STUDENT’S NAME: ____________________________________________

ENTERING YEAR LEVEL: ________ 20 _____
## Family Code

### Student ID number:

### 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 [ ]
- Defacto [ ]
- Divorced [ x ]
- Partner [ ]
- Separated [ ]
- Single Parent [ ]
- Widow [ x ]
- Widower [ ]

**Number of children:**

- Boys: .......
- Girls: ........

**Parish (eg Sacred Heart Parish):**

**Health Fund:**

**Medicare Number:**

**Language Spoken at Home:**

## STUDENT DETAILS

**First Name/s:**

**Surname:**

**Sex:** Male [ ] Female [ x ]

**Mobile Phone (if applicable):**

**Date of Birth:**

**Commencement Year:** (eg 2013)

**Entry Year/Grade (eg Yr 7):**

**Previous School:**

**Address:**

I/We give permission for the school to contact the previous school/pre-school [ ] Yes [ ] No [ ]

**Religion:**

### NATIONALITY

**Country of Birth:**

- Australia [ x ]
- Other, please specify: .................................................................

**Nationality:**

### 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) [ ]
- Permanent resident (passport if country of birth if not Australia) [ ]
- Temporary resident (passport and visa) [ ]
- Foreign National with residential status (passport and visa) [ ]
- Other/Visitor/Student/Passport/Other/Visa (passport and visa) [ ]

### VISA STUDENT

Is the student a Visa student? [ ] Yes [ ] No [ ]

If yes, date of arrival in Australia: ....../....../....

**First Australian school:**

**First Australian school year:**

**Former name (if applicable):**

**Office use only:**

**Passport Number:**

**Passport Expiry Date:**

**Visa Number:**

**Visa Expiry Date:**

**Visa Type:**

### OSHC Number:

### Confirmation of Enrolment

**Course code:**

**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 [ ] No [ ]

If so, please specify (if more than one language, indicate the one that is spoken most often)

..........................................................................................................................................................
SPECIAL NEEDS

Does your child have:
- Autism
- An intellectual disability
- A physical disability
- Giftedness
- Acquired brain injury
- None of the above

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
- A reader or scribe
- Modifications to equipment, furniture and learning spaces
- 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 ☐ 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.

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 ☐

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 ☐ No ☐

If yes, does the student have an Epipen? Yes ☐ No ☐ Expiry date of Epipen: …/……/……

Immunisation:
- Hepatitis B Yes ☐ No ☐
- Haemophilus Influenza type b Yes ☐ No ☐
- Pneumococcal disease Yes ☐ No ☐
- Measles/Mumps/Rubella Yes ☐ No ☐
- Chickenpox Yes ☐ No ☐
- 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)

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (home)</td>
<td>Phone: (home)</td>
</tr>
<tr>
<td>(work)</td>
<td>(work)</td>
</tr>
<tr>
<td>(mobile)</td>
<td>(mobile)</td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT INFORMATION**
(to be used in the event of an emergency if parents cannot be contacted, e.g. grandparents or friend)

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (home)</td>
<td>Phone: (home)</td>
</tr>
<tr>
<td>(work)</td>
<td>(work)</td>
</tr>
<tr>
<td>(mobile)</td>
<td>(mobile)</td>
</tr>
</tbody>
</table>

**SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL**
List all children in your family attending school or pre/school (from oldest to youngest), including applicant

<table>
<thead>
<tr>
<th>Name</th>
<th>School/Pre-school</th>
<th>Year/Grade (current calendar year)</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COURT ORDERS (if applicable)**

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

If yes, please provide a brief description of the circumstances …………………………………………………………………….
……………………………………………………………………………………………………………………………………………..
……………………………………………………………………………………………………………………………………………..
………………………………………………………………………………………………
……………………………………………..

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**Office use only**

<table>
<thead>
<tr>
<th>Family code:</th>
<th>Student No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth position</td>
<td>Application rec’d</td>
</tr>
<tr>
<td>Interview date/time</td>
<td>Attended</td>
</tr>
<tr>
<td>Certificates sighted</td>
<td>Offer sent</td>
</tr>
<tr>
<td>Offer accepted</td>
<td>Enrolment Fee paid</td>
</tr>
<tr>
<td>Enrolment date</td>
<td>Residency status</td>
</tr>
<tr>
<td>Year level</td>
<td>House group</td>
</tr>
<tr>
<td>Roll class</td>
<td>Visa Class no.</td>
</tr>
<tr>
<td>Fee Flag (Building Levy or Non Building Levy)</td>
<td></td>
</tr>
<tr>
<td>In addition, for students who are not Australian citizens</td>
<td></td>
</tr>
<tr>
<td>Passport or travel documentation no.</td>
<td></td>
</tr>
<tr>
<td>Country of issue:</td>
<td></td>
</tr>
</tbody>
</table>
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 executive/manager 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.

GROUP 2
Senior executive/manager 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.

GROUP 3
Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship.

GROUP 4
Machine operators, hospitality staff, assistants, labourers and related workers.
Drivers, mobile plant, production/processing machinery and other machinery operators.

Labourers and related workers.
Defence Forces ranks below senior NCO not included above.

Agriculture, horticulture, forestry, fishing, mining work 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.
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 and 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. 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 who have a legal obligation to receive it without betraying a confidence. However, there will be some occasions where it is necessary to directly pass on material which relates to the wellbeing of a pupil of 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. The school may store personal information in the ‘cloud’ which may mean that it resides on servers which are situated outside Australia.

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. The Dioceses’ Privacy Policy also sets out how you may complain about a breach of privacy and how the school will deal with such a complaint.

13. 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.

14. 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 intranet. The school will obtain separate permissions from the pupils’ parents or guardians prior to publication if we would like to include photographs or other identifying material in promotional material for the school or otherwise make it available to the public such as the internet.

15. 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.
Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school’s newsletter or website and social media, to promote the school in newspapers and other media.

The Catholic Education Commission of New South Wales (CECNSW) and the Catholic School Office Lismore (CSO) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child’s photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

__________________________________________

Student’s Name: __________________________ Year Level: ____________

• I give permission for my child’s photograph/video and name to be published in/on:
  - The school newsletter
  - The school intranet
  - The school website
  - Social media
  - Promotional materials
  - Newspapers and other media

• I authorise the CECNSW/CSO to use the photograph/video in material available free of charge to schools and education departments around Australia for the CECNSW/CSO’s promotional, marketing, media and educational purposes.

• I give permission for a photograph/video of my child to be used by the CECNSW/CSO in the agreed publications without acknowledgement, remuneration or compensation.

• I understand and agree that if I do not wish to consent to my child’s photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

Licensed under NEALS: The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent/Guardian: ____________________________________________

(please circle)

Signed - Parent/Guardian: ____________________________________________

Date: __________________________

If a student is aged 15+, student must also sign:

Signed – Student (15+): ____________________________________________

Date: __________________________

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth)

Office Use

Date of Photograph/Video: (month & year)
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 Act 1988, Health Records and Information Privacy Act 2002 & Privacy Amendment (Enhancing Privacy Protection) Act 2012. 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 additional 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. I/we undertake not to engage in social media or allow our children to engage in social media that disparages or brings the school, employees or Trustees of the Catholic Church into disrepute. Furthermore I / we acknowledge the right of the school to suspend or terminate my/our child(ren)'s enrolment from the school in the event that social media statements are made that defames or disparages the school, employees or the Roman Catholic Church.
6. 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.
7. 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.
8. 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).
9. 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.

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).