

**PART A: PERSONAL INFORMATION REGARDING CHILD FROM PARENT PERSPECTIVE FOR**  
 ..... (Student's Name)

1. Have there been any major changes in your family recently? (Please tick)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New baby            | <input type="checkbox"/> Separation of parents | <input type="checkbox"/> Death in the family |
| <input type="checkbox"/> Moving house        | <input type="checkbox"/> Divorce               | <input type="checkbox"/> Major illness       |
| <input type="checkbox"/> Marriage of parents | <input type="checkbox"/> Other                 |  |

Please comment: \_\_\_\_\_

2. Please describe your child's family situation at home. (Please tick)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Two natural parents | <input type="checkbox"/> Father only                      | <input type="checkbox"/> Natural mother and father figure |
| <input type="checkbox"/> Mother only         | <input type="checkbox"/> Natural father and mother figure | <input type="checkbox"/> Other (Please specify)           |

3. Health (list any health problems of the family e.g. allergies, hereditary diseases etc.)

\_\_\_\_\_

4. List any difficulties other members of the family may have experienced at school.

\_\_\_\_\_

5. (a) **CHILD'S PAST and PRESENT HEALTH CONDITIONS:** (Please tick appropriate box and give details):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Ear infection (short term) | <input type="checkbox"/> Major falls            |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Ear infection (long term)  | <input type="checkbox"/> Physical disability    |
| <input type="checkbox"/> Bed wetting   | <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Poor appetite          |
| <input type="checkbox"/> Car accident  | <input type="checkbox"/> Frequent colds             | <input type="checkbox"/> Reaction to medication |
| <input type="checkbox"/> Convulsions   | <input type="checkbox"/> Headaches                  | <input type="checkbox"/> Stomach complaints     |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Head injury                | <input type="checkbox"/> Very high temperature  |
| <input type="checkbox"/> Disturbed sleep patterns (eg night-mares, sleepwalking etc) | <input type="checkbox"/> Other (Please specify)     |   |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

(b) Please describe and indicate if your child has a long term medical condition:

\_\_\_\_\_

\_\_\_\_\_

(c) Medication currently taken Reason for medication

\_\_\_\_\_

\_\_\_\_\_

(d) Has your child ever been diagnosed with a syndrome?  Yes  No  
 If 'Yes' please state type of syndrome and give details.

\_\_\_\_\_

\_\_\_\_\_

(e) Please indicate if your child has had an assessment in the past 2 years for:

- |                                  |                                 |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
|----------------------------------|---------------------------------|

(f) Please indicate medical contacts in the past:

	Date	Contact Person	Institution
Occupational Therapy	_____	_____	_____
Physiotherapy	_____	_____	_____
Speech Pathology	_____	_____	_____
Pediatrician	_____	_____	_____
Ear/Nose/Throat Specialist	_____	_____	_____
Acoustics Lab	_____	_____	_____
Eye Specialist	_____	_____	_____
Psychologist/Psychiatrist	_____	_____	_____
Dietitian	_____	_____	_____
Other	_____	_____	_____

Give details: \_\_\_\_\_

**PART A: PERSONAL INFORMATION REGARDING CHILD FROM PARENT PERSPECTIVE (cont) FOR**  
 ..... (Student's Name)

6. (a) CHILD'S BEHAVIOUR: Tick any of the following behaviour patterns that apply to your child and give details:

- |  |   |
|--|---|
| <input type="checkbox"/> daydreaming                 | <input type="checkbox"/> forgetful                          |
| <input type="checkbox"/> poor concentration          | <input type="checkbox"/> disorganised belongings            |
| <input type="checkbox"/> restlessness/fidgety        | <input type="checkbox"/> disorganised bookwork              |
| <input type="checkbox"/> dislikes change             | <input type="checkbox"/> difficulty following instructions  |
| <input type="checkbox"/> dislikes new experiences    | <input type="checkbox"/> difficulty separating from parents |
| <input type="checkbox"/> lacks confidence            | <input type="checkbox"/> unusual or outstanding fears       |
| <input type="checkbox"/> over confident              | <input type="checkbox"/> overly shy                         |
| <input type="checkbox"/> unable to make/keep friends |   |

Details: \_\_\_\_\_  
 \_\_\_\_\_

(b) Has your child ever been assessed by one of the following:

- Psychologist       Guidance Officer       Social Worker

Give details: \_\_\_\_\_  
 \_\_\_\_\_

7. (a) Has your child experienced any of the following in her school life to date?

- |  |  |
|--|--|
| <input type="checkbox"/> frequent absences from school                 | <input type="checkbox"/> received additional learning support      |
| <input type="checkbox"/> inability to keep up with grade work          | <input type="checkbox"/> difficulty applying herself to class work |
| <input type="checkbox"/> difficulty relating well to the class teacher | <input type="checkbox"/> unwillingness to complete homework        |

(b) In your opinion, what level of achievement has your child attained in the following learning areas:

	Below grade level	At grade level	Above grade level
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art/craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Are there any areas in your child's learning that you would be concerned about? Please comment.

\_\_\_\_\_  
 \_\_\_\_\_

8. (a) What are your child's interests and hobbies outside of school hours?

