



APPLICATION FOR ENROLMENT

A CO-EDUCATIONAL COLLEGE YEAR 7 - 12

www.oloughlin.nt.edu.au



ENROLMENT

- ☐ Birth certificate.
- ☐ ONE previous full semester reports (not interim reports).
An interview will not be conducted until reports are received.
- ☐ Immunisation records (can be provided by Medicare).
- ☐ Copies of most recent benchmark levels achieved (from previous school) Naplan reports
- ☐ Custody/Guardianship (relevant documentation - see enrolment form).
- ☐ Baptismal/Sacrament certificates.

The following information should also be provided where/if appropriate:

1. Involvement in special programs and associated reports e.g. Special Education units, Reading Recovery, Literacy support, Gifted and Talented Programs. ☐ Yes ☐ No
2. Copies of any relevant case conferences held with student services. ☐ Yes ☐ No
3. Copies of any learning, medical or psychological reports that pertain to the student's education. ☐ Yes ☐ No

08 8945 1277

70 MUELLER ROAD, KARAMA | DARWIN NT 0812

secretary.oloughlin@nt.catholic.edu.au

**Application fee: \$160 must accompany this application
(non-refundable administration fee)**

Bsb 085933 Acc: 396042548 Ref: Surname/Year

SECTION A

STUDENT INFORMATION

1. Legal name(Surname or family name)

Given name/s

Preferred given name

2. Email address

3. Gender Male Female

☐☐

4. Date of birth

5. Place of birth

1. In which country was the student born?

☐ Australia

☐ Other – please specify

2. Residential status

☐ Australian Citizen (go to Nationality)

☐ Resident

Nationality

3. Indigenous status: 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 ☐

4. 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

5. Year level in which student is enrolling

Date of commencement:

☐ 7☐ 8☐ 9☐ 10☐ 11☐ 12

Previous school

6. Other family currently enrolled or enrolling at a Catholic school in the Northern Territory

Surname

Given names

Year level

7. Are there any special family circumstances? Please note below (e.g. single parent, dual custody, foster care or access restrictions)

☐ No☐ Yes - supporting legal documents are required by the school - please attach

8. Religion

Sacrament Date:

Baptism Date:

Communion Date:

Confirmation Date:

Parish:

SECTION B

FAMILY INFORMATION

This information refers to parents residing at the same address as the student. For parents/guardians not residing at the same address, please complete "Section C Alternative Family Information."

PARENT 1 / GUARDIAN 1

9. Relationship to student

10. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names

Surname or family name

Occupation

Nationality

Country of birth

11. Does parent/guardian 1 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 (please specify)

12. Employer

PARENT 2 / GUARDIAN 2

Relationship to student

Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names

Surname or family name

Occupation

Nationality

Country of birth

Does parent/guardian 2 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 (please specify)

Employer

PARENT 1 / GUARDIAN 1

13. Business phone

14. Mobile phone

15. Email

Do you wish to receive the newsletter by email?

☐

No

☐

Yes

16. Sole Parent

☐

No

☐

Yes

PARENT 2 / GUARDIAN 2

Business phone

Mobile phone

Email

Do you wish to receive the newsletter by email?

☐

No

☐

Yes

Sole Parent

☐

No

☐

Yes

17. Does the student come from an Australian Defence family?

No

Yes – please specify

Army

☐

Navy

☐

Air Force

☐

17. Family/Individual Medicare number

Expiry date

18. Health care card

☐ No

☐ Yes

Expiry date

19. Family address details

(For parent/guardians not residing at the same address please complete "Section C Alternative Family Information")

The child lives at this address

☐

Permanently

☐

Regularly

☐

Occasionally

20. Residential address

Mailing title (e.g. Mr & Mrs D Smith)

Street number and name

Town

State and postcode

Home telephone number

21. Postal address (leave blank if same as residential address)

Mailing title (e.g. Mr & Mrs D Smith)

Street number and name/post office box

SECTION C

ALTERNATIVE FAMILY INFORMATION

This information is required if the student resides with an alternative family during the school term.

