



# St Mary's College Toowoomba

*Forming young men of faith, integrity, action and excellence*

129 West Street, Toowoomba QLD 4350  
Email: [reception@stmaryscollege.com](mailto:reception@stmaryscollege.com)

Ph: (07) 4631 7333 Fax: (07) 4631 7399  
Website: [www.stmaryscollege.com](http://www.stmaryscollege.com)

## APPLICATION FOR ENROLMENT FORM

**STUDENT NAME** SURNAME: .....GIVEN NAME: .....

**PARENT/CARER** SURNAME: .....GIVEN NAME: .....

**PARENT/CARER** SURNAME: .....GIVEN NAME: .....

**STUDENT'S CURRENT SCHOOL:** .....

**ENROLMENT SOUGHT FOR YEAR** ..... **OF** **20**.....

Prior to offers being made, an enrolment interview will be scheduled between the College and the student and parents/guardians.

In the process of the enrolment interview, we will endeavour to ascertain your desire for the education of your son in relation to the:

- *College Mission Statement and*
- *The Values and Ethos of this College.*

It is essential that this enrolment document is completed **prior** to the interview. The last 2 school reports must be supplied along with other educational materials of relevance, copies of previous Yrs 3, 5, 7 & 9 Literacy and Numeracy tests, a birth certificate and any relevant certificates.

It is not possible to canvas every issue in this document at interview, but in the process of completing the document, you may decide on key questions that you would particularly like to raise with the interviewer.

If due to language, or any other consideration, you have difficulty completing this enrolment document prior to the enrolment interview, please contact the College Office for assistance.

Thank you.

**Please Note:**

- *Full and frank disclosure of requested information is required.*
- *Failure to disclose all relevant and correct information could result in cancellation of enrolment.*
- *A confirmation deposit may be requested on offer of a place at the College.*

The purpose of these questions is to ascertain the educational and physical needs of your child and to determine our ability to best meet those needs.

**PLEASE ACCOMPANY THIS FORM WITH AN ENROLMENT / ADMINISTRATION FEE (IF APPLICABLE)**

**OFFICE USE ONLY**

Date Issued..... Date Commenced..... Interview Date.....

Application Received..... Enrolment Fee Included \$ ..... Receipt Number.....

Confirmation Received..... Confirmation Fee \$..... Receipt Number.....

House ..... Mentor Teacher..... Class.....

Interviewed By..... Special Circumstances  Yes  No Family Key.....

Date Left.....

# APPLICATION FOR ENROLMENT

<b>Name of Student:</b>	<b>Office Use Only</b>
<b>Current School:</b>	
	Student Code:
	Family Code:
<b>Family Mailing Details</b>	
Family Surname:	
Mail to [e.g. Mr & Mrs Smith]:	Greeting Names [e.g. John & Mary]:
Address:	Suburb/City: <span style="float: right;">Post Code:</span>
Family Phone Number:	Other :
Relationship: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>	Current Parish:
Health Fund (if applicable):	Health Fund Number: <span style="float: right;">Expiry Date : ___ / ___ / ___</span>
Health Care Card No. (if applicable):	Medicare Number:
Private Hospital Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Hospital Cover No:
Private Hospital Cover Type:	Mode of Transport to School: _____ From School: _____ Distance: . :

Children in your Family at School					
Please list below all the children in your family attending other Schools					
	Full Student Name	M/F	School Year	Birth Order	Current School Attending
Child					
Child					
Child					
Child					

Student Details	
First Name:	Previous School: <span style="float: right;">Year Level:</span>
Middle Name:	Was the Student born overseas Yes <input type="checkbox"/> No <input type="checkbox"/>
Surname:	If Yes <input checked="" type="checkbox"/> Please complete the section below –
Preferred Name:	Date Arrived in Australia: ___ / ___ / ___
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Date attended first Australian School: ___ / ___ / ___
Date of Birth:	First Australian School Year (e.g.: 2001): _____
Religion:	Place of Birth:
Country of Birth:	Nationality:
Ethnic Origin:	Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Commencement Calendar Year or Date:	Do you require an interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>
School Year Start [e.g.: Prep, Year7]:	Does the student speak a language(s) other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below: 1. _____ 2. _____
	Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes <input checked="" type="checkbox"/> Please provide details on page 4)
	<b>Office Use Only:</b> Fee Flag:

**Indigenous Identifier** Aboriginal \ Torres Strait Islander: Yes  No  (If Yes, please tick  one below)

Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander

Does your family speak any Indigenous home language: Yes  No  If Yes, which language? \_\_\_\_\_

