



DIOCESE OF SALE CATHOLIC EDUCATION LTD.



NAGLE COLLEGE BAIRNSDALE

20 Hope Avenue
Bairnsdale Vic 3875
Telephone: 03 5152 6122

registrar@nagle.vic.edu.au
www.nagle.vic.edu.au

Office use only		
Student ID	Debtor ID	Date received
House		Pastoral
<input type="checkbox"/> New family <input type="checkbox"/> Current family <input type="checkbox"/> Past family		

APPLICATION FOR ENROLMENT

Full Name of Student

Full Name of Parent / Guardian A

Full Name of Parent / Guardian B

Part A: Student Details

Family Mailing / Contact Details

Family Surname

Mail to (i.e. Mr & Mrs Smith)

Postal Address

Suburb

Postcode

Mobile Telephone Number for SMS Notifications

Email Address for Electronic Correspondence

Student Details

First Name

Preferred First Name

Middle Name

Surname

Gender

Male

Female

Other

Date of Birth

Religion

First Australian School Year (i.e. 2017)

To enter Year (i.e. 7)

In Year (i.e. 2024)

Parish Sacrament Details	Date	Parish	Certificate copy provided
--------------------------	------	--------	---------------------------

Baptism			<input type="checkbox"/> Yes <input type="checkbox"/> No
---------	--	--	--

Reconciliation			<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	--	--	--

Eucharist			<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--	--	--

Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	--	--	--

Current Parish of Residence

Parish Priest Name

Travel Information

The School requires the following information to assist with bus arrangements and for the purpose of assessing conveyance allowance eligibility for students enrolling at a school outside Melbourne's [metropolitan conveyance boundary](#) and who reside 4.8 kilometres or more from the School or nearest bus stop.

Distance from home to school in kilometres

Distance from home to nearest school bus stop

Usual method of travelling to school Bus Car Cycle/walk Other

Previous school permission

Name of previous school

I/we give permission for Nagle to contact the previous school Yes No

In the event the student is enrolled at a new DOSCEL school, I/We give permission for the current school to provide information on this form to the new DOSCEL school Yes No

Other children in family

Name	Date of birth	School/Year
------	---------------	-------------

Part B: Student Citizenship Status

Nationality – Government Requirement

In which country was the student born?

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Does the student or their parent(s)/guardian(s) speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often)

	Student	Parent/Guardian A	Parent/Guardian B
No – English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Australian Citizen not born in Australia

If Not Born in Australia, proof of Citizenship status is Government requirement. Please select the relevant category below and record the Visa Subclass number (original documents to be sighted and copies to be retained by the School).

Australian Citizen Naturalisation Certificate or Australian Passport number / Document of Travel if Country of Birth is not Australia

Australian Passport Number (if applicable)

Visa subclass recorded on entry to Australia

Visa Subclass Number

Date of arrival into Australia

Not currently an Australian Citizen

Tick applicable status and provide relevant Visa Subclass Number

Permanent Resident (provide subclass number) Visa Subclass Number

Temporary Resident (provide subclass number) Visa Subclass Number

Other/Visitor/Overseas Student (provide subclass number) Visa Subclass Number

* Please attach Visa / document of travel / letter of notification and passport photo page

Part C: Medical / Health Information

Pension / Health Care Card

Do you hold a current Pension or Health Care Card? Yes No

Pension / Health Care Card Number Expiry Date
(Pension or Health Care Card Number of Parent / Guardian)

Medical Details

Doctor's Name Telephone Number

Clinic Name Clinic Address

Dentist's Name Telephone Number

Dentist Office Name Dentist Office Address

Student Medicare Number Expiry Date Line Number

Private Health Cover Yes No

Fund Name Membership Number

Ambulance Cover Yes No

Membership Number

Immunisation Statement Provided Yes No

Health Department regulations require all children without an Immunisation History Statement to be excluded from School for a period of 14 days in the event of a vaccine preventable disease, such as measles. Please see Victorian Department of Health website www.health.vic.gov.au for more details.

Swimming ability

- Cannot swim Swim less than 50m Swim 50 – 100m
 Swim 100 – 200m Swim 200+ m

Health Conditions

- Wears Glasses Travel Sickness Migraines
 Eczema Hay fever Other – please specify

Medical Conditions

Please specify any known medical conditions the student suffers from and list any prescribed medication taken by the student.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hearing issues | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Other – please specify | | |

Medications (if applicable)

Allergies / Anaphylaxis

Does the student have **allergies**? Yes No

If yes, please specify allergies and include specific details.

Has the student been diagnosed as being at risk of **anaphylaxis**? Yes No

If yes,

Does the student have an EpiPen? Yes No

Does the student know how to use the EpiPen? Yes No

If a student is to be given medication by school staff or has a severe allergy, written authorisation is required. Please request a Medication Authority Form from the School office.

