



Catholic College Sale

PO Box 594
SALE VIC 3850
Phone: 03 5143 9700
Email: contactus@ccsale.catholic.edu.au

APPLICATION FOR ENROLMENT

ENTRY LEVEL: YEAR _____ 20_____

Name of Student:

(Name on Birth Certificate)
A copy is required

_____ First Name

_____ Middle Name

_____ Surname

Enrolment Process:

Completion of this form is not a guarantee of enrolment at Catholic College Sale. Enrolment offers for new Year 7 students whose applications are submitted by the published closing date will be made during Term 3. Enrolment confirmation for students coming into Years 8 – 12 will be made following an interview with College staff. A non-refundable \$50 application fee is required to be paid upon submission of this form.

See the College website for the enrolment policy in full: - www.ccsale.catholic.edu.au

Student Details

Sex: Male Female (please tick one)

Religion:

Date of Birth: ____/____/____

(A copy of birth Certificate is required)

Sacraments: Please tick:

Baptism Eucharist Reconciliation
 Confirmation (A copy of each certificate is required)

Current School:

Year Level of Entry:

Calendar Year of Entry:

Reason for Leaving (if applicable):

Country of Birth:

Nationality:

Citizenship Status

Australian Citizen Exchange Student
 Permanent Resident Temporary Resident

House (If brother/sister already attend)

Paulinus (Blue) Champagnat (Yellow)
 Daly (Green) Raphaela (Red)
 Allman (Orange) Theodore (Purple)

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

Yes No

If Yes Please List: _____

Indigenous Identifier Aboriginal/Torres Strait Islander:

No Yes (If Yes, please tick one below)

Aboriginal Torres Strait Islander

Both Aboriginal & Torres Strait Islander

Student's Medicare Number:

Does your child have:

Doctor's Name:

Asthma Yes No Anaphylaxis Yes No

Doctor's Phone Number:

Diabetes Yes No Epilepsy Yes No

Ambulance Cover:

Rhinitis (Hay Fever) Yes No

Yes Number: _____

No (All families are encouraged to be members of Ambulance Victoria)

If you have ticked one of the above boxes you must complete an action plan – available from the College Office

If yes above, Action Plan Supplied Yes

Does your child have allergies: Yes No

If yes, please specify: _____

Can your child swim 50m? Easily With Difficulty No

Indicate whether the student applying for enrolment has any known or suspected special needs (please tick Yes or No)

Physical Needs Yes No Educational Needs Yes No Behavioural Needs Yes No

Medical Needs Yes No Any other special needs Yes No

Please specify: _____

For all boxes ticked **Yes** please provide supporting documentation and fill in Appendix 1.

Does the student currently receive funding?

Yes No

Do you give permission for CCS to access Primary School records directly from the Primary School in order to meet the students personalised learning needs?

Yes No

Contact Details - Parent 1/Carer		
Title: First Name:	Surname:	
Relationship to Student:	Religion:	
Residential Address – Street:		
Postal Address:		
Town:	State:	Postcode:
Phones: Home	Business:	Mobile:
Personal Email Address:	Business Email Address:	
Country of Birth:	Nationality:	
Employer:	Occupation:	
Do you have a current Commonwealth Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Year of School Education: <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		Level of Highest Qualification: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification
Do you speak a language(s) other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes <input checked="" type="checkbox"/> Please list here:

Contact Details - Parent 2/Carer		
Title: First Name:	Surname:	
Relationship to Student:	Religion:	
Residential Address – Street:		
Postal Address:		
Town:	State:	Postcode:
Phones: Home	Business:	Mobile:
Email Address:		
Country of Birth:	Nationality:	
Employer:	Occupation:	
Do you have a current Commonwealth Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Year of School Education: <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		Level of Highest Qualification: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification
Do you speak a language(s) other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes <input checked="" type="checkbox"/> Please list here:

College Correspondence (if the child comes from a split family)	
The parent who the child lives with:	
Are there any Family Court Orders, Parenting Plans or similar that have been issued in relation to the enrolling student that may affect the ability of the College to educate the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Supporting documentation must be provided.)
Do both parents need copies of reports/correspondence and access to online information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List siblings currently attending Catholic College Sale

Full Student Name:	Year Level:
Full Student Name:	Year Level:
Full Student Name:	Year Level:

Contact Details - Non Residential Parent (If applicable)

Please only complete if there is a Parent who **does not** reside at the Student's Home Address

Is this person to be an emergency contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this parent to receive copies of school reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title: First Name:	Surname:	
Relationship to Student:	Religion:	
Residential Address – Street:		
Postal Address:		
Town:	State:	Postcode:
Phones: Home	Business:	Mobile:
Email Address:		
Country of Birth:	Nationality:	
Employer:	Occupation:	
Do you have a current Commonwealth Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Year of School Education: <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	Level of Highest Qualification: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. trade cert) <input type="checkbox"/> No non-school qualification	
Do you speak a language(s) other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes <input checked="" type="checkbox"/> Please list here:	

Emergency Contact 1

Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.

