



St Mary's College

Gunnedah



Founded by the Sisters of Mercy in 1879



Enrolment Booklet

Student's surname: _____

Student's first name: _____

Year: _____ Calendar Year: _____

Please leave this page blank



Application to enrol in an Armidale Diocesan Catholic School

School Name

**ST MARY'S COLLEGE
GUNNEDAH**



SAS NO.

Office use only

Student's Surname

Students given name/s

Thank you for your interest in enrolling your child in an Armidale Diocesan School. The school will contact you to arrange a suitable time for an enrolment interview with the school Principal or his/her representative.

This application to enrol form is to be completed in English. If you need an explanation for any of the questions or help in completing this application, please ask for assistance from the Principal. You are welcome to provide further information on an attached sheet.

Following receipt of this application and after an enrolment interview the Principal will notify you of the outcome of your application. The information you have provided will be used by the school to enrol your child, if your application is accepted.

Please do not purchase items such as uniforms until you receive confirmation of enrolment.

This enrolment applications is for the nominated school above.

**Please ensure all documentation accompanies application form prior to your interview.
(Parent/Caregiver please tick forms provided)**

Birth certificate or identity documents
(College must sight Original Identification documents)

Proof of student's residential address
(e.g. original copies of council rates notice, residential lease, electricity, accounts, statutory declaration etc.)

Copies of any family law or other relevant court orders (if applicable) (e.g. students in the Care of the Minister or other family member)

Immunisation history statement

Baptismal certificate and other

Sacramental documents (if applicable)

Reports from previous schools

NAPLAN test results (Years 5, 7 or 9)

If your child is not a permanent resident, you will need to provide:

Passport or travel documents

Current visa and previous visa (if applicable)

If your child is a temporary visa holder you will also need to provide:

Authority to enrol issued by the Temporary Visa Holders Program Unit. This is required for visitors and temporary resident visa holders

Authority to enrol or evidence of permission to transfer issued by the International Student Centre.

Evidence of the visa the student has applied for (if the student holds a bridging visa)

**Please return completed application form to
St Mary's College
151 Bloomfield St
GUNNEDAH NSW 2380
OR
PO Box 730
GUNNEDAH NSW 2380**

Introduction

The school and the Catholic Schools Office Armidale are subject to the **National Privacy Principles advised under the Privacy Act and the Health Records and Information Privacy Act 2002.**

The information you provide will be used to process your child's application for enrolment. It will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school.

The health-related information collected is subject to the Health Records and Information Privacy Act 2002. It is being collected for the primary purpose of ensuring the health and safety of all students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers, other government departments and/or schools for this primary purpose, or for other related purposes.

Do parents have to answer the questions?

We are required by law to ensure the health and safety of students, staff and visitors on our premises. It is therefore necessary for you to answer all questions on this form.

The information you provide will assist the school to communicate with you and to care for your child while at school. Should you choose to submit an incomplete form, processing your application may be delayed or denied and the quality of your child's education may be affected.

Giving false or misleading information is a serious offence, in the event that statements made in this application later prove to be false or misleading, any decision made as a result to this application may be withdrawn.

Why have we asked for information about your occupation and education?

All Australian Education Ministers have agreed on National Goals for Schooling in the 21st Century. The National Goals specifically state that the achievement of students in schools should not be affected by discrimination based on sex, language, culture and ethnicity, religion or disability, or by differences arising from social and economic background or geographic location. The goals also state that 'the learning outcomes of educationally disadvantaged students (should) improve and overtime, match those of other students'.

To help us make sure we are achieving this goal, all parents across Australia, no matter which school their child attends, are being asked to provide information about family background.

The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

We use the information to evaluate whether our policies are effective and to ensure that no group is experiencing undue disadvantage because of their economic or social background.

The four groups listed on page 12 are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past few years please choose the group in which you use to work.

How to complete the form.

Please print all information in block letters so it is easy to read.

Please ✓ tick boxes where appropriate.

Student Attendance

- Parents are responsible for the regular attendance of students at school (Education Act 1990).
- Principal and staff, in consultation with students and their parents, will usually be able to resolve problems of non-attendance.
- If a range of school-based interventions has been unsuccessful, consultation will be made with the Catholic Schools Office for consideration for the withdrawal of the enrolment placement.
- Unexplained absences greater than 15% may result in the withdrawal of the enrolment placement and the matter will be referred to the regional Home School Liaison Officer with the Department of Education and Training.