It is mandatory for parents/guardians to advise the school in writing of management plans for the medical conditions or allergies identified in this form with advice from medical practitioners included in instances where a formal diagnosis has been made.

Please include copies of the relevant information and action plans with your application.

Special Needs / Diagnosed Conditions

Indicate whether the student applying for enrolment has any known or suspected special needs, disability, impairment, disorder, injury or learning difficulty:

- | | | |
|---|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavioural Disorders | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Speech / language disorder | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Other (please specify) | | |

If you have answered “yes” to any of the above, please provide:

- full written details of those needs including advice from appropriate medical and allied health professionals to enable the school to plan accordingly.
- any assessment/intervention/support that the student may be currently receiving, together with relevant supporting documentation.

Is your child receiving support from a specialist service, including medical or allied health professionals (optometrist, speech therapist, psychologist or occupational therapist etc.)?

Yes No

If yes, please provide relevant documentation from specialist(s).

Do you anticipate that accommodations and/or learning adjustments will be required for the student, having regard to:

- a) any accommodations or adjustments made at the student's previous school, pre-school or home-school
- b) any external or medical support the student currently requires; and
- c) any other matter the School would consider relevant?

For example:

- Alternative teaching and learning strategies
- Braille
- Access to technology
- Modifications to equipment, furniture and / or learning spaces
- Other (please specify)
- Signing
- A reader / scribe
- Personal Care Support

Medications

Does your child currently take any medications during school hours (prescribed and non-prescribed)

- Yes No

If yes, please specify the requirements regarding the administration of medication for both prescribed and non-prescribed medications, whether for ongoing or temporary illnesses.

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 themselves, other students, or staff at this School?

- Yes No

If yes, please provide a brief description and include documents which may describe such risk.

Please provide the names and contact details of health professionals and/or support personnel at the last school or other relevant agencies that have knowledge of these issues.

I/We consent to Nagle College contacting health professionals, support personnel at the last school or other relevant agencies.

- Yes No

Please attach any relevant documentation to the Application for Enrolment Form including documentation from health professionals/medical practitioners in instances where a formal diagnosis has been made

Part D: Home Environment

Living Arrangements

Please indicate the home care arrangements for this student:

- Living with both parents at same address
- Out of Home Care arrangement
- Other - please describe the living arrangements of the student below

Court Orders

Are there any current court orders relating to the student? Yes No

If “yes”, please provide Nagle College copies of these Court Orders (i.e. Intervention Orders, Family Court/Federal Magistrates Court Orders or other relevant court orders). Any subsequent court orders must be provided to the School when they are received by the parent/guardian.

Is there any information of a legal nature you wish the School to be made aware of?

Yes No

Other information

Is there any other general family details that the School should be aware of? Yes No

If “yes”, please describe:

Residential Parent / Guardian Details

Details	Parent Guardian A	Parent Guardian B
Title		
First Name		
Middle Name		
Surname		
Residential Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address – Street		
Suburb and Post Code		
Home Telephone Number		
Work Telephone Number		
Relationship to Student		
Mobile Telephone Number		
Email Address		
Employer		
Occupation		
Occupation Group (Please refer to Enrolment Handbook. Link below)	<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Not in paid work in last 12 months	<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Not in paid work in last 12 months

Enrolment Handbook: https://www.nagle.vic.edu.au/uploads/Enrolment/DOSCEL_Enrolment_Handbook.pdf

Details	Parent Guardian A (residing at same address as student)	Parent Guardian B (residing at same address as student)
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	<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 or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Cert I to IV (including Trades Certificate) <input type="checkbox"/> No non-school qualifications	<input type="checkbox"/> Bachelor or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Cert I to IV (including Trades Certificate) <input type="checkbox"/> No non-school qualifications
Country of Birth		
Nationality		
Religion		

Non-Residential Parent Details (if applicable)

Please complete if there is a parent who does not reside at the student's home address.

Title

First Name

Surname

Address – Street

Suburb and Post Code

Home Telephone Number

Work Telephone Number

Relationship to Student

Mobile Telephone Number

Email Address

Employer

Occupation

Occupation Group

(Please refer to Enrolment Handbook. Link below)

Group A

Group B

Group C

Group D

Not in paid work in last 12 months

Group A

Group B

Group C

Group D

Not in paid work in last 12 months

Enrolment Handbook: https://www.nagle.vic.edu.au/uploads/Enrolment/DOSCEL_Enrolment_Handbook.pdf

Highest Year of School Education

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent, or below

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent, or below

Level of Highest Qualification

Bachelor or above

Advanced Diploma / Diploma

Cert I to IV (including Trades Certificate)

No non-school qualifications

Bachelor or above

Advanced Diploma / Diploma

Cert I to IV (including Trades Certificate)

No non-school qualifications

Language spoken at home

English

Other (please specify)

Country of Birth

Nationality

Religion

Part E: Emergency Contacts

Please nominate a person **other than a parent/guardian** who may be contacted in the event of an emergency, if parents/guardians cannot be contacted. This person should be local.

