

STUDENT DETAILS**SECTION 3 – Other Children in Family Details**

	Name	Date of Birth	If at School, School Name	School year Level
Child 1				
Child 2				
Child 3				
Child 4				

SECTION 4 – Parish Details

Parish you currently attend:

Name of Parish Priest:

Are you known to your Parish Priest? Yes No Parish Involvement
(Provide any details)**SECTION 5 – Medical Details**

Doctor's Name:

No. and Street Name:

Suburb:

Postcode:

Phone:

Medicare No:

Expiry Date:

Private Health Fund:

Medical Conditions: *Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student.*

.....

.....

Allergies: Yes No *Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings or any medication including specific details:*

.....

.....

Has the student been diagnosed as being at risk of anaphylaxis? Yes No If yes, does the student have an EpiPen? Yes No Immunisation: *Please indicate if the student has been immunised against the following:*

	<i>please circle</i>	Date of Immunisation	Copy Attached
Hepatitis B	Yes / No	<input type="checkbox"/>
Diphtheria-Tetanus-Whooping Cough	Yes / No	<input type="checkbox"/>
<i>Haemophilus Influenzae</i> type b (Hib)	Yes / No	<input type="checkbox"/>
Polio	Yes / No	<input type="checkbox"/>
Pneumococcal disease	Yes / No	<input type="checkbox"/>
Rotavirus	Yes / No	<input type="checkbox"/>
Measles-Mumps-Rubella	Yes / No	<input type="checkbox"/>
Meningococcal C disease	Yes / No	<input type="checkbox"/>
Chickenpox	Yes / No	<input type="checkbox"/>
Human Papillomavirus (HPV) (12–18 yrs)	Yes / No	<input type="checkbox"/>

This application gives you the opportunity to provide information that will facilitate the smooth transition of your

STUDENT DETAILS

child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child.

SECTION 6 – Special Needs

Does your child have and has been assessed for:

- | | | |
|---|--|---|
| autism <input type="checkbox"/> | behaviour disorders <input type="checkbox"/> | a hearing impairment <input type="checkbox"/> |
| an intellectual disability <input type="checkbox"/> | a language disorder <input type="checkbox"/> | mental health issues <input type="checkbox"/> |
| a physical disability <input type="checkbox"/> | a vision impairment <input type="checkbox"/> | ADD / ADHD <input type="checkbox"/> |
| giftedness <input type="checkbox"/> | difficulties in the basic areas of learning <input type="checkbox"/> | ESL <input type="checkbox"/> |
| acquired brain injury <input type="checkbox"/> | other (please specify)..... | |
| none of the above <input type="checkbox"/> | | |

What accommodations and/or **learning** adjustments, if any, were provided for your child in his/her **previous school/pre-school**?

- | | | |
|--|---|------------------------------------|
| alternative teaching and learning strategies <input type="checkbox"/> | signing <input type="checkbox"/> | braille <input type="checkbox"/> |
| a reader or scribe <input type="checkbox"/> | access to technology <input type="checkbox"/> | aide time <input type="checkbox"/> |
| modifications to equipment, furniture and learning spaces <input type="checkbox"/> | personal carer support <input type="checkbox"/> | |
| other (please specify)..... | | |

Is there anything that you do or modify at home that may help us at school to meet your child's special needs?

.....

Please include CEO transition form if applicable (being currently printed):

Special circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? Yes No If yes please provide a brief description of the circumstances

.....

SECTION 7 – Taking / Use of Photographs

I give permission for photographs of my child to be taken/used for:

School Publications: Yes No Diocesan Publications: Yes No Internet Publications: Yes No

SECTION 8 – Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			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"/>
Reconciliation	Has your child completed a Reconciliation Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		

FAMILY DETAILS

SECTION 9 - Father / Guardian (Has custody of child Yes: No:)

STUDENT DETAILS

Surname: _____ Title: (eg Mr/Dr) _____ First Name: _____

Marital Status: Married Divorced Single Widowed Relationship to Student: _____ Male: Female: Emergency Contact: Yes No

Residential Address: (leave blank if same as student address) Street No. _____ Street Name: _____

Suburb/Town: _____ State: _____ Postcode: _____

Postal: same as above RMB/PO Box

Suburb/Town: _____ State: _____ Postcode: _____

Home Ph: _____ Business Ph: _____ Mobile: _____ Email: _____

Country of Birth: Australia Other please specify: _____

Nationality: _____

Religion: _____

Occupation: _____

Government RequirementWhat is the occupation group?
(select from list of parental occupation groups on page 8)

Employer: _____

Government requirement**What is the highest year of primary or secondary school the father/guardian has completed:** (for persons who have never attended school, mark 'Year 9 or equivalent or below')

