

# ENROLMENT APPLICATION

## Mt St John's Catholic Primary School

Karabin Street (P.O. Box 233)

DORRIGO, NSW 2453

Phone (02) 6657 2552 – Fax (02) 6657 2489

Email - [msjpdorr@lism.catholic.edu.au](mailto:msjpdorr@lism.catholic.edu.au)



Office use only	Family code:	Student ID number:
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### FAMILY INFORMATION

Family Surname \_\_\_\_\_ Mail to (eg Mr & Mrs A Smith) \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 Residential address \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
 Postal address (if different to residential) \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**RESIDENTIAL STRUCTURE:**  
 Married  Defacto  Divorced  Partner  Separated  Single Parent  Widow  Widower   
 Number of children \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_  
 Parish (e.g. Sacred Heart Parish) \_\_\_\_\_  
 Medicare number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Health Fund \_\_\_\_\_ Fund Number \_\_\_\_\_  
 Language spoken at home \_\_\_\_\_

### STUDENT INFORMATION

First name/s \_\_\_\_\_ Preferred first name \_\_\_\_\_  
 Surname \_\_\_\_\_ Sex: Male  Female   
 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **A copy of the Birth Certificate must be provided for school records**  
 School commencement date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry Year / Grade (e.g. Year 3) \_\_\_\_\_  
 Previous school \_\_\_\_\_ Address \_\_\_\_\_  
 Level at previous school (e.g. Year 2) \_\_\_\_\_  
 I / We give permission for the school to contact the previous school / pre-school Yes  No   
 Religion \_\_\_\_\_  
**If Catholic, a copy of the Baptismal Certificate must be provided for school records**

#### NATIONALITY

<b>Government Requirement</b>	Country of Birth: Australia <input type="checkbox"/> Other, please specify _____ Nationality: Australian <input type="checkbox"/> Other, please specify _____
<b>Government Requirement</b>	Does the student speak a language other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , please specify (if more than one language, indicate the one that is spoken most often) _____
<b>Government Requirement</b>	Is the student of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal but <b>not</b> Torres Strait Islander origin <input type="checkbox"/> Torres Strait Islander but <b>not</b> 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  No   
 If **yes**, date of arrival in Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_ First Australian school:  
 First Australian school year: \_\_\_\_\_ Former name (if applicable): \_\_\_\_\_

<b>Office use only:</b> Passport Number: Passport Nationality:	Passport Expiry Date: Visa Number:	Visa Type: Visa Expiry Date:
OSHC Number: Confirmation of enrolment number: Confirmation of enrolment end date:	OSHC expiry date: Confirmation of enrolment start date:	

## SPECIAL NEEDS

Does your child have:

- |                            |                          |   |                          |                      |                          |
|----------------------------|--------------------------|---|--------------------------|----------------------|--------------------------|
| 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"/> |                      |                          |
| 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 & 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  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 \_\_\_\_\_

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 etc., 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 - Please indicate if the student has been immunised against the following:

Hepatitis B Yes  No  Diphtheria/Tetanus/Whooping Cough Yes  No

Haemophilus Influenza type b Yes  No  Polio Yes  No

Pneumococcal disease Yes  No  Rotavirus Yes  No

Measles/Mumps/Rubella Yes  No  Meningococcal C disease Yes  No

Chickenpox Yes  No  Human Papillomavirus (HPV) (12-18 yrs) Yes  No

**A copy of the Immunisation Certificate must be provided for school records**

Last Tetanus date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dental Conditions - Please specify any significant conditions the student has had that the school should be aware of: \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for a staff member to administer Paracetamol (Panadol brand) to my child if it is deemed necessary in the event that I am uncontactable. Yes  No

**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 (e.g. father 50% and mother 50%) please indicate below.

Fees to be billed to \_\_\_\_\_ %

Fees to be billed to \_\_\_\_\_ %

Do you wish to have newsletters, fee statements, bills & receipts emailed to you? Yes  No