Details	Emergency Contact 1	Emergency Contact 2
Title		
First Name		
Surname		
Address – Street		
Suburb and Post Code		
Home Telephone Number		
Mobile Telephone Number		
Email Address		
Relationship to Student		

Part F: Agreement

By signing this agreement, I/we acknowledge that:

- a. there are certain expectations, obligations and guarantees required of the parents/guardians of the School's students, so that a harmonious relationship may be established between the parents/guardians and the School; and
- b. if my/our child's enrolment is accepted by the School:
 - i. this agreement will be enforceable; and
 - ii. I/we will be bound by the terms set out below.

Terms:

1. I/We understand that the information that I/we have provided must be kept up to date throughout the period of enrolment. I/We will promptly report any changes to the information contained in this form to the School Principal.
2. I/We agree to faithfully/strictly abide by the School rules, regulations, processes and policies as conveyed through the Parent Handbook, Newsletter, School Policy documents or any other means, as amended from time to time, and I/we agree to encourage the Student to comply with and abide by same.
3. I/We agree to strictly support our child's participation in the religious life of the School (e.g. School Liturgies and Masses).
4. I/We understand that supporting School activities and the activities of the parent body of the School and Parish are ways of further developing, strengthening and promoting a harmonious partnership.
5. I/We understand that the School may contact my/our child's previous school prior to making a decision about this enrolment application.
6. I/We have read and agree to faithfully/strictly abide by the Enrolment Policy and Enrolment Handbook (and the policies referred to therein, including the School 'Parent-School Relationships Code of Conduct', as amended from time to time).
7. I/We have read and fully understand and agree to the terms and conditions set out in the Enrolment Policy and Enrolment Handbook with respect to Education Fees.

I/We have read and fully understand the basis upon which this enrolment agreement can be terminated, as set out in the Enrolment Handbook: https://www.nagle.vic.edu.au/uploads/Enrolment/DOSCEL_Enrolment_Handbook.pdf

Signed (*Parent / Guardian A*)

Signed (*Parent / Guardian B*)

Print Name

Print Name

Date

Date

Part G: Education Fees

Account to be paid by:

- Parent / Guardians A and B
- Parent / Guardian A only
- Parent / Guardian B only
- Split between Parent / Guardian A % and Parent / Guardian B %
- Other (please specify)

I / We accept responsibility for the payment of all costs, fees and levies for the student's enrolment at Nagle College.

I / We agree that all fees and levies as determined by the School will be paid by the due date unless otherwise agreed in advance in writing with the School Principal (Weekly/Fortnightly/Monthly payments may be made by arrangement).

All person(s) named as responsible for fee payment MUST sign this section of the form. Upon signing this section, all person(s) named agree to be bound by the terms set out in the Enrolment Handbook.

Name of person(s) responsible for payment of fees:

Name Signature

Name Signature

An independent person must witness the signature of the person(s) signing the fee declaration. The witness cannot be a party already signing the declaration.

Name of Witness:

Name Signature

Note: Original identification of each named person(s) signing as being responsible for the payment of fees must be sighted by the School and a copy will be taken for verification purposes. Please note the original identification must include a signature of the named person(s) (e.g. drivers license)

