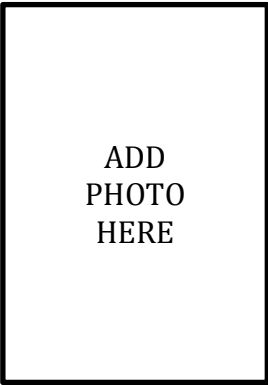




MATER DEI

Mater Dei Application

School Enrolment



Proposed Calendar Year of Entry (e.g. 2020)		Proposed Academic Year of Entry (e.g K, Yr 6, Yr 8)	
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Student Personal Details

Surname				Given Name			
Date of Birth				Preferred Name			
Residential Address <i>Include postcode</i>							
Gender				Country of Birth			
Nationality				Language spoken at home			
Origin	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Both	<input type="checkbox"/> None		
Residency Status	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Visa Holder			
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Other _____ <input type="checkbox"/> No Religion						
<i>This section must be completed</i>	<i>(If Catholic tick sacraments received)</i> <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation						

Diagnosed level of Intellectual Disability	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Other _____
Other Diagnosed Disabilities <i>(i.e. Autism, Down Syndrome etc)</i>			

Please ensure you have paid an application fee of \$150 and attached all the following relevant documents to this application:

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Adaptive Assessment (excluding ABAS) |
| <input type="checkbox"/> AIR Immunisation History Statement | <input type="checkbox"/> Personalised Learning Plan (if applicable) |
| <input type="checkbox"/> Sacramental Certificates | <input type="checkbox"/> Previous School Report (if applicable) |
| <input type="checkbox"/> Court Orders/Parenting Plan (if applicable) | <input type="checkbox"/> Allied Health Therapy Reports (i.e. Speech/Occupational) |
| <input type="checkbox"/> Psychometric Assessment (WISC, WPPSI) | <input type="checkbox"/> Medical Plans (if applicable ASCIA, Seizure Management etc) |
| <input type="checkbox"/> Parent/Guardian consent to obtain information | <input type="checkbox"/> Autism Assessment (DSM-V criteria from Paediatrician/Clinical Psychologist - if applicable) |

All reports must be current (within two years of application date)

Parent/Guardian Details

Relationship		Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname		Given Name					
Residential Address		Postal Address (if different)					
Telephone		Mobile					
Business Number		Email					
Occupation		Employer/ Company					
Religion		Country of Birth					
Nationality		Marital Status					
Languages Spoken at Home							

Parent/Guardian Details

Relationship		Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname		Given Name					
Residential Address		Postal Address (if different)					
Telephone		Mobile					
Business Number		Email					
Occupation		Employer/ Company					
Religion		Country of Birth					
Nationality		Marital Status					
Languages Spoken at Home							

Family Relations

Student Resides with	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other _____		
If parents are separated/divorced, or both parents named above are not the biological parents of student, please give details (e.g. Custody, Step-Parent, Out of Home Care, Guardianship) If applicable please attach court orders or documentation			
Siblings	Name/s:	Age/s:	School/s:

Emergency Contact Details

Contact 1 Name		Address	
Relationship			
Mobile Number		Other Number	
Contact 2 Name		Address	
Relationship			
Mobile Number		Other Number	

Medical Details

I give my permission for Mater Dei to seek information from the doctor/medical centre named below regarding any allergy or medical condition experienced by the student. <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please sign attached Parent/Guardian Consent to Obtain Information)			
Doctor/Medical Centre Name		Phone Number	
Student's Medicare Number		Expiry Date	
Health Fund	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provider:	Provider Number:
Immunisation	<input type="checkbox"/> No <input type="checkbox"/> Yes (Attach AIR Immunisation History Statement)		
Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Attach Seizure Management Plan)	Please provide details: Frequency: Triggers: Medication:	
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Attach Asthma Action Plan)	Please provide details: Frequency: Triggers: Medication:	
Anaphylaxis	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Attach ASCIA Action Plan)	Please provide details:	
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Attach ASCIA Action Plan)	Please provide details:	
Other Medical Conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please provide details:	
Past Illnesses and/or Operations	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please provide details:	

Current School or Setting

I give my permission for Mater Dei to contact my child's current school or setting for information exchange and/or observation visits. (If Yes, please sign attached Parent/Guardian Consent to Obtain Information)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Current School/Setting		Address of Current Setting
Contact name at Current Setting		Contact number
Days student attends Current School	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

NDIS Information

Does your child have a current NDIS plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Review Date:
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Therapy and External Services

I give my permission for Mater Dei to contact my child's current therapy or external service provider for information exchange. (If yes, please sign attached Parent/Guardian Consent to Obtain Information)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child attend regular therapy sessions? If yes provide information below		<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Therapy	Name:	Address:
	Phone Number:	
Occupational Therapy	Name:	Address:
	Phone Number:	
Other Therapy _____	Name:	Address:
	Phone Number:	

Mobility Supports

Access stairs independently		Uses specialised equipment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Requires hand held on stairs		If Yes, provide details:		
Requires lift access instead of stairs				

Communication

Main form/s of communication (Tick all relevant boxes)	<input type="checkbox"/> Verbal	<input type="checkbox"/> Augmentative and alternative communication (AAC)	<input type="checkbox"/> Picture Exchange Communication (PECs)
	<input type="checkbox"/> Non-verbal	<input type="checkbox"/> Key Word Signing (KWS)	<input type="checkbox"/> Gestures
Skills	Developing	With Assistance	Independent
Expresses needs, feelings & wants appropriately			
Makes simple requests			
Greets known adults & peers appropriately			
Engages & relates well with peers			
Listens & follows simple instructions			