Student details

Student details	Office use only
Surname _____	
Given name/s _____	
Preferred first name _____	
Gender (tick box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: _____ Place of birth: _____ Day/month/year	

Into which calendar year are you seeking to enrol this student? _____

Which Year level/grade? (Please circle) 7 8 9 10 11 12

In which country was the student born? _____	CATHOLIC SACRAMENTS (include date, Parish & Town)
Religion (if none, please write 'No Religion') _____	Baptism _____
Nationality _____	Reconciliation _____
If born overseas, what date did the student arrive in	Eucharist _____
Australia? _____ Day/month/year	Confirmation _____

Languages spoken at home

Does the student speak a language other than English at home?

No, English only Yes, language other than English spoken

If **yes**, what languages are spoken at home?

Please write the exact language spoken - for example, Cantonese or Mandarin, not simply 'Chinese'. Please do not write a nationality such as 'Indian'. Please specify the actual language spoken e.g. Hindi or Punjabi.

Main Language spoken at home

Other languages spoken at home (including English)

Student details

Previous Schools

Please provide details of any school where the student has previously been enrolled (NSW, interstate or overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of school _____

Location _____

Dates of attendance (e.g. from May 2004 to June 2007)

From _____ To _____

Name of school _____

Location _____

Dates of attendance (e.g. from May 2004 to June 2007)

From _____ To _____

Name of school _____

Location _____

Dates of attendance (e.g. from May 2004 to June 2007)

From _____ To _____

Name of school _____

Location _____

Dates of attendance (e.g. from May 2004 to June 2007)

From _____ To _____

This students first day of enrolment at an Australian School? *(Visa students only)*

Day/month/year

Aboriginality

Is the student of Aboriginal or Torres Strait Islander origin?

- No** **Aboriginal** **Torres Strait Islander**
 Both Aboriginal and Torres Strait Islander

Student with Additional Needs

Is your child a young person with:

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behaviour disorder |
| <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"/> Difficulties in the basics of learning | |
| <input type="checkbox"/> Acquired brain injury | |
| <input type="checkbox"/> Has attended early intervention | |
| <input type="checkbox"/> Receipt of a 'Carer's Allowance' | |
| <input type="checkbox"/> Other (please specify) | |

Legislation and diocesan policy recognises that 'accommodations and/or learning adjustments' may be required for students with additional needs.

What **accommodations** and/or **learning adjustments** were provided for your child in his/her previous 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"/> Modifications to equipment, furniture and learning spaces | |
| <input type="checkbox"/> Education assistant support | |
| <input type="checkbox"/> Acceleration of extension groups | |
| <input type="checkbox"/> Other (please specify) | |

Student details

Student with Additional Needs *continued*

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

What **accommodations** and/or **learning adjustments** may be required for your child in this school?

- Autism
- Behaviour disorder
- A hearing impairment
- An intellectual disability
- A language disorder
- Mental health issues
- A physical disability
- A vision impairment
- Difficulties in the basics of learning
- Acquired brain injury
- Has attended early intervention
- Receipt of a 'Carer's Allowance'
- Other (please specify)

Medical Information

Doctor's name/medical centre

Street no. _____

Street name _____

Town _____

State/Postcode _____

Telephone _____

MEDICARE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

Expiry date: _____/_____/_____

Medical Information

Please tell the principal before your child starts school if he or she has any allergies or other medical conditions, **this is essential**. You should also let the school know as soon as you are aware of any new allergies or other medical conditions.

Allergies Yes No

Please specify any allergies suffered by the student e.g. **peanuts, insect stings, grass, medications etc.**

Action Plan Attached? YES NO

Does your child require an EpiPen?

YES NO

Action Plan Attached? YES NO

Action plan must contain: Doctors name, diagnosis and date diagnosed.

Other medical conditions

Please specify any other medical conditions of which the school should be aware - **Asthma, Diabetes, Epilepsy, Irlen Syndrome, Colour Blindness etc.**

Action Plan Attached? YES NO

Action plan must contain: Doctors name, diagnosis and date diagnosed.

Medication

Please specify any prescribed medication the student is taking. *(Please provide a list if insufficient space)*

Parent/Caregiver permission

I give my permission for the school to seek information from the doctor listed above about how to manage any allergy or medical condition experienced by the student.

YES NO

Student details

Special circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment, e.g. mature age, pregnancy, living apart from parental supervision, subject of a court order, State arranged out of home care?

YES NO

If yes please provide a brief description of the circumstances.