Year 9 or equivalent or below

Year 10 or equivalent

Year 11 or equivalent

Year 12 or equivalent

Government requirement**What is the level of the highest qualification the father/guardian has completed:** (mark one box only)

No non-school qualification

Certificate I to IV (including trade certificate)

Advanced diploma/Diploma

Bachelor degree or above

Government requirement**Does the student or their father/guardian speak a language other than English at home?** (If more than one language, indicate the one that is spoken most often)

Main language spoken at home: _____

Other language spoken at home: _____

SECTION 10 - Mother / Guardian (Has custody of child Yes: No:)

Surname: _____ Title: (eg Mrs/Ms/Miss) _____ First Name: _____

Marital Status: Married Divorced Single Widowed Relationship to Student: _____ Male: Female: Emergency Contact: Yes No

FAMILY DETAILS**SECTION 10 - Mother / Guardian (Continued)**

Residential Address: <i>(leave blank if same as student address)</i> Street No.		Street Name:	
Suburb/Town:		State:	Postcode:
Postal: same as above <input type="checkbox"/> RMB/PO Box <input type="checkbox"/>			
Suburb/Town:		State:	Postcode:
Home Ph:	Business Ph:	Mobile:	Email:
Country of Birth:	Australia <input type="checkbox"/>	Other <input type="checkbox"/>	please specify:
Nationality:		Religion:	
Occupation: Employer:		Government requirement	What is the occupation group? <i>(select from list of parental occupation groups on page 8)</i>
Government requirement	What is the highest year of primary or secondary school the mother/guardian has completed: <i>(for persons who have never attended school, mark 'Year 9 or equivalent or below')</i>		
Year 9 or equivalent or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
Government requirement	What is the level of the highest qualification the mother/guardian has completed: <i>(mark one box only')</i>		
No non-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Government requirement	Does the student or their mother/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)		
Main language spoken at home:		Other language spoken at home:	

SECTION 11 – Fee Payment Details

Fees will be paid by whom:

.....

SECTION 12 – Local Emergency Contact*Other Than Parent***Emergency Contact Person 1 (Other than Parent)**

Full Name:		Relationship to Student:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Home Ph:	Business Ph: Mobile:

Emergency Contact Person 2 (Other than Parent)

Full Name:		Relationship to Student:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Home Ph:	Business Ph: Mobile:

Emergency Contact Person 3 (Other than Parent)

Full Name:		Relationship to Student:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Home Ph:	Business Ph: Mobile:

FAMILY DETAILS

SECTION 13 – Non Residential Parent / Carer

(If applicable)

Surname:		Title: (eg Mr/Mrs/Miss/Ms)		First Name:	
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>					
Relationship to Student:				Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Residential Address: (leave blank if same as student address)		Street No.		Street Name:	
Suburb/Town:		State:		Postcode:	
Postal: same as above <input type="checkbox"/> RMB/PO Box <input type="checkbox"/>					
Suburb/Town:		State:		Postcode:	
Home Ph:		Business Ph:		Mobile:	
Email:					
Country of Birth:		Australia <input type="checkbox"/>		Other <input type="checkbox"/> please specify:	
Nationality:			Religion:		
Occupation:			Government requirement	What is the occupation group?	
Employer:				(select from list of parental occupation groups on page 8)	
Government requirement	What is the highest year of primary or secondary school the guardian has completed: (for persons who have never attended school, mark 'Year 9 or equivalent or below')				
Year 9 or equivalent or below		Year 10 or equivalent		Year 11 or equivalent	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Government requirement	What is the level of the highest qualification the guardian has completed: (mark one box only')				
No non-school qualification		Certificate I to IV (including trade certificate)		Advanced diploma/Diploma	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Government requirement	Does the student or their guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)				
Main language spoken at home:			Other language spoken at home:		

SECTION 14 – Health and Safety

(Catholic Education Requirement)

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school? Yes No

If yes please provide a brief description:

.....

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

.....

FAMILY DETAILS

SECTION 14 – Health and Safety (Continued)

Does your child have any history of violent behaviour? Yes No

Does your child have any history of behavioural problems (including verbal bullying)? Yes No

Has your child ever been suspended or expelled from any previous school? Yes No

If yes, was this for

- Actual violence to any person? Yes No
- Possession of a weapon or any item used to cause an injury? Yes No
- Intimidation, bullying or harassment of students or staff at a school? Yes No
- Threats of violence? Yes No
- Illegal drugs? Yes No
- Other (please specify)

I / We will provide written consent to the school on request to contact health professionals or other relevant agencies Yes No

SECTION 15 - Court Orders (If Applicable)

Are there any current court orders relating to the student? Yes No

If yes, copies of current court orders eg AVOs, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.

