WHAT WE NEED FROM YOU

- An application that includes a recent expert assessment of your child's disability or disabilities (See Eligibility Criteria sheet enclosed)
- Birth certificate, baptism certificate if your child is baptised, immunisation records
- Written permission to visit and observe your child in his/her pre-school/school
- Your written account of your child, and your hopes and expectations of St Lucy's
- A non-refundable application fee of $500
Enrolment Application Form

___________________________
Name of Applicant

Date of birth:   ____ / ____/ ___

Where did you hear about St Lucy’s? ________________________________

Please attach recent photo here

Requested date of commencement:   ___/ ___/___

Office Use Only:

Date of Enrolment   ____/ ____/ ___

Return to:
St Lucy’s School
21 Cleveland Street, Wahroonga  NSW  2076
Phone: 02 9487-1277   Fax: 02 9989-8056
I wish to make application for the enrolment of my child and submit the accompanying particulars:

Signed: ____________________________  
(mother/father/guardian)

Date: ______________________________

Documents included:

- Birth certificate
- Immunisation certificate
- Baptism certificate (if applicable)
- Current psychological report
- Other reports ________________________

The information requested in this Enrolment Form is for assessment and reporting purposes and is required by the Ministerial Council of Education, Employment, Training and Youth Affairs.

Note: If you need help completing this form, please telephone the school office on 02 9487 1277.

For Further information about St Lucy's and our current activities please refer to our website:

www.stlucys.nsw.edu.au

Privacy Statement:

St Lucy's will use the information collected in this form for the following purposes:

- Provide educational programs, make appropriate contact in emergencies, marketing opportunities; and undertake statistical, research, planning and reporting activities.

A copy of the St Lucy's Privacy Policy can be obtained from the school by calling 9487 1277.
Student Details

Family Name: _____________________________
Given Names: _____________________________
Preferred First Name: _____________________________

Home address of student:
(Full Street Address) _____________________________ Suburb ___________ Postcode ___________

Home Phone No. _____________________________

Sex □ Male Date of Birth: ___ / ___ / ___
□ Female

In which country was the student born? ___________________________________________

If not Australian, please give citizenship details _______________________________________

Family Status: Married□ Divorced□ Separated□ De Facto□ Single□

Languages Spoken at Home

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

□ No, English only
□ Yes, language other than English spoken. What language? ______________

What languages (including English) does the student hear at home?
Main language ___________________________________
Other language ___________________________________
Other language ___________________________________

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes.)

□ No
□ Yes, Aboriginal
□ Yes, Torres Strait Islander

Address and contact details of current school/preschool _____________________________

Child’s Religion: _____________________________

Sacraments received: ____________________________________________________________

Assessments: Please refer to and complete table on back page.
Student’s Medical Details

Doctor’s Name: ______________________ Phone: __________________

Address: ______________________________________________________

Specify any allergies suffered by the student:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Specify any other issues the school should be aware of such as speech, vision, etc:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Medicare No: __________________ Medical Fund/No: __________________

Immunisation – please indicate if your child is immunised against the following:

☐ Diptheria ☐ Whooping Cough ☐ Polio
☐ Tetanus ☐ Rubella ☐ Chickenpox ☐ Other

Contact in an Emergency: (Rate 1,2 or 3 for contacting in an emergency)

☐ Mother/Guardian Full Name: ________________________________
   Phone: (home) ________________  (work) ________________  (mobile) ___________

☐ Father/Guardian Full Name: ________________________________
   Phone: (home) ________________  (work) ________________  (mobile) ___________

☐ Other (grandparent/friend): ________________________________
   Phone (day): ________________  (mobile): ________________

In case of accident/illness, I give permission for my child to be seen by the Casualty Department of Hornsby Hospital or another hospital if necessary, and to be transported by ambulance.