Student's history relevant to risk assessment

The Catholic Schools Office has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide the school with information that will help facilitate the smooth transition of students into the specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in your child's history or circumstance (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?

YES NO

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

Does your child have a history of violent behaviour?

YES NO

If yes, please provide details

Has your child ever been suspended or expelled from any previous school?

YES NO

If yes, was this for *(please circle)*

- Actual violence to any person Yes No
- Possession of weapons or any item used to cause harm of injury? Yes No
- Threats of violence or intimidation of staff, students, or others at the school Yes No
- Illegal drugs? Yes No

Are you aware of any other incidents of the kind listed above in which your child has been involved outside the school setting?

YES NO

If yes, please provide a brief outline of these matters.

Family details

Family address during term*

*Please note that a parent who **is not** living with this student should complete details in the **Other Parent** section. (see page 10)

Name to be used for all correspondence.

For example: Mr & Mrs Adam Black, Ms Betty Green

Relationship to student

Address for correspondence (RMB/PO Box)

Street Number/Property Name

Street/Road Name

Town _____

State/Postcode _____

Home Phone number/mobile number

Work Phone number (if applicable)

Family email address for correspondence (Newsletter, etc.)

Is the above address your residential address? (please circle)

Yes No

If no, write your residential address below.

Student's address during term*

*If this is the same as the residential address on the left, please tick this box.

If it is not the same address, please complete the information below:

Street Number/Property Name/RMB (if applicable)

Street/Road Name

Town _____

State/Postcode _____

Home telephone number/mobile number

If the student has a second residential address during school term, please write it here:

Family Billing Details

Please send all school accounts to:

Name of fee payer

Address

State/Postcode

Family details for National Goal for Schooling Data Collection

Parent/Carer 1

e.g. Father, living at the same address as the student.

If applicable, copies of any relevant family law or other court orders must be provided.

*Please note that a parent who is not living with this student should complete details in the **Other Parent** section. (see page 10)

Name and contact details

Relationship to the student

Title (e.g. Mr/Mrs/ Ms/Dr)

Family name

Given name/s

Mobile number (if applicable)

Work telephone number (if applicable)

Occupation of **Parent/Carer 1**

Parent /Carer 1 **Religion** (if none please write 'No religion')

Occupation group (see page 12)

What is the occupation group of **Parent/Carer 1**

- **Please select the appropriate parent occupation group from the list provided.**
- **If the person is not currently in paid work but had a job or has retired in the last 12 month, please use the person's last occupation.**
- **If the person has not been in paid work in the last 12 months, please write '8' in the box.**

(write 1, 2, 3, 4, or 8)

School Education

What is the highest year of primary or secondary school that Parent/Carer 1 has completed? For persons who have never attended school, tick Year 9 of equivalent of below (one box only)

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

Educational Qualifications

What is the highest qualification Parent/Carer 1 has completed? (tick one box only).

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

Country of birth

In which country was **Parent/Carer 1** born?

Nationality of **Parent/Carer 1**

Languages spoken at home

Does **Parent/Carer 1** speak a language other than English at home?

- No, English only
 Yes, language other than English spoken

If yes, what languages are spoken at home?

Please write the exact languages spoken - for example, Cantonese or Mandarin, not simply 'Chinese'. Please do not write a nationality such as 'Indian'. Please specify the actual language spoken e.g. Hindi or Punjabi.

Other languages spoken at home (including English)

An interpreter service may be available during school interviews. Would the service be required?

Yes No

Family details for National Goal for Schooling Data Collection

Parent/Carer 2

e.g. Father, living at the same address as the student.

If applicable, copies of any relevant family law or other court orders must be provided.

*Please note that a parent who is not living with this student should complete details in the **Other Parent** section. (see page 10)

Name and contact details

Relationship to the student

Title (e.g. Mr/Mrs/ Ms/Dr)

Family name

Given name/s

Mobile number (if applicable)

Work telephone number (if applicable)

Occupation of **Parent/Carer 2**

Parent/ Carer 2 **Religion** (if none please write 'No religion')

Occupation group (see page 12)

What is the occupation group of **Parent/Carer 2**

- **Please select the appropriate parent occupation group from the list provided.**
- **If the person is not currently in paid work but had a job or has retired in the last 12 month, please use the person's last occupation.**
- **If the person has not been in paid work in the last 12 months, please write '8' in the box.**

(write 1, 2, 3, 4, or 8)

School Education

What is the highest year of primary or secondary school that Parent/Carer 2 has completed? For persons who have never attended school, tick Year 9 of equivalent of below (one box only)

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

Educational Qualifications

What is the highest qualification Parent/Carer 2 has completed? (tick one box only).