Interest/Hobby	How often	Give details
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) In your opinion what would be your child's greatest strengths?

\_\_\_\_\_  
 \_\_\_\_\_

**PART B: INFORMATION REGARDING ENROLMENT FOR ..... (Student's Name)**

1. Why have you chosen San Sisto for your daughter?

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2. Do you wish for your daughter to:

- Learn a musical instrument
- Continue to learn a musical instrument
- Join our choir
- Be a member of our debating team

3. Have you applied anywhere else? Yes  No

Where? \_\_\_\_\_

4. Have you previously studied a LOTE? Yes  No

Which one? \_\_\_\_\_

5. Have you read the attached Uniform Policy? Do you understand and agree with these expectations e.g. jewellery (1 watch, 1 pair of plain studs or sleepers – no other piercing, no plastic plugs or tattoos), uniform, hair (no dramatic styles or contrasting colours)? Yes  No

6. To parents: - Have you read and are you supportive of the college's expectations and regulations of the attached Behaviour Management Policy? Yes  No

7. E.S.L. (please circle the appropriate response):

Is English the only language spoken in the family? Yes  No

What other language do you speak? \_\_\_\_\_

Which language would you be predominantly using at home?

English  Other  \_\_\_\_\_

8. Has your daughter been given any extra work due to being ahead of the class?

Yes  No

What was the nature of your assistance?

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9. Fee Policy: May we direct parents' attention to the attached Fee Policy:

Do you have any issues or concerns with this Policy? Yes  No

10. In what way will your family/daughter contribute to the Catholic culture of San Sisto College?

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**PART C: STUDENT LEARNING PROFILE FOR ..... (Student's Name)**

Please note the information that you provide on this form will be treated confidentially and stored securely within your daughter's file.

Does your daughter have any conditions that impact on her learning?  Yes  No

Has your daughter received any learning support?  Yes  No

If you answered no to either of these questions, then you do not need to complete any further information.

If you answered yes please complete the remainder of the form.

**\*\*If your daughter experiences significant educational difficulties and has no formal diagnosis please provide details in the box at the bottom of this form.**

Do you give permission for the College to inform staff of your daughter's condition?  Yes  No

Signature: \_\_\_\_\_

**Auditory Processing Disorder**

- Auditory Processing Disorder
- Central Auditory Processing Disorder

**Autism Spectrum Disorder**

- Autistic Disorder
- Asperger Disorder
- Pervasive Development Disorder
- Rhett's Disorder
- Not Otherwise Specified \_\_\_\_\_

**Physical Impairment (Please Specify)**

- Physical Impairment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vision Impairment (Please Specify)**

- Vision Impairment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attention Deficit Hyperactivity Disorder**

- Predominantly Inattentive Type
- Predominantly Hyperactive Type
- Combined Type

**Learning Disability**

- Dyslexia
- Dysgraphia
- Other: \_\_\_\_\_

**Hearing Impairment (Please Specify)**

- Hearing Impairment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Speech and Language Disorder  
(Please Specify)**

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disruptive Behaviour Disorder**

- Oppositional Defiant Disorder

**Anxiety Disorder**

- Generalised Anxiety Disorder
- Other: \_\_\_\_\_

**Mood Disorder**

- Mood Disorder
- Depressed Mood
- \_\_\_\_\_  
\_\_\_\_\_

**Any Unlisted Condition  
(Please Specify)**

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your daughter been professionally assessed by any of the following:

- Medical practitioner \_\_\_\_\_
- Psychologist \_\_\_\_\_
- Therapist (speech, occupational) \_\_\_\_\_
- Guidance officer \_\_\_\_\_

Do you have documentation of assessment/results?  Yes  No

Do you have a copy?  Yes  No

Are you able to supply a copy with this application?  Yes  No

**\*\*If you wish to provide further details for teaching staff regarding your daughter please comment in this box.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we declare that the above information is correct and that no information has been withheld which would have direct influence on the enrolment of my child at San Sisto College, Carina.

I/we acknowledge and understand that any incorrect information or information intentionally withheld may result in the termination of my child's enrolment at San Sisto College, Carina.

**INFORMATION ACCESS PERMISSION**

In accordance with the Enrolment Application and Support Procedures for Students requiring Significant Educational Adjustments (Brisbane Catholic Education 2006) and the Brisbane Catholic Education Privacy Statement, permission is given by the parent/s or guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either orally or via documentary material or reports) about the child.

I/We ..... (Parent/Guardian) hereby authorise and direct the Principal or School Representative of San Sisto College to collect information (either orally or via documentary material) from the following, who *may* hold relevant information in relation to my child .....(name) .....(date of birth)

	Organisation	Personnel	Contact Details
Current School			
Previous School			
<b>Medical:</b>			
General Practitioner			
Paediatrician			
Psychiatrist			
Ophthalmologist			
<b>Additional Services:</b>			
Optometrist			
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			
Guidance Officer			
Guidance Counsellor			
Other			

I understand and acknowledge that the information will be shared and stored by Brisbane Catholic Education organisation strictly for the purpose of enrolment application and ongoing education provision.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent/Guardian

Parent/Guardian

Date: \_\_\_\_\_

### **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, kitchenhand, 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]

### **If the person is not currently working**

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.

