_\_\_\_\_

NO AMBULANCE COVER (Expense to be paid by parent/s)

Private Health Insurance covers Ambulance transport (please confirm this with your provider before ticking this box)

Do you hold one of the concession cards shown below?

Pensioner Concession Card holder

Health Care Card holder CRN \_ \_ \_ \_ \_

## LEARNING PROFILE

Has your daughter / son received any extra support with their learning during Primary School education?  Yes  No

Modified Programs (Emu, Toe by Toe, ERIK, Multi Lit)

Extra funding for Learning Support Officer/Aide

Have you been on an PLP/ILP Individual Learning Plan?

If YES, please provide supporting reports

Psychological Report

Speech Assessments

Educational Assessments

Does your daughter / son use a hearing device?  Yes  No

If YES, please indicate when he / she is to use the aid and if he / she requires any further classroom assistance:

\_\_\_\_\_

Aptitude, Behaviour etc:

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### PREVIOUS SCHOOL PERMISSION

Name and address of previous school \_\_\_\_\_

I/We give permission for Emmanuel College to contact the previous school to gather relevant reports and information to support education planning:  Yes  No

### STUDENT'S SOCIAL AND EMOTIONAL PROFILE

Has your child received, or is receiving, support from a Specialist Service?  Yes  No

If, YES, please indicate which service and provide supporting reports:

Optometrist  Psychiatrist  Speech Therapist  Auditory Report (Hearing)  
 Psychologist  Occupational Therapist  Other \_\_\_\_\_

Has your daughter / son ever suffered from and been diagnosed by a Paediatrician with any of the following emotional conditions?:

Clinical Anxiety  Panic Attacks  Depression  
 Low Self Worth  Difficulty in making friends  Eating Disorders

If you have ticked any of the above, or there is any other emotional condition of which the teachers who care for your daughter / son should be aware, please give details below:

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Friends, Fears, Bereavement etc:

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Parent request will be considered when allocating students Home Room but not guaranteed.

## D: FAMILY DETAILS

### FAMILY INFO AND CONTACT DETAILS

Family Surname: \_\_\_\_\_

Contact Details:

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Business: \_\_\_\_\_

**Email: (required for fee statements / newsletters / P.T interviews)**

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**Residential address:**

House / Flat / Unit No: \_\_\_\_\_ Street name: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Mailing Details:**

Mail to: (eg. Mr Peter & Mrs Jean Smith) \_\_\_\_\_

If same as residential address, please leave blank

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

## E: PARENT / GUARDIAN DETAILS

### FATHER / GUARDIAN - RESIDING AT SAME ADDRESS

Title (eg. Mr, Dr): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address (for Newsletter and P.T interviews): \_\_\_\_\_

Relationship: \_\_\_\_\_ Parental Guardian:  Yes  No Sex:  Male  Female

Occupation: \_\_\_\_\_

Occupational Group (refer to page 10 for "List of Parental Occupation Definition")

**MUST BE COMPLETED:**

Group 1  Group 2  Group 3  Group 4 Employer: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Do you speak a language other than English at home?  Yes  No If YES, please list below:

What is the highest year level of School Education you completed?

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent

What is the highest year of School Education you completed?

Bachelor Degree or above  Diploma / Advanced Diploma  Certificate I or IV (incl trade cert)  No non-school qualification

### ALUMNI

I am a past Student of Emmanuel College  I am a past Student of C.B.C

### MOTHER / GUARDIAN - RESIDING AT SAME ADDRESS

Title (eg. Mr, Dr): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address (for Newsletter and P.T interviews): \_\_\_\_\_

Relationship: \_\_\_\_\_ Parental Guardian:  Yes  No Sex:  Male  Female

Occupation: \_\_\_\_\_

Occupational Group (refer to page 10 for "List of Parental Occupation Definition")

**MUST BE COMPLETED:**

Group 1  Group 2  Group 3  Group 4 Employer: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Do you speak a language other than English at home?  Yes  No If YES, please list below:

What is the highest year level of School Education you completed?