Signed: ________________________________
   (mother/father/guardian)

Please Print Name ________________________________
Mother / Guardian Details

*In case of sole custody or split guardianship the school must be given a copy of any court order or other custody documentation.*

Title: __________  Family Name: ___________________  Given Name: _______________

Home Address: _______________________________________________________________

Mailing Address: _______________________________________________________________

Phone: (Home) ___________________ (Work) ___________________ Mobile__________________

Email: ______________________________________________

1. Do you speak a language other than English?  □ Yes  □ No

   If yes, what other languages do you speak?
   
   Main language ___________________

   Other Languages ____________________________________________

2. Country of Birth ___________________________  Nationality ____________________________

3. What is the highest year of primary or secondary school you have 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 □

4. What is the level of the highest qualification you have completed?

   Bachelor degree or above □

   Advanced diploma/ Diploma □

   Certificate 1 to 1V (including trade certificate) □

   No non-school qualification □

5. What is your occupation group? (eg: 1F) ___________________

   *(See page 7 of this document for occupational reference to this)*

   Please select the appropriate parent occupation group from the list on page 7 of this enrolment form.

   • If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.

   • If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

   Parent Occupation: _______________________

6. Business name of current employer (if any) _______________________

7. Address of current employer if they are different from the mailing address: ____________________________________________

8. Phone: (Work) ___________________ Mobile__________________

9. Email: ______________________________________________
Father / Guardian Details

In case of sole custody or split guardianship the school must be given a copy of any court order or other custody documentation.

Title: ________ Family Name: ___________________ Given Name: _______________
Home Address: __________________________________________________________
Mailing Address: __________________________________________________________
Phone: (Home) ____________ (Work) ________________ Mobile__________________
Email: __________________________________________________________

1. Do you speak a language other than English? □ Yes □ No
   If yes, what other languages do you speak?
   Main language _________________
   Other Languages ___________________________________________________

2. Country of birth ________________________ Nationality __________________________

3. What is the highest year of primary or secondary school you have 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 □

4. What is the level of the highest qualification you have completed?
   Bachelor degree or above □
   Advanced diploma/ Diploma □
   Certificate 1 to 1V (including trade certificate) □
   No non-school qualification □

5. What is your occupation group? (eg: 1F) ________________
   (See page 7 of this document for occupational reference to this)
   Please select the appropriate parent occupation group from the list on page 7 of this enrolment form.
   • If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.
   • If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

5. Parent Occupation: ________________________________

6. Business name of current employer (if any) __________________________
List of Parental Occupation Groups (for completing question 4 Mother/Guardian or Father/Guardian)

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

A. Senior executive/manager/department head in industry, commerce media or other large organisation.
B. Public service manager (Section head or above), regional director, health/education/police/fire services administrator.
C. Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director].
D. Defence Forces Commissioned Officer.
E. 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.
G. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].
H. 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

A. Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.
B. Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing].
C. Financial services manager [bank branch manager, finance/insurance/broker, credit/loans officer].
D. Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].
E. Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official].
F. Associate professionals generally have diploma/technical qualifications and support managers and professionals.
H. Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].
I. Defence Forces senior Non-Commissioned Officer.

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

A. Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
B. Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/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].
C. Skilled office, sales and service staff.
D. Office [secretary, personal assistant, desktop publishing operator, switchboard operator].
E. Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher].
F. Service [aged/disabled/refuge/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

A. Drivers, mobile plant, production/processing machinery and other machinery operators.
B. Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].
C. Office assistants, sales assistants and other assistants.
D. Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].
E. 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].
F. Assistant/aide [trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].
G. Labourers and related workers.
H. Defence Forces ranks below senior NCO not included above.
I. 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].
<table>
<thead>
<tr>
<th>Area of Development</th>
<th>Acceptable Assessment Instruments</th>
<th>Assessment</th>
<th>Date of Assessment</th>
<th>Quals of Assessor</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Stanford Binet; WIPPSI; WISC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/behavioral</td>
<td>ABAS Vineland Bailey’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Spastic Centre, Northcott, Paediatrician</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sensory</td>
<td>Vision acuity Hearing acuity</td>
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<tr>
<td>Autistic Spectrum</td>
<td>CARS GARS DSM IV DSM V</td>
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