Part H: Parental / Guardianship Permissions

1. I/We agree that the School may share information collected in this form with other Catholic schools within the Diocese of Sale, including Catholic College Sale and Lavalla Catholic College.
2. Where I/we am unable to be contacted, I/we give the Principal (or Delegate) of the School permission to consent to my/our child receiving medical or surgical assistance or an anaesthetic given as recommended by a medical practitioner in the event of any accident or illness.
3. I/We give the Principal (or Delegate) of the School permission to consent to such first aid as is considered reasonable or necessary in the event of accident or illness.
4. I/We accept all risks and liabilities involved in the administration of medical surgical, anaesthetic or first aid treatment as considered necessary and the responsibility for payment of all expenses and costs incurred in relation to such treatment and any emergency transportation required.
5. I/We certify that my/our child does not, to my/our knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment (except as noted in Part C of this form).
6. I/We consent to the School administering medication to my/our child on my/our behalf. In these circumstances, medication will not be administered at School, except where:
 - prescription medication has been supplied by the parents/guardians and written medical advice from a medical practitioner has been provided;
 - Non-prescription medication has been supplied by the parents/guardians and a medication form (available from the School office) has been completed and signed by the parents/guardians.
7. I/We understand the School will take all reasonable care in the event of my/our child suffering an accident or illness, but that the School will not be responsible for any fees, costs or expenses of any medical or dental or treatment administered to my/our child in such an event. Nor will the School be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my/our child.
8. In the event I/we am/are unable to be contacted, I/we consent to the School seeking such medical or dental advice on behalf of my/our child as it sees fit in the event of an accident or illness. This treatment may include, but is not limited to, blood transfusion, the administration of anaesthetic and surgery.
9. I/We agree to pay all fees, costs and expenses incurred including hospital accommodation. I/We understand that the School will not be held liable for ambulance or other transport costs. [Note: Ambulance membership is available through most health funds or directly from Ambulance Victoria. The School does, however, carry student accident insurance for all students whenever they are at School or are involved in any activities organised by the School. This cover also includes travel to and from School or School activities.]
10. I/We consent to my/our child participating in all activities organised or available at School, School camps, and all other outings, excursions and functions. I/We understand that this consent can be withdrawn at any time by notifying the School in writing and that additional consent will be sought by the School for offsite activities.
11. I/We accept that the daily life of the School involves my/our child's participation in the life of the Catholic Church through prayer, liturgy, sacramental celebrations and the provision of the religious education program of the School. I/We agree to support my/our child's participation in this program.
12. I/We give consent for my/our child to be photographed and for these photographs to be used without acknowledgement, remuneration or compensation in the School and in various Catholic Education Office, Diocese of Sale or Catholic Education Commission of Victoria Ltd publications. Publications may include, but are not limited to, newsletters, parent handbooks, brochures, annual reports, newspaper advertisements, posters and the School /Catholic Education Office Diocese of Sale website. On occasion, information such as sporting achievements, pupil activities and art works will be published in the School newsletter and on our website naming the child.
 Yes No
13. I/We certify that the consent which I/we have given in the above paragraphs is valid at all times while my/our child is in the custody of the School including when my/our child is:
 - at School
 - at School camps
 - attending or participating in a School outing, excursion or function Yes No

14. I/We give consent for my/our child to use the resources of computer, access to network resources, email and internet. Students may only access the internet and email during class time under teacher supervision and subject to any Information Technology Policies which may be in force from time to time.

15. I/We give consent for my/our Family Mailing/Contact Details to be provided to the Parish for the specific purpose of the Parish contacting our family in relation to any court actions involving or relating to me/us and/or my/our child that are relevant to my/our child's enrolment and/or application for enrolment at the School.

16. I/We give consent for my/our Family Mailing/Contact Details to be provided to the Parish for the purpose of the Parish contacting our family in relation to Parish matters such as fundraising efforts and other Parish issues.

Yes No

17. I/We give consent for my/our Family Mailing/Contact Details, Student Details and Parish/Sacrament Details to be provided to the Parish for the specific purpose of the Parish contacting our family in relation to Parish sacramental programs.

Yes No

Signed (Parent / Guardian A)

Signed (Parent / Guardian B)

Print Name

Print Name

Date

Date

Part I: Declaration

I/We, as the parent/s/legal guardian/s of my/our child, declare that I/we have read, understood and given consent to all matters contained in this form. I/We understand that my/our consent will remain valid while my/our child continues enrolment at the School. Should the relevant information change, I/we understand it is my/our duty to make the School immediately and fully aware of the changes. I/We agree to be bound by the terms set out in this form and the Enrolment Handbook.

Signed (Parent / Guardian A)

Signed (Parent / Guardian B)

Print Name

Print Name

Date

Date

Please note:

1. Acceptance of this application for enrolment is subject to the approval of the School's Enrolment Committee.
2. Acceptance to this School does not constitute acceptance into any other Catholic School (primary or secondary).
3. Please refer to the attached Privacy Policy and Collection Notice which apply to the school for details regarding privacy of information collected by the DOSCEL and the School.
4. The Enrolment Policy and Enrolment Handbook, which includes links to other relevant policies and procedures with which you agree to comply (such as the Parent-School Relationships Code of Conduct), is attached for your reference.

Part J: Documentation and Signatures

Documentation

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes where applicable).

Compulsory documents:

- Birth Certificate
- Copy of Fee-Payer ID (i.e. drivers licence)
- Copy of most recent school reports

Note: Enrolment applications submitted without compulsory documents will not be processed.

Other documents:

- Student Baptismal Certificate, Reconciliation, Eucharist, Confirmation certificates
- Immunisation History Statement
- Asthma Management Plan Anaphylaxis Management Plan
- Medical and/or special needs information including assessments and documentation from appropriate medical and allied health professionals
- Visa documentation
- Relevant Family Court Orders (such as Intervention Orders, Family Court/Federal Circuit Court Orders)

Signatures

I/We have signed the following pages:

- Part F – Agreement (Page 12)
- Part G – Educational Fees (Page 13)
- Part H – Parental/Guardianship Permissions (Pages 14-15)
- Part I – Declaration (Page 15)