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

Country of birth

In which country was **Parent/Carer 2** born?

Nationality of **Parent/Carer 2**

Languages spoken at home

Does **Parent/Carer 2** speak a language other than English at home?

- No, English only
 Yes, language other than English spoken

If yes, what languages are spoken at home?

Please write the exact languages spoken - for example, Cantonese or Mandarin, not simply 'Chinese'. Please do not write a nationality such as 'Indian'. Please specify the actual language spoken e.g. Hindi or Punjabi.

Other languages spoken at home (including English)

An interpreter service may be available during school interviews. Would the service be required?

Yes No

Family details

Siblings of student at home (not at this school)

Name:	_____	Age:	_____
Name:	_____	Age:	_____
Name:	_____	Age:	_____
Name:	_____	Age:	_____

Other family member/s at this school

Does the student have any brothers or sisters enrolled at this school? Yes No
If yes, please write their names below.

Student's surname	_____	Student's given name/s	_____
Student's surname	_____	Student's given name/s	_____

Other parent details

Contact details for a parent not living with this student

Name and contact details

Title (e.g. Mr, Mrs, Ms, Dr) _____ Surname _____

Given name/s _____ Other Parent **Religion** _____
(if none please write 'No religion')

Relationship to student _____

Home telephone/mobile number _____

Email address _____

Postal address for correspondence

RMB or PO Box _____ Street number/Property name _____

Street name _____

Town _____ State/Postcode _____

Can this parent be contacted in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is this parent to receive copies of student report? <i>Note: Copies of school reports will be sent by post</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is this parent to receive copies of College newsletter ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Please circle</i>	Post Email
Is there a Shared Custody arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there a copy of Court Orders attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Emergency contacts

First emergency contact

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally, the person should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Name of emergency contact person

For example: Mr Adam Black, Ms Betty Green

Contact details

Daytime telephone number

Mobile telephone number (if available)

Relationship to family e.g. neighbour, uncle, aunt

Name of property (if applicable)

Street no. _____

Flat/unit _____

RMB no. _____

Street name _____

Town _____

State/Postcode _____

Second emergency contact

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally, the person should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Name of emergency contact person

For example: Mr Adam Black, Ms Betty Green

Contact details

Daytime telephone number

Mobile telephone number (if available)

Relationship to family e.g. neighbour, uncle, aunt

Name of property (if applicable)

Street no. _____

Flat/unit _____

RMB no. _____

Street name _____

Town _____

State/Postcode _____

Parent occupation group for National Goals for Schooling Data Collection

Group 4

Machine operators, hospitality staff, assistant labourers and related workers

- Drives, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff (hotel service supervisors, receptionists, waiter, bar attendant, kitchen hand, porter, housekeeper)
- 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/teachers 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)

Group 3

Tradesmen/women, clerks and skilled office, sales and service staff

- Tradesman/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

- 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/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casing dealer/supervisor)

Group 2

Other business managers, arts/media/sportspersons and associated 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 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 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, development or operated complex systems; identify, treat and advise on problems; 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)

Parent/Carer declaration

In dealing with this application, it may be necessary for the school 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 Professional Information Protection Act 1998 and Health Records and Information Privacy Act 2002. The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

Acknowledgement

I acknowledge that the Catholic Schools Office, Armidale may seek and gain access to relevant information about this student related to one or more of the question in this application that is held by previous schools, health care professionals or other government agencies.

I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

Declaration of accuracy

I declare that the information provided in this Application to Enrol 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 withdrawn.

Signature of Parent/Carer

_____ Date _____
Print name

Signature of second applicant (if applicable)

_____ Date _____
Print name

Principal's certification

Special Circumstances and Student

History assessed? Yes No

Risk Assessment required? Yes No

If yes - date ____/____/____

Risk Assessment conducted? Yes No

Risk Management Plan and Resources in place? Yes No

If yes - date ____/____/____

On the basis of the information provided on this form and gained from the required assessments,

I **accept** or **decline** this application to enrol.