**Visa Student – please refer to 'Declaration' section regarding TSCO accessing visa status and entitlements via VEVO**

1. Is the Student residing in Australia on a Visa? Yes  No  If Yes – date of arrival in Australia: \_\_\_ / \_\_\_ / \_\_\_

2. If 'no' has the student spent 2 years or more in a non-English speaking country? Yes  No  Country: \_\_\_\_\_

3. If 'yes' what was the date of departure from Australia? \_\_\_ / \_\_\_ / \_\_\_ Date of return to Australia? \_\_\_ / \_\_\_ / \_\_\_

4. Visa Sub Class (3 Digits): \_\_\_\_\_ Temporary / Permanent

5. Actual Visa Number: \_\_\_\_\_ Visa expiry Date: \_\_\_ / \_\_\_ / \_\_\_

6. Passport Number: \_\_\_\_\_ Passport expiry Date \_\_\_ / \_\_\_ / \_\_\_ Passport Issued By (Country): \_\_\_\_\_

**Does the Students passport expire before the Visa? Yes  No  If 'Yes' please renew passport at least 6 months before the expiry date via your consulate / embassy.**

7. Is the Student a Full Fee Paying Overseas Student (FFPOS)? Yes  No  If 'Yes' please complete below.

8. Confirmation of Enrolment – Course Code: \_\_\_\_\_ Course Description: \_\_\_\_\_

9. Confirmation of Enrolment Number: \_\_\_\_\_ Course Start Date: \_\_\_ / \_\_\_ / \_\_\_ Course End Date: \_\_\_ / \_\_\_ / \_\_\_

10. OSHC Provider: \_\_\_\_\_ Membership Number: \_\_\_\_\_ OSHC Expiry Date: \_\_\_ / \_\_\_ / \_\_\_

Medical Details	
Doctor / Medical Centre Name:	Phone Number:
Student's Medicare Number: Medicare Expiry Date:	Date of Last Tetanus Injection/Booster:
<b>Allergies / Medical Alert</b>	Please specify <b>any allergies / medical alerts, particularly ANAPHYLAXIS</b> , relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabetes, Epilepsy management etc).
<b>Immunisations</b>	Has the Immunisation Certificate been submitted?      Yes <input type="checkbox"/> No <input type="checkbox"/>

**Medical information you would like the College to be aware of:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Authorisation
Subject specifically to the inability to contact the named parents or guardians of _____ we/I _____ being guardians of _____ request the teacher / first aide officer to approve such medical treatments as shall be advised to them necessary for the safety and wellbeing of _____.
Name of student: _____
Parent/Guardian: _____ Signatures: _____
Date: _____ Date: _____

Access Restrictions, Family Court Orders, Parenting Plans
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Apprehended Violence Orders/Domestic Violence Orders in place in relation to the enrolling student?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Child Protection Order in place in relation to the enrolling student?      Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, supporting documentation must be provided)

Parish/Sacramental Details			
Sacraments	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reconciliation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Eucharist			Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation			Yes <input type="checkbox"/> No <input type="checkbox"/>

Media Consent
I/We consent/do not consent ( <i>delete as applicable</i> ) to the Student being photographed and/or named in publications of the school, Toowoomba Catholic Schools Office and Diocese of Toowoomba including but without limitation, any internet or web site, year book, newsletter, advertising or promotional material or press release.
Consent <input type="checkbox"/> Do Not Consent <input type="checkbox"/>

Interests & Skills
Indicate any areas of special interest or attainment: <i>e.g. musical, athletic, academic.</i>
_____
_____
Please indicate why you have chosen to seek enrolment at St Mary's College.
_____
_____
_____

### Additional Needs

Please indicate whether the student applying for enrolment benefits from additional support e.g. reading support, students currently receives or may benefit from support from the Learning Support Teacher. (please tick  Yes or No for **each** of the following)

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Needs (vision and/or hearing impairment) Yes <input type="checkbox"/> No <input type="checkbox"/>	Social / Emotional Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other special needs Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---	---	---	--	--	---

If you have answered yes to any of the above, please provide **full details** of those needs and any assessment / intervention / support that he/she may be currently receiving (**Supporting documentation MUST be provided**). **E.g. Speech/Language Pathologist or Occupational Therapist Report, Medical Specialist report or Educational Adjustment Program documentation etc)**