ALTERNATIVE PARENT/GUARDIAN 1

22. Relationship to student

23. Title (e.g. Mr, Mrs, Miss, Ms, Dr, Cr)

Given names

Surname or family name

ALTERNATIVE PARENT/GUARDIAN 2

Relationship to student

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Cr)

Given names

Surname or family name

Occupation

Nationality

24. Does parent/guardian 1 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 (please specify)

Specify:

Occupation

Nationality

Does parent/guardian 2 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 (please specify)

Specify:

ALTERNATIVE PARENT/GUARDIAN 1

25. Employer

26. Religion

27. Business phone

28. Mobile phone

29. Email

Do you wish to receive the newsletter by email?

☐ No ☐ Yes

30. Copy of student reports

☐ No ☐ Yes

31. Alternative family residential address

Mailing title (e.g. Mr & Mrs D Smith)

Street number and name

Town

State and postcode

Home telephone number

32. Alternative family postal address (Leave blank if same as residential address)

Street number and name or post office box

Town

State and Postcode

ALTERNATIVE PARENT/GUARDIAN 2

Employer

Religion

Business phone

Mobile phone

Email

Do you wish to receive the newsletter by email?

☐ No ☐ Yes

Copy of student reports

☐ No ☐ Yes

SECTION D

PARENT/GUARDIAN BACKGROUND INFORMATION

The following information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

33. What is the highest year of Primary or Secondary school the parents/guardians have completed?
Mark only one box. For persons who have never attended school, mark 'Year 9 or equivalent or below'.

PARENT 1 / GUARDIAN 1

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

PARENT 2 / GUARDIAN 2

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

34. What is the level of the highest qualification the parents/guardians have completed?

PARENT 1 / GUARDIAN 1

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

PARENT 2 / GUARDIAN 2

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

The following questions refer to the parental occupation group. Please select the appropriate parental occupation from the list on the following page. 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 below.

35. Occupation group

PARENT 1 / GUARDIAN 1

Occupation group

PARENT 2 / GUARDIAN 2

LIST OF PARENTAL OCCUPATION GROUPS

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

Senior executive/manager/department head in industry, commerce, media or other large organisation
Public service manager (section head or above), regional director, health/education/police/fire services administrator Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director] Defence Forces Commissioned Officer

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.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] 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

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business Specialist manager

[finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer] Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals. Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

GROUP 3: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

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] Skilled office,

sales and service

staff

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

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

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper] Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

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]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

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]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing

SECTION E PARENTAL CONSENT

52. Consent to medical attention

In the event of illness or injury requiring urgent medical treatment, I consent for medical and/or hospital attention to be sought (if ambulance travel is required the cost is covered by the College ambulance cover). Parents' emergency contact will be contacted immediately in these events.

If prescription / medication is required to be administered, it is sent to school with the student, accompanied with a completed Health Care or Action Plan giving details of dosage and permission for College staff to administer medication.

☐ No ☐ Yes

53. Consent for publication of photographs and student work

By signing this form I give approval with the understanding that this material is supplied to the Catholic Education Office (CEO) and O'Loughlin Catholic College in good faith and will not be used in any way that may cause embarrassment, or offend the sensitivities of the nominated individual/s. In addition, the Catholic Education Office and O'Loughlin Catholic College will not use this material for any other purpose, or make any copies of the material other than as stated below, and they will not manipulate or change the images or sounds in any way.

I hereby grant permission for use of the following Photo/Interactive visual (Video) materials to be used within the following publications: (tick boxes)

☐ CEO and O'Loughlin Catholic College general Catholic School TV Commercial, website, social media

☐ Media All of the above

☐ CEO and O'Loughlin Catholic College print publications, newsletters

☐ No consent for any publication

☐ External publications

Websites give consent for my child's photos/images/videos taken during College activities to be published on the College and/or CEO website/social media. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites/social media platforms.

Parent/guardian 1 signature

Parent/guardian 2 signature

54. Excursion permission

Travel off campus is often required for curriculum based activities, overnight camps and sporting events. Is parental consent given for the student to attend off-campus activities?

