



Office use only	Family code:	Student ID number:
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FAMILY INFORMATION	
Family Surname:	
Mail to (eg Mr & Mrs A Smith):	
Residential Address:	
Suburb:	Postcode:
Postal Address (if different to residential):	
Suburb:	Postcode:
Phone (home):	
RESIDENTIAL STRUCTURE:	
Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/>	
Number of children:	Boys: Girls:
Parish (eg Sacred Heart Parish):	
Health Fund:	Fund Number:
Medicare Number:	
Language Spoken at Home:	

STUDENT DETAILS	
First Name/s:	Preferred first name:
Surname:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Mobile Phone (if applicable):
Date of Birth:	
Commencement Year: (eg 2013)	Entry Year/Grade (eg Yr 7):
Previous School:	Address:
Level Previous School (eg Year 6):	
I/We give permission for the school to contact the previous school/pre-school Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion:	

NATIONALITY	
Government Requirement	Country of Birth: Australia <input type="checkbox"/> Other, please specify
	Nationality:
Government Requirement	Is the student of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Aboriginal but not Torres Strait Islander origin <input type="checkbox"/>
	Torres Strait Islander but not Aboriginal origin <input type="checkbox"/>
	Both Aboriginal and Torres Strait Islander <input type="checkbox"/>

RESIDENTIAL STATUS	
(original documents to be sighted and copies to be retained by school)	
Australian citizen (Naturalisation Certificate or Australian passport if country of birth is not Australia)	<input type="checkbox"/>
Permanent resident (passport if country of birth if not Australia)	<input type="checkbox"/>
Temporary resident (passport and visa)	<input type="checkbox"/>
Foreign National with residential status (passport and visa)	<input type="checkbox"/>
Other/Visitor/Student/Passport/Other/Visa (passport and visa)	<input type="checkbox"/>

VISA STUDENT	
Is the student a Visa student? Yes <input type="checkbox"/> No <input type="checkbox"/>	First Australian school:
If yes, date of arrival in Australia: .../.../....	Former name (if applicable):
First Australian school year:	
Office use only:	Visa Number:
Passport Number:	Visa Type:
Passport Nationality:	Visa Expiry Date:
Passport Expiry Date:	OSHC expiry date:
OSHC Number:	OSHC expiry date:
Confirmation of Enrolment	
Course code:	Course description:
Confirmation of enrolment number:	Confirmation of enrolment start date:
Confirmation of enrolment end date:	
Government Requirement	Does the student speak a language other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, please specify (if more than one language, indicate the one that is spoken most often)

SPECIAL NEEDS			
Does your child have:			
Autism	<input type="checkbox"/>	Behaviour disorders	<input type="checkbox"/>
An intellectual disability	<input type="checkbox"/>	A language disorder	<input type="checkbox"/>
A physical disability	<input type="checkbox"/>	A vision impairment	<input type="checkbox"/>
Giftedness	<input type="checkbox"/>	Difficulties in the basic areas of learning	<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"/>
A reader or scribe	<input type="checkbox"/>	Access to technology	<input type="checkbox"/>
Modifications to equipment, furniture and learning spaces	<input type="checkbox"/>	Personal carer support	<input type="checkbox"/>
Other (please specify):			
HEALTH AND SAFETY			
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 <input type="checkbox"/> No <input type="checkbox"/>			
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.			
Does your child have any history of violent behaviour?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any history of behavioural problems (including verbal bullying)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been suspended or expelled from any previous school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, was this for			
Actual violence to any person?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Possession of a weapon or any item used to cause an injury?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Intimidation, bullying or harassment of students or staff at a school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Threats of violence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illegal drugs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other, (please specify)			
I/We will provide written consent to the school on request to contact health Professionals or other relevant agencies.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
MEDICAL INFORMATION			
Doctor's Name:		Phone:	
Medicare Number:		Expiry Date:/.....	
Medical Conditions: (Please specify any medical conditions the student suffers from e.g. asthma, diabetes and/or any prescribed medication taken by the student):			
Operations: (Please specify any significant operations the student has had that the school should be aware of):			
Allergies: (Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details):			
Has the student been diagnosed as being at risk of anaphylaxis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the student have an EpiPen		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Expiry date of EpiPen:/...../.....	
Immunisation: (Please indicate if the student has been immunised against the following):			
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diphtheria/Tetanus/Whooping Cough
Haemophilus Influenza type b	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Polio
Pneumococcal disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rotavirus
Measles/Mumps/Rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meningococcal C disease
Chickenpox	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Human Papillomavirus (HPV) (12-18 yrs)
Last Tetanus date:			
Dentist's Name:		Phone:	
Dental Conditions: (Please specify any significant conditions the student has had that the school should be aware of):			
This application gives the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.			
SACRAMENTAL INFORMATION			
Baptism	Date:/...../.....	Parish:	Town:
Confirmation	Date:/...../.....	Parish:	Town:
Reconciliation	Date:/...../.....	Parish:	Town:
Communion	Date:/...../.....	Parish:	Town:

FAMILY DETAILS**FEE BILLING**

Fees will be billed to the father/guardian. If you wish to change the way your account is billed (eg father 50% and mother 50%) please indicate below.

