



## Application to enrol in an Armidale Diocesan Catholic School

School name

**ST MICHAEL'S PRIMARY SCHOOL**

**MANILLA**



SAS NO.

**Office use only**

Student's family name

Student's 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 of 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 application is for the nominated school above.

When you come to the enrolment interview  
please bring original documents with you:  
**(Parent/Carer please tick forms provided)**

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

☐ **Birth certificate or identity documents**

☐ **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 school/s**

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

☐ **Passport or travel documents**

☐ **Current visa and previous visas**  
(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 visitor 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).

# 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 of 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 21<sup>st</sup> 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, over time, 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 described you. If you have retired or stopped work in the past year please choose the group in which you used to work.

How to complete this form

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

Please tick boxes where appropriate e.g. ☒

## **Student Attendance**

- Parents are responsible for the regular attendance of students at school (Education Act 1990).
- Principal and school 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
Family name _____	
Given name/s _____	
Preferred first name _____	
Sex (tick box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth: _____ Day/ month/year	

Into which calendar year are you seeking to enrol this student? \_\_\_\_\_ Which level/grade? (Please circle)

K    1    2    3    4    5    6    7    8    9    10    11    12

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

## 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

## Aboriginality

Is the student of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Aboriginal ☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

## 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 student's first date of enrolment at an Australian School?

\_\_\_\_\_  
Day/ month/ year

## Kindergarten students

For **Kindergarten students**, what type of care did this child have in the year prior to enrolling at school?

☐ Long day care ☐ family day care

☐ Occasional care ☐ Pre-school

☐ Other formal care

☐ Other care

(e.g. parent, relative, playgroup, other carer)

Amount of formal care each week, prior to enrolling at school:

☐ Up to 6 hours per week

☐ Up to 12 hours per week

☐ 12 hours to fulltime each week

Name of pre-school, long day care centre or other formal prior to school care service

Centre/Service

Town

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# Student details

## Students with additional needs

Is your child a young person with:

- |   |   |
|---|---|
| <input type="checkbox"/> 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"/> 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"/> Educational assistant support                             |   |
| <input type="checkbox"/> Acceleration or extension programs                        |   |
| <input type="checkbox"/> Other (Please specify)                                    |   |

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> 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"/> 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)                 |   |

## Medical information

Doctor's name/medical centre

Street no.

Street name

Town

Post code

Telephone number

Medicare number

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Expiry date:

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

**Other Medical Conditions**

☐

Yes

☐

No

Please specify any other medical conditions of which the school should be aware – e.g. asthma, diabetes, epilepsy

## Medication

Please specify any prescribed medication to be taken by the student. (Please provide list if insufficient space).

## Parent/carer 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

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## 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 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

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

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## Does your child have any history of violent behaviour?

☐ Yes ☐ No

If yes, please provide details

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## 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 weapon or any item used to cause harm or 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 of the school setting?

☐ Yes ☐ No

If yes please provide a brief outline of these matters

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# 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 (page 4).

### 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 Name

\_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number/mobile number

\_\_\_\_\_

Work telephone number (if applicable)

\_\_\_\_\_

Family email address

\_\_\_\_\_

Is the above address your residential address?

☐

Yes

☐

No

If no, write your residential address below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Religion (if none please write 'no religion')

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

## 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:

Name of property (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Flat/unit no.      Street no.      RMB no.

\_\_\_\_\_

Name of street/road

\_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number/mobile number

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family Billing Details

*Leave blank if same as residential address*

School accounts to be sent to:

Name      Address      Postcode

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family details

### Siblings of children at home

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### Other family member/s at this school

Does this student have any brothers or sisters enrolled at this school?

Yes ☐ No ☐

***If yes, please write their names below.***

Student's family name

Student's given name/s

\_\_\_\_\_

\_\_\_\_\_

Student's family name

Student's given name/s

\_\_\_\_\_

\_\_\_\_\_

Student's family name

Student's given name/s

\_\_\_\_\_

\_\_\_\_\_

## Other parent details

### Contact details for a parent not living with this student\*

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

#### Name and contact details

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

Family name \_\_\_\_\_ Given name/s \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home telephone number/mobile number \_\_\_\_\_

Family email address \_\_\_\_\_

Postal address for correspondence \_\_\_\_\_

RMB or PO Box no. \_\_\_\_\_ Street number/Property name \_\_\_\_\_

Street name \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_



# 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 contact 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

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### Contact details

Daytime telephone number

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Mobile telephone number (if available)

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

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Name of property (if applicable)

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Flat/unit no.      Street no.      RMB no.