☐ No ☐ Yes

SECTION F

EMERGENCY CONTACTS

56. The first and second parent or guardian stated on page 6 will be the school's first and second priority contacts.

You may wish to provide other names below:

CONTACT	RELATIONSHIP	WORK PHONE	HOME PHONE	

Please tick boxes:

SECTION G

AGREEMENT

- ☐ I/we understand/accept that O'Loughlin Catholic College (here in known as the College) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concerns for others. The College philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of each individual's potential. The College provides an environment where gospel values are lived out, thus allowing students to experience the hope and optimism of the Gospel message of Jesus Christ. I/we agree to support in every possible way this religious dimension of the College.
- ☐ I/we accept and agree to support the standards of behaviour, discipline policy, grooming and uniform which the College requires.
- ☐ I/we realise that in sending my/our child to O'Loughlin Catholic College, I/we am/are undertaking certain financial commitments regarding school fees, uniforms, etc. I/we agree that fees and levies, as determined by the Principal and College Board, will be paid on receipt of an invoice. A split billing form is attached if there are alternative arrangements for payment of fees. I/we also understand that pro-rata fees are payable for students commencing or leaving during term. **I/we agree to give 10 weeks notice in writing if my child is leaving O'Loughlin Catholic College (excluding school holidays), notice must be given within the school term. If the required notice is not received, full fees will be payable for the current term.** If at any time and for any reason I/we should find myself unable to meet my financial obligations in full, I agree to contact the Finance Officer or Principal to make special interim arrangements. I/we understand that failure to do this could jeopardise my child's ongoing enrolment in the College. If the parent(s) should fail to pay the College fees when they are due, the parent will be responsible for any additional costs associated with recovery of the outstanding amounts, including but not limited to the cost of a solicitor, and any cost incurred by the College's nominated debt collection agency.
- ☐ I/we agree that my child will take an active part in the various activities, including co-curricular, that are run as part of the College educational program, and that I/we will ensure their attendance at these activities.
- ☐ I/we understand that as parents we work in partnership with the College in the education of my child. To this end, I/we commit to supporting the College in whatever capacity is required.
- ☐ I/we understand and accept that the completion of this enrolment form does not guarantee enrolment.
- ☐ I/we understand and accept that attendance at an enrolment interview does not guarantee an enrolment offer being made.
- ☐ I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or parenting orders, then the enrolment may be refused or terminated on this ground.

Parent /Guardian1 signature

Date:

Parent /Guardian 2 signature

Date:

SECTION H

MEDICAL HISTORY

Surname

Given name/s

Date of birth

Doctor's name

Doctor's phone number

1. Is the student under medical treatment at present? No ☐ Yes (please give details below) ☐

2. Has he/she ever had a serious illness? No ☐ Yes (please give details below) ☐

3. Does he/she have any hearing problems? No ☐ Yes (please give details below) ☐

4. Does he/she have eye problems/wear glasses? No ☐ Yes (please give details below) ☐

5. Is he/she taking any medication? No ☐ Yes (please give details below) ☐

6. Does he/she suffer from allergies or allergic to any food, substance and/or medication?

☐ No ☐ Yes - please detail below last episode and type of allergy ie Anaphylaxis, rashes or vomiting

7. Medic alert required?

☐ No ☐ Yes - please detail below

- 8a. Does he/she have a diagnosis for a disability or learning disorder/difficulty? (eg: Autism, ADHD, dyslexia)

☐ No ☐ Yes - please detail below

8b.

Is he/she currently undergoing assessment for a diagnosis?

Yes, please detail:

9. Swimming ability: ☐ Non Swimmer ☐ Weak ☐ Average ☐ Strong

10. Do you permit the school's Student Officer to administer panadol? ☐ Yes ☐ No

11. Immunisation record (a copy of student's immunisation record must be supplied with this application):

Further information will be sent via Consent2Go once enrolment has been accepted.



12. Please tick any of the following illnesses the student may have suffered, or still suffers from:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Allergies (please list) | <input type="checkbox"/> Anaphylaxis (please list) | <input type="checkbox"/> Heart problems (murmur, chest pains) |
| <input type="checkbox"/> Other, please specify below: | <input type="checkbox"/> Dietary Requirements
eg: Gluten Free, Coeliac | <input type="checkbox"/> Diabetes |
| | | <input type="checkbox"/> Type 1 |
| | | <input type="checkbox"/> Type 2 |

Please give any relevant information (medication, treatment etc):

- | | |
|--|---|
| <input type="checkbox"/> Attached is the current Action Plan | <input type="checkbox"/> Request a Health Support Plan from the College |
|--|---|



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