Fees to be billed to: _____ %

Fees to be billed to: _____ %

If address for fees billed is different to family postal address:

Address: _____ Postcode: _____

MOTHER/GUARDIAN

Surname: _____ First name/s: _____ Title: (eg Mrs/Ms/Dr)

Address (leave blank if same as student address): _____

Number & Street name: _____ Suburb: _____

Does the student reside at this address? Yes No

Phone (Work): _____ (Mobile) _____

Would you like to receive SMS alerts (i.e. last minute changes to excursions, emergencies, etc)? Yes No

Email: _____

Occupation:

Government Requirement What is the occupation group?
(select from list of parental occupation groups in page 5)

Country of Birth: Australia
Other, please specify: _____

Nationality: _____

Religion: _____

Government Requirement What is the highest year of primary or secondary school the mother/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 mother/guardian has completed?
(Mark one box only)

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

Government Requirement Main language spoken at home: _____

FATHER/GUARDIAN

Surname: _____ First name/s: _____ Title: (eg Mr/Dr)

Address (leave blank if same as student address): _____

Number & Street name: _____ Suburb: _____

Does the student reside at this address? Yes No

Phone (Work): _____ (Mobile) _____

Would you like to receive SMS alerts (i.e. last minute changes to excursions, emergencies, etc)? Yes No

Email: _____

Occupation:

Government Requirement What is the occupation group?
(select from list of parental occupation groups in page 5)

Country of Birth: Australia
Other, please specify: _____

Nationality: _____

Religion: _____

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 Advanced diploma/Diploma
Certificate I to IV (including trade certificate) Bachelor degree or above

Government Requirement Main language spoken at home: _____

NON RESIDENTIAL PARENTS/STEP PARENTS (Where the student lives between two homes – shared access)	
Contact 1	Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Address:	Address:
Phone: (home)	Phone: (home)
(work)	(work)
(mobile)	(mobile)

EMERGENCY CONTACT INFORMATION (to be used in the event of an emergency if parents cannot be contacted, e.g. grandparents or friend)	
Contact 1	Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Address:	Address:
Phone: (home)	Phone: (home)
(work)	(work)
(mobile)	(mobile)

SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL			
List all children in your family attending school or pre/school (from oldest to youngest), including applicant			
Name	School/Pre-school	Year/Grade (current calendar year)	Date of birth

COURT ORDERS (if applicable)
Are there any current court orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, copies of these court orders eg AVO's, 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?
.....
.....

SPECIAL CIRCUMSTANCES (if applicable)
Are there any special circumstance about the student seeking to be Enrolled that the school should know prior to enrolment? (eg pregnancy, living apart from parental supervision, out of home care arranged by the state) Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide a brief description of the circumstances
.....
.....
.....

Office use only	
Family code:	Student No:
Birth position	Application rec'd
Interview date/time	Attended
Certificates sighted	Offer sent
Offer accepted	Enrolment Fee paid
Enrolment date	Residency status
Year level	House group
Roll class	Visa Class no.
Fee Flag (Building Levy or Non Building Levy)	
In addition, for students who are not Australian citizens	
Passport or travel documentation no.	
Country of Issue:	

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.

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 appropriate box.

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.

AGREEMENT

In dealing with this application, it may be necessary for the school, or any part of the Catholic Schools Office, to look at documents held by previous schools, health care professionals or other government agencies. This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act* and *Health Records and Privacy Act 2002*. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

Consent to Access Documents

1. 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 schools, health care professionals or other government agencies.
2. I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes?):
 - Full 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 assessment your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable).

NOTE:

* Originals will need to be provided during the enrolment process

3. I/We understand the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered above.

Declaration

4. I/We understand and support the Catholic ethos of the school and agree to abide by the rules and regulations of the school including those pertaining to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
5. 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.
6. 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.
7. 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).
8. I/We agree, if my child should require urgent medical treatment, the school staff are authorised to seek medical attention. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle and I/we agree to meet all costs.
9. I/We give permission for the publication of any school related material by or about our child, including photographs. It is acknowledged that such material is used regularly in publications by the school to communicate and promote events. Publications include school or diocesan publications, newsletter, prospectuses, magazines, media promotional materials, newspaper articles and the school website.

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/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.

I/We declare that the information provided in this Enrolment Application is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Mother/Guardian signature _____

Date: _____

Father/Guardian signature _____

Date: _____

Please note: Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee. Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

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. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.
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. Certain laws governing or relating to the operation of schools require that certain information is collected. These include public health and child protection laws.
4. Health information about pupils is sensitive information with in the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
5. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
6. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, the Catholic Schools Office, the Catholic Education Commission of New South Wales, your local diocese and the parish, schools within other dioceses/other dioceses, medical practitioners, and people providing services to the school, including specialist visiting teachers, (sports) coaches, volunteers and counsellors.
7. The school from time to time may also collect and disclose personal and sensitive information about current or prospective students to others if it is required to satisfy the school's legal obligations under Part 5A of the *Education Act 1990 (NSW)*.
8. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions personal information disclosed to a school counsellor may be disclosed to others if the school considers it appropriate for the wellbeing or development of the pupil who is counselled or other pupils at the school.
9. Schools may also disclose information under public health and child protection laws or in circumstances where there is a serious threat to an individual's life, health or safety.
10. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in media articles, school newsletters, magazines and on our website.
11. Parents may seek access to personal information collected about them and their son/daughter by contacting the school principal. Pupils may also seek access to personal information 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.
12. 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.
13. We may include your contact details in a class list and school directory unless specifically requested (in writing) not to do so.
14. If you provide the school with the personal information of others, such as doctors or emergency contacts, 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 the information to third parties.