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Name of street/road

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Town /Postcode

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## Second emergency contact

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally, the contact 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

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### Contact details

Daytime telephone number

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Mobile telephone number (if available)

---

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

---

Name of property (if applicable)

---

Flat/unit no.      Street no.      RMB no.

---

Name of street/road

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Town /Postcode

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# Family details for National Goals 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. Page 4

### Name and contact details

Relationship to the student

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

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Family name

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Given name/s

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Work telephone number (if available)

---

Mobile telephone number (if available)

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Occupation of Parent/Carer 1

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### Occupation group

What is the occupation group of **Parent/Carer 1**  
**See page 12**

- 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 months, 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 or equivalent or 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?

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Nationality of **Parent/Carer 1**

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### 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 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

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Other languages spoken at home (including English)

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

- ☐ Yes ☐ No

# Family details for National Goals 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. Page 4

### Name and contact details

Relationship to the student

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

---

Family name

---

Given name/s

---

Work telephone number (if available)

---

Mobile telephone number (if available)

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Occupation of Parent/Carer 2

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### Occupation group

What is the occupation group of **Parent/Carer 1**  
**See page 12**

- 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 months, 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 or equivalent or 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 2** born?

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Nationality of **Parent/Carer 2**

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### 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 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)

---

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

- ☐ Yes ☐ No

# Parent occupation groups for National Goals for Schooling Data Collection

## 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, kitchenhand, porter, housekeeper)
- Office (typist, work 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)

## Group 3

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

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group
- Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- Skilled office, sales and service staff
- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

## Group 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 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, fight 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 Personal 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 questions 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

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Print name

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Signature of second applicant (if applicable) Date

--

Print name

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## 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

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Print name

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January 2012



## 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 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.
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, 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 give permission for my/our child's photograph to be used in publications e.g. school website, school newsletter, newspaper publications, Diocesan publications Yes ☐ No ☐
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. Yes ☐ No ☐
7. I/We give permission for my/our Secondary child to refer themselves to in-school counselling services. (For students enrolling in Secondary school). Yes ☐ No ☐

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mother/Carer

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  
(K-12) \_\_\_\_\_

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

House Group \_\_\_\_\_

## Student's residency status

What is the student's residency status?

- ☐ Australian Citizen ☐ New Zealand Citizen  
☐ Norfolk Islander  
☐ Permanent resident ☐ 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 holders write P in the following box, for subordinate visa holders write S: ☐

Current visa sub-class      Visa expiry date  
☐☐☐      ☐☐ ☐☐ ☐☐  
Day      month      year

Is the student an international full fee-paying student?  
☐ Yes ☐ No

Authority to Enrol (ATE) expiry date  
\_\_\_\_\_  
Day/month/year

## Students not born in Australia

Does the student need to be assessed for English as a Second Language (ESL) support?

☐ Yes ☐ No  
Is the student receiving ESL support? ☐ Yes ☐ No

If Yes, what ESL phase is the student? ☐ (N, 1,2,3,T)

**The original documents listed below must be sighted and photocopied, All students:**

Birth Certificate or identity documents ☐ Yes ☐ No

## 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 visas and sub-class (if applicable) \_\_\_\_\_

In addition (for temporary visa holders) Authority to enrol

Sacramental Certificates ☐ Yes ☐ No

Reports from previous schools ☐ Yes ☐ No

## Other issues

Any family law, AVOs or other relevant court order (if applicable)

☐ Yes ☐ No

\_\_\_\_\_  
Day/month/year

## For parent not living with student

To receive academic reports and newsletters?

☐ Yes ☐ No

Immunisation certificate/history statement sighted and copied

☐ Yes ☐ No

- ☐ Chicken Pox  
☐ Polio  
☐ Diptheria  
☐ Tetanus  
☐ Whooping Cough

- ☐ Measles  
☐ Mumps  
☐ Rubella

Other (details) \_\_\_\_\_