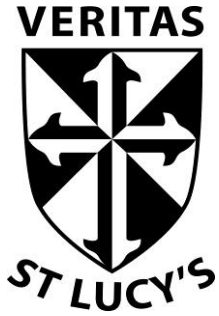




## WHAT WE NEED FROM YOU

- 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



# St Lucy's School

*Excellence in education for children with disabilities*

## 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](http://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:

- |                                     |   |                                     |                                |
|-------------------------------------|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Polio      |                                |
| <input type="checkbox"/> Tetanus    | <input type="checkbox"/> Rubella        | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> 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.*

5. Parent Occupation: \_\_\_\_\_

6. Business name of current employer (if any) \_\_\_\_\_

## 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.
- F. **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
- 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/investment/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.
- G. **Health, Education, Law Social Welfare, Engineering, Science, Computing** technician/associate professional
- 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/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]
- 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

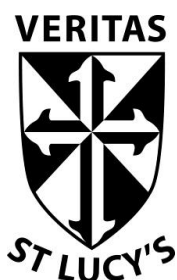
### **Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

- 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]



**VALIDATION OF ELIGIBILITY FOR SPECIAL TRANSPORT AND SWD\* FUNDING**

<b>Area of Development</b>	<b>Acceptable Assessment Instruments</b>	<b>Assessment</b>	<b>Date of Assessment</b>	<b>Quals of Assessor</b>	<b>Results</b>
Cognitive	Stanford Binet; WIPPSI; WISC				
Social/behavioral	ABAS Vineland Bailey's				
Physical	Spastic Centre, Northcott, Paediatrician				
Sensory	Vision acuity Hearing acuity				
Autistic Spectrum	CARS GARS DSM IV DSM V				



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