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent

What is the highest year of School Education you completed?

Bachelor Degree or above  Diploma / Advanced Diploma  Certificate I or IV (incl trade cert)  No non-school qualification

### ALUMNI

I am a past Student of Emmanuel College  I am a past Student of St. Ann's

Maiden Name if applicable: \_\_\_\_\_

## F: FEE PAYMENT

### BILLING DETAILS

Please indicate the person(s) responsible.

<input type="checkbox"/> Joint %	<input type="checkbox"/> Mother %	<input type="checkbox"/> Father %	<input type="checkbox"/> Guardian %	<input type="checkbox"/> Non-Resident Parent %	<input type="checkbox"/> Split or by special arrangement (specify below)	<input type="checkbox"/> Other (specify below)
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(% of fee responsibility)

Title (eg. Mr, Dr): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Title (eg. Mr, Dr): \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Family: \_\_\_\_\_

**Payment Methods** We have several methods of payment including Direct Debit, Credit Card, & B-Pay.

We offer weekly, fortnightly and monthly payment options. Unless paying by one of these payment methods then payment in full by the due date is always expected. Failure to pay or make arrangements will instigate recovery action by the College.

**Accounts** You will receive an account for the annual fees late February. A due by date is set on the account statement.

**Change in Circumstances** If financial hardship prevents full payment of fees it is necessary to contact the Business Manager for a confidential appointment to discuss your circumstances. This should be done either prior to notification of enrolment acceptance or immediately after an event causing ongoing financial stress occurs.

We encourage early communication regarding financial circumstances which will avoid any embarrassing follow up.

Accounts referred to a Collection Agency or Solicitor may have all legal costs and commission added to the amount.

## G: NON-RESIDENT PARENT DETAILS

Father  Mother

Title (eg. Mr, Dr): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Country Of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Home Language: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address (for Newsletter and PT interviews): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

What is the highest year of School Education you completed?

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent

What is the highest year of School Education you completed?

Bachelor Degree or above  Diploma / Advanced Diploma  Certificate I or IV (incl trade cert)  No non-school qualification

Occupational Group (refer to page 10 for "List of Parental Occupation Definition")

MUST BE COMPLETED:

Group 1  Group 2  Group 3  Group 4

## H: EMERGENCY CONTACTS

**PLEASE NOTE:** Not to be the Student's parent. Only Emergency Contacts that are listed will have permission to take the student from the College, unless otherwise advised by Note / Phone Call etc. Please ensure you provide Emergency Contacts from the local area, as they must be able to pick up the student if required.

### EMERGENCY CONTACT #1 (NOT TO BE THE PARENT)

Title (eg. Mr, Dr): \_\_\_\_\_ Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT #2 (NOT TO BE THE PARENT)

Title (eg. Mr, Dr): \_\_\_\_\_ Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## I: ENROLMENT APPLICATION AND ACCEPTANCE FEES

**STEP 1:** Submit an Application for Enrolment form and pay an application fee of \$100. This fee is fully rebated - meaning that the \$100 will be credited to your College fee account after the enrolment process is completed. In the event that a place is not able to be offered, the fee will be refunded. However in the event that you later change your mind and decide not to accept an offer of enrolment, the fee is non-refundable.

**STEP 2:** In order to accept a place that is offered, you need to pay a further \$100 acceptance fee. This fee will also be credited to your College fee account and is also non-refundable should you decide that the student will not start school at Emmanuel College.