(if **yes**, please provide email address – **please print clearly**) \_\_\_\_\_

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

Address \_\_\_\_\_ Postcode \_\_\_\_\_

### MOTHER / GUARDIAN INFORMATION

Surname \_\_\_\_\_ First name \_\_\_\_\_ Title (e.g. Ms/Mrs/Dr) \_\_\_\_\_

Address (leave blank if same as student address) Number & street name \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Does the student reside at this address? Yes  No

Phone (work) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**Government Requirement**

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

Country of Birth: Australia  Other  If **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 INFORMATION

Surname \_\_\_\_\_ First name \_\_\_\_\_ Title (e.g. Mr/Dr) \_\_\_\_\_

Address (leave blank if same as student address) Number & street name \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Does the student reside at this address? Yes  No

Phone (work) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**Government Requirement**

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

Country of Birth: Australia  Other  If **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 \_\_\_\_\_

**STEP-PARENTS / NON RESIDENTIAL PARENTS (if applicable)**

(Where the student lives between two homes – shared access)

**Contact 1**

Name \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 (work) \_\_\_\_\_  
 (mobile) \_\_\_\_\_

**Contact 2**

Name \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 (work) \_\_\_\_\_  
 (mobile) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(OTHER THAN PARENTS - to be used in the event of an emergency if parents cannot be contacted, e.g. grandparents or friend)

**Contact 1**

Name \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 (work) \_\_\_\_\_  
 (mobile) \_\_\_\_\_

**Contact 2**

Name \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 (work) \_\_\_\_\_  
 (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 year)	Date of birth

**COURT ORDERS (if applicable)**

Are there any current court orders relating to the student? Yes  No   
 (If yes, copies of these court orders e.g. 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 circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

(e.g. 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SHORT EXCURSIONS & SWIMMING PERMISSION**

Quite often it is necessary to take the students on short walking excursions in the close vicinity of the school. Some examples would be a nature walk, sporting activities at nearby ovals etc. For staff to take students out of the school grounds it is necessary for parental permission to be granted.

I give permission for the student to participate in short walking excursions outside Mt St John's Catholic Primary School grounds. I realise that I may not always be given prior notice of these excursions.

Yes  No

I give permission for the student to participate in school swimming activities, involving walking to and from Dorrigo Swimming Pool. Yes  No

**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/refuge/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.

## 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 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. The school may disclose and/or receive relevant personal information to/from debt collection agents and credit reporting agencies.
9. 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.
10. 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.
11. The school may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
12. 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.
13. 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.
14. 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.
15. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in school newsletters and magazines and on the school's intranet. 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.
16. 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.

# Mt St John's Catholic Primary School

## Photograph/Video Permission Form

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 Schools 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.

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**Student's Name:** \_\_\_\_\_

**Year Level:** \_\_\_\_\_

- I give permission for my child's photograph / video and name to be published in / on:
  - The school website
  - Social media
  - Promotional materials
  - Newspapers and other media
- I authorise the CECNSW/CSO Lismore 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:** \_\_\_\_\_

**Signed - Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

Office Use Date of Photograph/Video: (month & year)	
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**AGREEMENT BETWEEN TRUSTEES OF THE ROMAN CATHOLIC CHURCH FOR THE DIOCESE OF LISMORE ON BEHALF OF MT ST JOHN'S CATHOLIC PRIMARY SCHOOL AND (PARENT / CARER NAMES .....**

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 Mt St John's Catholic Primary 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 \*
  - Baptism Certificate and any other Sacramental Certificates to date (if applicable)
  - 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/we 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 or its employees 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 e.g. 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 (e.g. school liturgies, retreat programs).
9. I/We agree, if my/our 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/our knowledge and belief, accurate and complete. I/We 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, amended or revoked.

<p><b>Mother/ Guardian</b></p> <p>Full name _____</p> <p>Address _____</p> <p>Date of Birth ____/____/____</p> <p>Occupation _____</p> <p>Mother / Guardian signature _____</p>	<p><b>Father / Guardian</b></p> <p>Full name _____</p> <p>Address _____</p> <p>Date of Birth ____/____/____</p> <p>Occupation _____</p> <p>Father / Guardian signature _____</p>
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**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).