



APPLICATION FOR ENROLMENT



This form is to be completed in conjunction with the Notes Booklet.
When completing this form, please PRINT CLEARLY in blue or black pen.

Name of School:

School Suburb:

SETON COLLEGE

MT GRAVATT EAST

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

Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12
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Start Year:

Student currently in Year _____

STUDENT INFORMATION

Section 1: Student Personal Details



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

Legal Surname:

Preferred Surname: *(to be used only with Principal's approval)*

Legal First Name:

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

Other Given Name(s):

Date of Birth:

BCE Student Id: *(If known)*:

Gender*:

- Male
 Female

Section 2: Student Cultural Background

Country of Birth*:

In which country was the student born?

- Australia
 Other *(Please specify)* _____

First Language Spoken:

What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

- English
 Other *(Please specify)* _____

Indigenous Status*:

Is the student of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Both Aboriginal and Torres Strait Islander

Main Language Spoken at Home*:

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
 Yes, Other *(Please specify)* _____

Other Language Spoken at Home:

Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

- No
 Yes, Other *(Please specify)* _____

Section 3: Student Citizenship

Country of Citizenship:

In which country does the student currently hold citizenship?

- Australia *(If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)*

Proceed to Section 5: Current/Previous Schooling

- Other Country *(Please specify)* _____

Proceed to Section 4: International Details



Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student's **Visa, Passport (including passport number) and Health Care** documentation must be attached (Health care details only required for those on Student Visas).

Country of Passport Issue:

Date of Entry to Australia:

Visa Sub-Class Number:

Health Care Number:

Visa Expiry Date:

Health Care Expiry Date:

Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any **Transfer Documentation** should be attached *(if applicable)*.



School Name	Suburb/Town	State	Contact Number <i>(if known)</i>	Year Level(s)	Attended From <i>(Date)</i>	Attended To <i>(Date)</i>
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Is the Student Catholic ?

- Yes. A legible copy of the student's **Baptismal Certificate** is attached and details of any **Sacraments Received** are provided below

- No. Other Religion *(Please specify)* _____

Sacraments Received:

- Baptism Date Received DD / MM / YY Parish _____ Suburb _____
- Reconciliation Date Received DD / MM / YY Parish _____ Suburb _____
- Eucharist Date Received DD / MM / YY Parish _____ Suburb _____
- Confirmation Date Received DD / MM / YY Parish _____ Suburb _____



RELATED PERSONS' INFORMATION

Section 7: Related Persons' Personal Details

Parent/Legal Guardian/Caregiver 1

Legal Surname:

Legal First Name:

Other Given Name(s):

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

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

Title:

- Mr Mrs Miss Ms Dr
 Fr Sr Br Rev Prof

Gender:

- Male
 Female

Date of Birth:

Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

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

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

Title:

- Mr Mrs Miss Ms Dr
 Fr Sr Br Rev Prof

Gender:

- Male
 Female

Date of Birth:

Section 8: Related Persons' Cultural Background

Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

- Australia
 Other *(Please specify)* _____

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
 Yes, Other *(Please specify)* _____

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No
 Yes, Other *(Please specify)* _____

Religion:

Parish of Worship: *(If applicable)*

Parent/Legal Guardian/Caregiver 2

Country of Birth:

Where was this person born?

- Australia
 Other *(Please specify)* _____

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only
 Yes, Other *(Please specify)* _____

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No
 Yes, Other *(Please specify)* _____

Religion:

Parish of Worship: *(If applicable)*

Section 9: Related Persons' General Information

Parent/Legal Guardian/Caregiver 1

Occupation Group*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in

Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

Highest School Level*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

Highest Qualification Level*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
 Advanced diploma/Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Parent/Legal Guardian/Caregiver 2

Occupation Group*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in

Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

Highest School Level*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

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- Year 12 or equivalent
 Year 11 or equivalent
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Highest Qualification Level*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
 Advanced diploma/Diploma
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 No non-school qualification

Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

Section 10: Related Persons' Address Information

Parent/Legal Guardian/Caregiver 1

Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Postal/Correspondence Address Details

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Parent/Legal Guardian/Caregiver 2

Residential Address Details

Same as Parent/Legal Guardian/Caregiver1

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Postal/Correspondence Address Details

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Section 11: Related Persons' Contact Information

Parent/Legal Guardian/Caregiver 1

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
() _____	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
_____	<input type="checkbox"/>	
Work Telephone Number:		
() _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
_____	<input type="checkbox"/>	
Comments:		

Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
() _____	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
_____	<input type="checkbox"/>	
Work Telephone Number:		
() _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
_____	<input type="checkbox"/>	
Comments:		

Section 12: Related Persons' Relationship to the Student

Parent/Legal Guardian/Caregiver 1

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

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

Parent/Legal Guardian/Caregiver 2

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

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

Section 12: Related Persons' Relationship to the Student *(continued...)*

Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

Emergency Contact:

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.