Personal Care			
Skills	Developing	With Assistance	Independent
Uses the toilet			
Attends to post toilet hygiene			
Dresses & undresses			
Is aware of privacy issues			
Eats appropriately, including the use of utensils			

Safety			
Behaviour	Frequently	Occasionally	N/A
Wanders &/or absconds			
Verbally disruptive or noisy			
Physically aggressive (Including hitting, punching, kicking or biting)			
Destructive behaviour			
Triggers observed:	Successful interventions & strategies used:		
Does your child currently have a Behaviour Management Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses furniture & equipment appropriately			
Has age appropriate awareness of road safety			
Has age appropriate awareness of stranger danger			
Travels safely in a vehicle e.g. wears a seatbelt			

Student's Interests

School Community and Fees			
An expectation of enrolment at Mater Dei is the payment of school fees. Do you foresee any problems with payment of school fees? <small>(Please see attached fee schedule)</small>		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, provide details:			
Have you placed any other applications with others schools?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, provide details:			
In what ways would you be willing to participate within our school community?	<input type="checkbox"/> P & F	<input type="checkbox"/> Attendance at Events	<input type="checkbox"/> Country Fair
	<input type="checkbox"/> Canteen	<input type="checkbox"/> Assembly Attendance	<input type="checkbox"/> Fundraisers

Student's History Relevant to Risk Assessment

Mater Dei has a legal responsibility under the relevant sections of the Education Act 1990 and the Children and Young Persons (Care and Protection) Act 1998 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a risk assessment, an Incident Prevention and Response Plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in our school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in your child's history or circumstances (including medical history) that might pose a risk to safety, welfare or well being of your child, other students or staff at this school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If yes, please complete information below and provide a brief description of your child's history or circumstances that might pose a risk of any type to themselves, other students or staff at Mater Dei

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues

Does your child have any past history of violent behaviour, including self-harm?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If yes, please provide details

Has your child ever been suspended, transferred and/or excluded from any previous school, preschool or other educational setting?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If yes, was this for any of the following:

Actual violence to any person Possession of a weapon or any item used to cause injury or harm
 Illegal drugs Threats of violence or intimidation of staff, students or others

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If yes, please provide details

If your child is enrolled, it is essential that Mater Dei has all the information about his/her needs in order to make **REASONABLE ADJUSTMENTS** to meet those needs. Under Chapter 16A of the CYPCP Act, Mater Dei may request from a Prescribed Body or the Department of Family and Community Services information that they may hold that related to the safety, welfare and well being of a child or young person. Mater Dei **MUST** be advised promptly of any changes to the needs of your child at any stage of his/her enrolment period.

Additional Information

To your knowledge, is there anything in your child's history or circumstances (including medical history) that might pose a risk to safety, welfare or well being of your child, other students or staff at this school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Are there any matters/issues or further information relating to this application you wish to provide?

Payment Details

Payment must be received at time/prior to submitting application

Preferred Payment Method for Application fee of \$150.00:

Cash
 Cheque
 Direct Transfer

Credit Card
 (via phone/reception)
 Money Order

Account Name: Mater Dei
BSB: 062 516
Account Number: 00112432
Reference: Child's name

Please return completed application (including reports and documentation)

In person:
 229 Macquarie Grove Rd
 Camden NSW 2570

via email:
 enrolment@materdei.org.au

via post:
 The Enrolment Officer
 Mater Dei School
 PO Box 3090
 Narellan NSW 2567

Declaration

- ✓ I/we enclose our non-refundable application fee of \$150.
- ✓ I/we understand that submitting an Application for Admission to Mater Dei does not constitute acceptance of our child.
- ✓ I/we understand that an interview and/or observations may follow and a written letter of offer from the Principal (after consideration of the Enrolment committee) confirms a place. An additional fee of \$350 is payable on acceptance of an offer and will be deducted from your first term fees but if the placement is not taken up after acceptance then this fee is non refundable.
- ✓ I/we understand that we will be required to agree to the Conditions of Entry which apply at the time, if our child is offered a placement at Mater Dei.
- ✓ I/we declare that the information provided by us is accurate at time of application and must be kept up to date throughout the application process.
- ✓ In the event that the attached psychometric assessment does not contain the relevant scores, I/we hereby give permission for Mater Dei to obtain the scores from relevant service providers.

Parent/Guardian Name		Signature	
Date			
Parent/Guardian Name		Signature	
Date			



PARENT/GUARDIAN CONSENT TO OBTAIN INFORMATION

To:	Mater Dei Limited 229 Macquarie Grove Road Camden NSW 2570 ABN. 44054 606 987
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I (Full name)			
Of (Address)		Postcode	
<input type="checkbox"/> Parents <input type="checkbox"/> Legal Guardians	of _____ <small>(child's name)</small> <i>(hereinafter referred to as 'my child')</i>		

Do hereby give permission for Mater Dei to request both written and verbal information concerning my child from my child's current external setting/s. Please list below:

Provider	Name	Address	Contact Number
Current School/Setting			
General Practitioner			
Speech Therapist			
Occupational Therapist			
Psychometric Assessment Provider			
Other Relevant Services <small>(e.g. paediatrician)</small>			

Parent/Guardian Name		Signature	
Date			
Parent/Guardian Name		Signature	
Date			

Please Note

If your child is enrolled, it is essential that Mater Dei has all the information about his or her needs in order to make reasonable adjustments to meet those needs. Under chapter 16A of the CYPCP act Mater Dei may, without consent, request from a prescribed body or the Department Of Family And Community Services information that they may hold that relates to the safety, welfare and well-being of a child or young person. It is the responsibility of the parents/legal guardians to inform the school and/or services regarding any alteration to the information supplied on this form.