\$100 Enrolment Application Fee

Cash  Cheque  Credit Card

Card Holder's Name: \_\_\_\_\_ Card Type:  Credit Card  Mastercard

Card No: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ Expiry Date \_ \_ / \_ \_

## J: PARISH / SACRAMENT DETAILS

Parish (in which student resides):  Warrnambool  Warrnambool East  Port Fairy  Koroit  
 Dennington  Warrnambool West  Mortlake  Other \_\_\_\_\_

Sacrament	Date Received	Parish Received
Baptism	__/__/__	_____
Confirmation	__/__/__	_____
Eucharist	__/__/__	_____
Reconciliation	__/__/__	_____

**A COPY OF THE BAPTISM CERTIFICATE  
MUST BE PROVIDED**

## K: TRAVEL

Distance to School: \_\_\_\_\_ km

What is the most frequent method of travel this student will use to get to / from school:

To School:  Walk  Bicycle / Skateboard  Car  Bus

From School:  Walk  Bicycle / Skateboard  Car  Bus

## L: ALLOWANCES

### CONVEYANCE ALLOWANCE:

The Victorian Government provides financial assistance through the Conveyance allowance to eligible families to assist with the cost of transport for students to and from school via private car or bus who:

- travel more than 4.8km by private car to access a free school bus, or
- reside more than 4.8km by the shortest practical route from school and pay to travel to and from school on a city bus, and
- are attending their closest government or non-government denominational school.

Do you believe you may be eligible for this allowance?  Yes  No

**Please note:** students who do not attend their nearest catholic school will be charged full bus fees.

### CAMPS, SPORTS & EXCURSIONS FUND (CSEF):

The Victorian Government provides financial assistance through the Camps, Sports and Excursions Fund (CSEF) to eligible families who hold a valid concession card or are a temporary foster parent to assist with the costs of students attending camps, excursions, and sporting activities.

The allowance rate for Years 7 to 12 secondary school students currently is \$225 per student per year. Payments are made to the school, and will be deducted from a family's school fees.

Do you believe you may be eligible for this allowance?  Yes  No

**Please note:** CSEF eligibility will be subject to the parent/legal guardian's concession card being successfully validated with the Centrelink on the first day of either Term 1 or Term 2.

## M: PHOTOGRAPH/VIDEO PERMISSION

At certain times throughout the year, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Catholic Education of Ballarat (CEOB), Mercy Education Limited (MEL) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permission form below.

Student's Full Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

• I give permission for my child's:  
 name  photograph  recording

to be published by the school on/in:

the school website  social media  promotional materials  newspapers and other media  College Year Book



- I authorise CEOB, MEL and the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEOB, MEL and the CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/recording of my child to be used by the school/CEOB, MEL and the CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/recording appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

**Licensed Under Neals:** The photograph/recording may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of parent/guardian (please circle): \_\_\_\_\_

Signed: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

If the student is aged 15+, they may also sign:

Signed: (student) \_\_\_\_\_ Date: \_\_\_\_\_

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

**Disclaimer:** Personal information will be held, used and disclosed in accordance with the College's Privacy Collection Notice and Privacy Policy available on the College website: [www.emmanuel.vic.edu.au](http://www.emmanuel.vic.edu.au)

## N: DECLARATION

This Enrolment Application Form is a legally binding document. Signing the form is your acceptance of the terms and conditions of the College.

This includes payment of school fees. Please be aware that whoever signs the enrolment form is the person legally responsible. It is recommended that regardless of marital status, both parents sign the form.

We, the undersigned, understand and agree to the Conditions of Enrolment to Emmanuel College.

Parent/Carer/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Carer/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The Victorian Government provides the following guidance regarding admission requirements:

### Consent

The signature of:

- student, if they are over 15 and living independently
- parent as defined in the Family Law Act 1975

**Note:** In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.

- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
  - may be a relative or other carer
  - have day-to-day care of the student with the student regularly living with them
  - may provide any other consent required e.g. excursions.

### Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

**Note:** Secondary students may complete parts of the form and co-sign.

**Disclaimer:** This Application form is treated as a confidential document and personal information you provide will be used for College purposes only. The information will not be supplied to any other party other than the Catholic Education Office who require information for census purposes. The College Privacy Policy is available on the College website.

## O: 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, 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]





Sharing Faith, Hope & Love

# CONTACT US

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This school community promotes the safety, wellbeing and inclusion of all students.