---

---

---

---

---

---

---

---

---

---

---

---

### Learning Difficulties & Support Needs

1. Please tick the areas your child presents with difficulties:	2. Has your child been profiled and if so, which category?	3. Has your child been assessed by a professional?
Reading <input type="checkbox"/>	Speech Language Impairment <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>
Expressive language <input type="checkbox"/>	ASD <input type="checkbox"/>	Speech Language Pathologist <input type="checkbox"/>
Fine motor skills <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Psychologist <input type="checkbox"/>
Listening skills <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Physiotherapist <input type="checkbox"/>
Gross motor skills <input type="checkbox"/>	Intellectual Impairment <input type="checkbox"/>	
Written tasks <input type="checkbox"/>	Social & Emotional Disorder <input type="checkbox"/>	
Health care <input type="checkbox"/>	Physical Impairment / Medical <input type="checkbox"/>	
Eating & dietary <input type="checkbox"/>		
Compliance <input type="checkbox"/>		
Attention <input type="checkbox"/>		
Impulsivity <input type="checkbox"/>		
Mobility <input type="checkbox"/>		
Fears <input type="checkbox"/>		
Mathematics <input type="checkbox"/>		
Spoken tasks <input type="checkbox"/>		
Safety <input type="checkbox"/>		
Social skills <input type="checkbox"/>		
Organising & self-direction <input type="checkbox"/>		
Coping with change or stress <input type="checkbox"/>		
Interaction & participating <input type="checkbox"/>		
Narrow range of interest <input type="checkbox"/>		
Self-stimulating behaviours <input type="checkbox"/>		
Self-care including toileting & hygiene <input type="checkbox"/>		
Behaviours or difficulties that interfere with learning eg. memory, disruption <input type="checkbox"/>		

4. Please outline the learning support accessed, period of support and level of support.

---

---

---

---

---

5. Has your child been on a modified or adjusted programme: Yes  No

6. How does their learning difficulty impact on their learning?

---

---

---

---

7. Indicate any social/emotional conditions or traumatic events experienced by the student which may affect learning, school activities or which may require additional or emergency attention at school (*all reports must be included*).

---

---

---

---

8. Please indicate educational history of the child (*e.g. repeating a year level, suspension or expulsion from previous school*).

---

---

---

---

## Parent Assessment of Student Needs

*(Please complete the following to the best of your knowledge)*

### 1. Specific Academic & Personal Progress

#### (A) Language

Reading Comprehension	Written Expression	Oral Skills
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>
Very Good <input type="checkbox"/>	Very Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	Fair <input type="checkbox"/>
Have Concerns <input type="checkbox"/>	Have Concerns <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

#### (B) Mathematics

Numeration	Problem Solving
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>
Very Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>
Have Concerns <input type="checkbox"/>	Have Concerns <input type="checkbox"/>

### 2. Specific Physical Skill Development

Fitness Level	Motor Skills
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>
Very Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>
Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

## Contact Details

Contact Details		
Details	Father/Carer Residing at the Same Address	Mother/Carer Residing at the Same Address
Title:		
First Name:		
Middle Name:		
Surname:		
Relationship:		
Marital Status:	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Sole Parent <input type="checkbox"/>	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Sole Parent <input type="checkbox"/>
Address – Residential:		
Suburb & Post Code :		
Postal Address (if applicable):		
Emergency Contact Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Mailing Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fee Payer Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number:		
Work Phone Number:		
Fax Number:		
Mobile Phone Number:		
Email Address:		
Occupation:		
Occupational Group <small>(Refer to list of occupations codes attached)</small>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>
Employer:		
Employer Address:		
Employer Suburb & Post Code:		
Country of Birth:		
Nationality:		
Ethnic Origin:		
Religion:		
Highest Year of School Education:	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 <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Level of Highest Qualification:	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Medicare Number:		
<b>SIGNATURE</b>		

## Contact Details

Details	(1) Non Residential Parent (if applicable)	(2) Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address.	Please nominate a person <b>other than a parent</b> who may be contacted in the event of an emergency, if parents cannot be contacted.
Title:		
First Name:		
Middle Name:		
Surname:		
Relationship:		
Marital Status:	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Sole Parent <input type="checkbox"/>	N/A
Address – Residential:		
Suburb & Post Code :		
Postal Address (if applicable):		
Emergency Contact Y/N? Residential Guardian Y/N? Primary Mailing Y/N? Fee Payer Y/N?	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 <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 <input type="checkbox"/>
Home Phone Number:		
Work Phone Number:		
Mobile Phone Number:		
Email Address:		N/A
Employer:		N/A
Employer Address:		
Employer Suburb & Post Code :		
Occupation:		
Occupational Group:  (Refer to list of occupations codes attached)	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	
Country of Birth:		
Nationality:		
Ethnic Origin:		
Religion:		
Provide a copy of Assessment Reports etc:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Highest Year of School Education:	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"/>	
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. _____ 2. _____
Level of Highest Qualification:	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	N/A