1st 2nd

- No

Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes
 No



Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes
 No

Main Contact:

A student must have one (1) main contact.

- Yes
 No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports: Yes No

Newsletters: Yes No

Invitations: Yes No

School Portal Access: Yes No

Does this person reside with the student?

- Yes
 No

Does this person require the assistance of an interpreter?

- Yes
 No

Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

Emergency Contact:

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.

1st 2nd

- No

Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes
 No



Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes
 No

Main Contact:

A student must have one (1) main contact.

- Yes
 No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports: Yes No

Newsletters: Yes No

Invitations: Yes No

School Portal Access: Yes No

Does this person reside with the student?

- Yes
 No

Does this person require the assistance of an interpreter?

- Yes
 No

ADDITIONAL STUDENT INFORMATION

Section 13: Student Address Information

Residential Address Details

- Same as Parent\Legal Guardian\Caregiver1
 Same as Parent\Legal Guardian\Caregiver2

Street Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

Residential (Alternative) Details *(If required)*

- Same as Parent\Legal Guardian\Caregiver1
 Same as Parent\Legal Guardian\Caregiver2

Street Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

Section 14: Student Contact Information

Contact Method Type

Order

Indicate best contact order for the student.

Silent

Is this number silent?

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Contact Method Type

(If required)

Order

Indicate best contact order for the student.

Silent

Is this number silent?

Home (Alternative) Number:

Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

- Yes. Provide details below.
 No. **Proceed to Section 16: Student Specialist Assessments**

Condition	Requires Medication [#]	Has Medical Action Plan [#]	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (<i>Please specify</i>) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

[#] Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached. 
- No. **Proceed to Section 17: Educational Support Information**

Section 17: Educational Support Information

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

- Yes. Respond to the questions below.
 No. **Proceed to Section 18: Legal Information**

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

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

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

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

Section 18: Legal Information

Is the student in Care of the State?

- Yes
 No

Are there any legal issues concerning the student of which the school should be aware?

- Yes. Provide details below and ensure a legible copy of any relevant **legal document(s) is attached**.
 No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
<input type="checkbox"/> Parenting Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Parenting Agreement		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Domestic Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Apprehended Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Child Protection Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Other Caring Arrangement (Please specify)		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Legal Guardianship Documentation		DD / MM / YY	DD / MM / YY

Section 19: Sibling Information

(a) Does the student have any school-aged siblings currently attending a BCE school ?

- Yes. Provide details below.
 No. **Proceed to Section 20: Additional Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname				
Preferred Surname				
Legal First Name				
Relationship to Student				
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
School Name				
Class				
House				
Resides with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) Does the student have younger siblings not yet attending school?

- Yes. Please provide child/ren's names (Including date of birth)

[Listing sibling details here is not regarded as an enrolment. An enrolment application is required for each student for any future enrolment.] Office Use Only: Younger siblings are not recorded in the Student Administration System.

Section 20: Additional Information

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










- Yes. Provide details below.
 No. **Proceed to Check List**

CHECK LIST

Please complete before submitting the Application for Enrolment form

Note that original documents will need to be sighted to finalise enrolment confirmation.

Documents provided:

- | | | | |
|---|------------------------------|-----------------------------|---|
|  Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
|  Australian Citizenship Documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Current Visa | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Current Passport | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Health Care Documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Current/Previous School Transfer Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Baptism Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Health or Medical Assessment Reports | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Legal Documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |

Signature(s)

I declare that:

- I have completed this form in conjunction with the Enrolment Notes Booklet which includes the BCE Collection Notice Form
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

SIGNATURE of Parent or Legal Guardian



SIGNATURE of Parent or Legal Guardian



PRINT NAME of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

RELATIONSHIP to Student

DATE SIGNED

DD / MM / YYYY

DATE SIGNED

DD / MM / YYYY