Title: First Name:	Surname:	
Relationship to Student:		
Town:	State:	Postcode:
Phones: Home	Business:	Mobile:
Email Address:		

Emergency Contact 2

Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.

Title: First Name:	Surname:	
Relationship to Student:		
Town:	State:	Postcode:
Phones: Home	Business:	Mobile:
Email Address:		

Parent/Guardian Declaration

- In case of an emergency, I hereby authorise the Principal or other authorised staff members to contact the nearest doctor available, and if necessary, arrange for any hospital treatment / ambulance transportation. I accept responsibility for any costs involved.
- I have read the prospectus for the College and I undertake to support the Principal and staff in the education of my child and in the observance of College expectations as described in the code for student behaviour as it stands and amended from time to time.
- I/we and our child will ensure the College's reputation is not tarnished by our actions. I/we agree not to denigrate the College or do or say or take any action that would denigrate the College, including but not limited to social media. A breach of this condition may result in the student enrolment at the College being cancelled.

Agreement

We have read the above Commitment Statements and have noted their content, and we jointly agree to be bound by these and any other policies and procedures that may be in place at the College at any particular time.

Name _____ Name _____ (Block Letters)

Signed _____ Date _____
Parent 1/Guardian's signature Parent 2/Guardian's signature

Student Declaration

Students are accepted into Catholic College Sale on the understanding that they are prepared to become familiar with, accept and act in accordance with the gospel values which are the foundation of the College community and which underpin the following expectations.

Students are expected to:

- Treat all people with the respect and dignity they deserve.
- Behave in a responsible and co-operative manner, enabling all members to feel safe and respected.
- Respect the right of every individual to learn by consistently behaving in a responsible manner in all classes.
- Participate in and support the religious education and liturgy program of the College.
- Co-operate with teachers' instructions and all College policies and procedures.
- Respect the College environment and the property of others.
- Complete College work and homework requirements to the best of their ability.
- Be fully supportive of all College activities and participate as much as possible.
- Be punctual to College and all lessons.
- Wear the correct College uniform as required by the College uniform policy.
- Represent the College, when required, in a manner which brings credit to themselves and the College community.
- Abstain from all dangerous, threatening or illegal activities including the possession or use of tobacco, alcohol, illegal drugs and dangerous weapons.
- Adhere to Catholic College Sale technology policy, as is amended from time to time.
- In the event of students breaching the code of conduct, the following consequences may result:
 - Detention - including lunch time, after school or Saturday detention
 - Suspension - including in school and out of school suspension
 - Parent meetings
 - Extended periods of suspension
 - Continuous breaches may result in behaviour contracts, breaches of which may affect the ongoing enrolment of the student at the College.

Agreement

I have read the above Commitment: _____ Date ____/____/____
(Signature of student)

Permissions

Annually, and for a variety of purposes, Catholic College Sale must obtain written permission from parents/guardians. The following areas are those for which we seek your permission. See Notice 1 & 2 (Appendix 2) for detailed information.

Local Excursions

Sometimes classes will visit a range of places within the Wellington Shire for learning opportunities. These may include sporting facilities, churches, local parks, gardens, and commercial areas.

In the event of accident or illness, I authorise the teacher in charge of the activity to arrange, when it is impractical to communicate with you, for your child to receive such medical treatment as may be deemed necessary, and agree to meet any costs associated. The College relies on accurate student medical information. It is the parent's responsibility to notify the College of any changes to the medical information.

I give permission for my child to participate in local excursions: Yes No

Photographs

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our College publications, such as newsletters, website and local media.

I give permission for my child to be photographed in agreeance with Notice 1. Yes No

Google Suite (G Suite)

It is now legally required for our College to seek parental permission for a student to be provided with access to the G Suite including Google documents and calendars. At Catholic College Sale students use the G Suite to sign into Chromebooks, complete assignments and communicate with teachers.