## College Fees

Names of payer/s responsible for fee payment (*Mr, Mrs, Ms, Miss – Christian Name, Surname*):

Payer 1 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Payer 2 \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Payer 1**

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_

Mobile Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

Email \_\_\_\_\_

**Payer 2**

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_

Mobile Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

Email \_\_\_\_\_

## Financial Agreement

**\*If there are 2 payers, then 2 signatures are required.**

**Signature/s\***

**Date**

1.	Do you expect to be able to meet College accounts?	YES	NO		
2.	Will you inform the College promptly if your financial circumstances change so that appropriate arrangements are made for the payment of accounts?	YES	NO		
3.	If you answered NO to question 1 above, would you like to discuss financial matters in confidence with the Principal or the Business Manager?	YES	NO		

## St Mary's Old Boys' Association

In order to assist the Old Boys' Association please complete the following.

Do you or any of your relatives have a past association with St Mary's College?

	Name	Contact Details
Past Pupil		
Brothers		
Father		
Grandfather		
Other Relations		



## Agreement

### Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- a) School Enrolment Policy (where applicable).
- b) School Behaviour Management Policy
- c) School Anti-Bullying Policy
- d) Schedule of Fees and Charges
- e) School Uniform Policy
- f) Diocese of Toowoomba Catholic Schools Enrolment procedure for:  
    general enrolments *and*  
    students requiring support for additional learning needs *and/or*  
    students with English as an Additional Language or Dialect (EALD) *and/or*  
    students on a visa
- g) School Internet Use Policy
- h) School Privacy Policy/ Standard Collection Notice/ Media Consent & Use of Student Images Policy
- i) Child Protection Policy / Volunteer requirements
- j) Excursion Policy

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- Birth Certificate
- Baptismal Certificate
- Citizenship documentation (where applicable)
- Evidence of time out of the country e.g. passport, plane tickets, overseas school reports (where applicable).
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- Immunisation Certificate (primary school applications only)
- I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (e.g. school liturgies, retreats).
- If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges
- I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

3. I/we have included the enrolment fee of \$..... with this application for enrolment and I/we understand that this money will not be refundable if the application is unsuccessful.

### DECLARATION

In dealing with this application, it may be necessary for the school or the Catholic School Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Schools Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. When students are on visas, I/we consent to the Catholic Schools Office checking visa entitlements electronically via VEVO for the duration of enrolment on the Department of Immigration website: <http://www.immi.gov.au/evisa/vevo.htm>. I/we understand that the school or the Catholic Schools Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED \_\_\_\_\_ (Father/Carer)

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**and / or**

SIGNED \_\_\_\_\_ (Mother/Carer)

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Please note:

- **Acceptance of this application for enrolment is subject to the approval of the School's Principal.**
- **Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).**

## OCCUPATIONAL GROUPS

### **Parental Occupation Definition:**

**Parental Occupation** is defined as the **main** work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

### **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]

**Defence Forces** senior Non-Commissioned Officer

### **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 supervisor]

### **Group 8: Currently not in paid work**

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, tick Group '8' in the appropriate box



# St Mary's College Toowoomba

*Forming young men of faith, integrity, action and excellence*

## Important Documentation Checklist

For your application to proceed you **MUST**

- attach the following mandatory forms
- pay the \$50 application fee

**A \$50 Application Fee, payable to St Mary's College, must accompany this enrolment application.**

### **Mandatory Forms:**

- Student's Birth Certificate
- Copy of the latest two (2) school reports and other educational materials of relevance.
- Copies of the Queensland Year 3, 5, 7 & 9 Literacy and Numeracy Tests (or that is relevant)  
*(the previous school would have copies if you cannot find the originals)*
- Residential Visa *(if applicable)*
- Apprehended Violence Orders/Domestic Violence Orders/Family Court Orders/Parenting Plans or Child Protection Plans *(if applicable)*
- Specialist Medical Assessments *(if applicable)*
- Reports on social/emotional conditions or traumatic events that have been experienced by your son *(if applicable)*

### **Non Mandatory Forms:**

- Student's Sacrament Certificates *(eg. Baptism)*

## Location Map



### **Contact Details**

St Mary's College  
129 West Street,  
Toowoomba Qld 4350

Phone: 07 4631 7333

Email: [reception@stmaryscollege.com](mailto:reception@stmaryscollege.com)

Website: [www.stmaryscollege.com](http://www.stmaryscollege.com)