Signature of Principal

_____ Date _____
Print name



STANDARD COLLECTION NOTICE

Catholic Schools Office, Diocese of Armidale

1. The School and the Diocese both independently and through its Schools collect 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* within 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. The School contracts with Centacare New England North West to provide counselling services for pupils. The Principal may require the Counsellor to inform him or her or other teachers of any issues the Counsellor believes may be necessary for the school to know for the well-being or development of the pupil who is counselled or other pupils at the school.
6. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes - it will only be used for the following purpose:
 - General student administration relating to the education and welfare of the student
 - Communication with students and parents or carers
 - To ensure the health, safety and welfare of students, staff and visitors to the school
 - State and National reporting purposes
 - For any other purpose required by law.
7. The school's email service provider stores and processes emails outside Australia.
8. 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.
9. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, school Facebook page, magazines and on our website.
10. 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.
11. 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.
12. 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.

** Sensitive information is described in the Guidelines to the National Privacy Principles as information or opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preferences or practices, criminal record or health information about an individual.*



Agreement

Catholic Schools Office, Diocese of Armidale

Application for enrolment of your child means that you are choosing a Catholic education for your child. It implies a commitment to support the faith practice and aims of the school and a willingness to cooperate in their implementation. Specifically it means:

- Religious Education is a core subject
- Practice of the Catholic Faith and Parish involvement are emphasised
- Academic excellence and the acquisition of skills are developed within a Catholic framework
- Participation in academic and spiritual life of the school

Your child is expected to adhere to the school's standards for:

- Behaviour, dress and self-discipline
- Application to course work and study
- Participation in school activities
- Respect for people and property
- Observance of school regulations
- Participation in faith practice and worship

Parents are expected to participate in the total life of the school through events such as Parent/Teacher nights.

1. I/We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
2. 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.
3. 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, medical/specialist reports.
4. 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)
5. I/We authorise Catholic Schools Office, Armidale and/or its approved education partners to take and use any photographs, video or sound recording of our/my child and any reproductions or adaptations of the material, either in full or part, in conjunction with any wording or drawings, in any Catholic Schools Office, Armidale publication, production and presentation. This includes use on the internet and social platforms such as Facebook and Twitter.

I acknowledge that I and the student have no rights to the material in any Catholic Schools Office, Armidale publication, production or presentation which includes this material.

NB: This consent, once given, will be amended or revoked only upon receipt of correspondence from the parent/guardian or individual (if over 18 years).

6. 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 or doctor by ambulance or private vehicle.
7. I/We give permission for my/our Secondary child to refer themselves to in-school counselling services. (For students enrolling in Secondary school).

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 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.

Signature: _____

Father/Carer

Signature: _____

Mother/Carer

Date: _____

Date: _____

Office use only

Office use only

Date of enrolment at this school

Day/month/year

Current scholastic year in which the student is enrolled

(7 - 12)

Roll Class (e.g. 3SMITH, 9R2) _____

House Group _____

Student's residency status

What is the student's residency status?

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> New Zealand Citizen
<input type="checkbox"/> Norfolk Islander	
<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Temporary visa holder

If born overseas, what date did the student arrive in Australia?

____/____/____

Day/month/year

If the student is a permanent or temporary visa holder please provide the following information:

Current Visa Class _____

For principal visa holder write **P** in the following box, for subordinate visa holder write **S**:

Current Visa Sub-class

Visa Expiry date

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Day

Month

Year

Is the student an International full-fee paying student?

Yes No

Authority to Enrol (ATE) expiry date ____/____/____

Day/month/year

Immunisation certificate/history statement sighted and copied.

Yes No

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles
<input type="checkbox"/> Polio	<input type="checkbox"/> Mumps
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rubella
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Other (details) _____
<input type="checkbox"/> Whooping Cough	_____

Students not born in Australia

Does the student need to be assessed for English as a Second Language (ESL) support? Yes No

Yes No

Is the student receiving ESL support? (N, 1, 2, 3, T)

If Yes, what ESL is the student?

The original documents listed below must be sighted and photocopied. All students: Yes No

Birth Certificate of identity documents

In addition

(for students who are not permanent residents)

Passport or travel documentation no. _____

Country of issue _____

Current visa and sub-class (if applicable) _____

Previous visa and sub-class (if applicable) _____ Yes No

In addition (for Temporary Visa holders) Authority to enrol Yes No

Yes No

Sacramental Certificates

Reports from previous schools Yes No

NAPLAN results Yes No

Other issues

Any Family Law, AVOs or other relevant court order (if applicable) Yes No

____/____/____

Day/month/year

Medication

Please **check** list of all the Medication the student is taking (refer to Student Details Medication - page 5):