Is there other information you wish the school to be aware of?

.....

.....

SECTION 16 – Consent to Access Documents

I consent to the Catholic Education Office gaining access to relevant information about the student to be enrolled whether held by previous schools, health care professionals or other government agencies. I understand the school may approach these bodies directly and obtain this information if I do consent. The information they requested may include information related to any of the questions I have answered above.

Signature: Date:

SECTION 17 –Medical Treatment Permission

If my child should require urgent medical treatment, I authorise the school staff to seek medical attention and I agree to meet all costs.

Signature: Date:

Section 18 - Kindergarten Enrolments Only (If Applicable)

What type(s) of care outside of home did this student have prior to enrolling at school? (Choose the type accessed in the year prior to school.)

	Extent of prior to school care
Long day care <input type="checkbox"/>	
Family day care <input type="checkbox"/>	Up to 6 hours per week <input type="checkbox"/>
Occasional care <input type="checkbox"/>	Up to 12 hours per week <input type="checkbox"/>
Pre-school <input type="checkbox"/>	12 hours to fulltime each week <input type="checkbox"/>
Playgroup <input type="checkbox"/>

Please Note: If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

Government Requirement	LIST OF PARENTAL OCCUPATION GROUPS		
Group 1	Group 2	Group 3	Group 4
Senior management in large business organisation, government administration and defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director, health/education/police/fire services administrator</p> <p>Other administrator school principal, faculty head/dean, library/museum/gallery director, research facility director</p> <p>Defence Forces Commissioned Officer</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p>Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer</p> <p>Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager finance/engineering/production/personnel/industrial relations /sales/marketing</p> <p>Financial services manager bank branch manager, finance/investment/insurance broker, credit/loans officer</p> <p>Retail sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency</p> <p>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager</p> <p>Defence Forces senior Non-Commissioned Officer</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. <u>All tradesmen/women are included in this group.</u></p> <p>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</p> <p>Skilled office, sales and service staff</p> <p>Office secretary, personal assistant, desktop publishing operator, switchboard operator</p> <p>Sales company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher</p> <p>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</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office typist, word processing/data entry/business machine operator, receptionist, office assistant</p> <p>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</p> <p>Assistant/aide trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included above</p> <p>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</p> <p>Other worker labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor</p>
Group 8			
Not in paid work for the last 12 months			

AGREEMENT

Please tick your choices

1. I/We agree to support school policies in relation to program of studies, regular attendance, sport, pastoral care, school uniform, discipline and the general operation of the school.
2. I / We have included copies of the following documents with this application for enrolment:
(please tick appropriate boxes)
 - Birth Certificate *
 - Sacramental Certificates to date
 - Passport, visa, citizenship documentation (if applicable) *
 - Most recent previous school reports and external test results
 - Current Family Court Orders (if applicable) *
 - Relevant medical and/or special needs information (if applicable)
 - Immunisation Certificate *
 - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)
 - Parish Priest Reference Form if applicable (unless priest has indicated he will forward form direct to school)

*** PLEASE NOTE: ORIGINALS WILL NEED TO BE PRODUCED DURING THE ENROLMENT PROCESS**

3. If this enrolment application is successful I / we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges (attached).
4. 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, eg change of address, court orders.
5. If this enrolment is accepted I / we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).
6. I / We **give** permission for my/our child's photograph to be used in publications eg school website, newspaper publications. Yes No
7. If, in time of emergencies, accidents or serious illness, I / we cannot be contacted I / we **give** permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle.
8. 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.
9. I / We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.
10. 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.

I declare that the information provided in this application to enrol is, to the best of my knowledge and belief, accurate and complete

Signature:

Father / guardian

Signature:

Mother / guardian

Date:

Date:

Please Note:

Acceptance of this application for enrolment is subject to the approval of the school's Principal.

STANDARD COLLECTION NOTICE

1. The School (the Diocese both independently and through its schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the *Privacy Act 1988*. We may ask you to provide medical reports about pupils from time to time.
5. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes, including, to facilitate the transfer of a pupil to another school. This includes to other schools, Government departments, the Catholic Education Office, the Catholic Education Commission, the School's local diocese and the parish, Schools within other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. The School may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
8. The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence. Requests need to be made formally in writing and any refusal will be notified in writing with reasons if appropriate.
9. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
10. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines and on our website.
12. If you provide the School with the personal information of others, such as doctors or emergency contact, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.
13. I acknowledge I have read and understand the reasons the school and Catholic Education, Diocese of Bathurst collect information about students and their families and the way in which information is stored and will be used by the school.

Child's Name:	
Parent / Carer Name:	
Parent / Carer Signature:	
Date:	