I give permission for Catholic College Sale to create/maintain a G Suite for Education account for my child and for Google to collect, use and disclose information about my child only for the purposes described in Notice 2. Yes No

Billing Details and Acknowledgement of Responsibilities of Fees

It is expected that all students enrolled at the College will participate in College activities such as Year Level Excursions, Camps and Retreats, College Sports Days, Awards Evenings etc.

The College fee is inclusive of all activities except those outlined in the fee schedule and will be charged to your account as appropriate.

Please sign below to acknowledge your responsibility for all fees and charges relating to this student. The person/s signing will be held jointly and severally responsible for payment of all fees and charges.

A place cannot be offered until a signed application for enrolment and payment arrangement is received by the College.

Continued enrolment is subject to the timely payment of all fees and charges raised by the College. Where only one parent/guardian has signed the form, this person must satisfy the College that they are the sole parent or guardian and will be responsible for all fees and charges. Failure to pay fees, levies and other charges on time or in accordance with an agreement between the payees(s) and the College may result in cancellation of the enrolment of the student for whom such fees, levies and other charges are payable. Action may be taken to recover unpaid fees. Personal information may be disclosed to a third party in the process of recovering the unpaid fees.

Student Exit - When a student exits during the Term, full tuition fees for that Term are deemed due and payable.

Agreement

I/We declare, I/We have read and agree to the fee policy and fee schedule.

Name _____ Name _____ (Block Letters)

Signed _____ Date _____
 Parent 1/Guardian's signature Parent 2/Guardian's signature

Split Billing Authority

(If you require the account to be split between two separated parties please complete the following)

Payee One Billing Details:

% or \$ value:	Tuition fees:
% or \$ value:	other charges:
Relationship to Student:	Signature:

Payee Two Billing Details:

% or \$ value:	Tuition fees:
% or \$ value:	other charges:
Relationship to Student:	Signature:

If a third party is to be responsible for all or part of the College fees (trustee, grandparents etc.) Please provide the following details:

Title:	First Name:	Surname:
Relationship to Student:		
Postal Address:		
Town:	State:	Postcode:
Phones : Home	Business:	Mobile:
Percentage of Fees :		
Signature:	Date:	

Payment Arrangement**Please select your preferred payment option**Direct Debit – Weekly Instalments YesDirect Debit – Fortnightly Instalments YesDirect Debit – Monthly Instalments YesIn Full (to be paid no later than the end of March) Yes

Annual Fees are to be settled by the end of Term Three unless an approved payment arrangement is submitted to the College prior to the student commencing.

A Direct Debit form will be enclosed with your letter of offer on acceptance of your child.

PRIVACY STATEMENT: Catholic College Sale has a Privacy Policy detailing the handling of personal information pursuant to the Privacy Act 1988 and the Privacy Amendment (Enhanced Privacy Protection) Act 2012. Our Privacy Policy and our Standard Collection Notice are both available for your inspection. If you require any further details please contact Catholic College Sale on 5143 9700.

Checklist

- Child's Birth Certificate
- Child's School Report
- Child's Immunisation Records
- Child's Baptismal Certificate
- A Non-Refundable \$50 Application Fee
- I have read Appendix Two, Three and Four
- I have read, signed and attached Appendix Five

Signed _____ Date _____
Parent/Guardian's signature

Additional Information for Students Learning Requirements – Appendix ONE

(To be completed for all enrolling students)

Catholic College Sale welcomes enrolment applications from students of all abilities. The information below is sought so that we can best respond to individual needs in a timely and appropriate manner.

Does your child have a known disability e.g. intellectual, physical, health, hearing, vision or emotional?

Yes No I have concerns

If Yes, or I have concerns, please provide details:

Name of disability and/or specific learning difficulty:

Diagnosed By:

Date Of Diagnosis:

Support

Does your child receive support from others? e.g. tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist.

Yes No

Please provide details:

Does your child have the assistance of a Learning Support Officer in his/her current school?

Yes No

Please provide details:

What are your child's patterns of school attendance?

Very Good Satisfactory Poor

Does your child come from a non-English speaking background?

Yes No

Other language(s) spoken:

Does your child require assistance with communication e.g. hearing aids, glasses, visual aids, scribes?

Yes No

Please provide details:

Are there other independence issues?

Parent Signature:

Date: