

Meeting Date/time:  
 Attended:  
 Offer Sent:  
 Accepted:



Date application received: / /  
 Sacramental Certificates sighted: Yes  No   
 Baptism: \_\_\_\_\_ Date: / /  
 Reconciliation: \_\_\_\_\_ Date: / /  
 Eucharist: \_\_\_\_\_ Date: / /  
 Confirmation: \_\_\_\_\_ Date: / /  
 Birth Certificate sighted: Yes  No   
 Immunisation Certificates sighted: Yes  No

# St. Patrick's Parish School, Albury

## APPLICATION for ENROLMENT

(Completion of this application does not automatically guarantee enrolment)

FOR

\_\_\_\_\_ (STUDENT'S FULL NAME)

Student's Date of Birth: \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Parent/Guardian's Name/s: \_\_\_\_\_

Principal: Mrs Liz Johnston

Address: 444 Kiewa Street, Albury NSW 2640

Phone: 0260 214464

Email: [info@spaww.catholic.edu.au](mailto:info@spaww.catholic.edu.au)

Website: [www.spaww.catholic.edu.au](http://www.spaww.catholic.edu.au)

Parish: Albury

\* Please note that some details required for completion of this form are of a personal nature. It is a Commonwealth Government requirement that they be completed for reporting purposes.

<b>Year Level into which admission is sought</b> (please circle)	<b>K</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Proposed date of commencement</b> (if later than the beginning of Term 1)							
Office use only <b>Family code:</b>	<b>Student ID number:</b>						

# APPLICATION TO ENROL IN A CATHOLIC SCHOOL

## DIOCESE OF WAGGA WAGGA

When you come to the school to enrol please bring each of these documents with you:

- **Proof of student's residential address** (eg. 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)
- **Immunisation history statement** (only required for students enrolling in primary schools for the first time).

In addition, if your Child is not a permanent resident, you will need to provide:

- **Passport or travel documents**
- **Current visa and previous visas** (if applicable).

In addition, 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 visa holders (other than sub class 571P referred to below)
- **Authority to Enrol or evidence of permission to transfer** issued by the International Student Centre (if holding an international full fee student visa, sub class 571P)
- **Evidence of the visa the student has applied for** (if the student holds a bridging visa).

### Your privacy protected

The school and the Catholic Schools Office are subject to the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002.

The information you provide will be used to process your child's application for enrolment, which may include a risk assessment.

### Photographs at school

Taking photographs of students can constitute a collection of their personal information. Occasionally photographs are taken of individual students and classes of students at school.

If you **do not wish** your child to be photographed under any circumstances, please make sure you have specified this.

Your child's information 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 except those about your occupation and education.

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 and the quality of our service to you 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 reversed.**

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

Improving educational outcomes for all young Australians is central to the nation's social and economic prosperity and will position young people to live fulfilling, productive and responsible lives.

National Declaration on Educational Goals for Young Australians state:

Goal 1:  
Australian schooling promotes equity and excellence.

Goal 2:  
All young Australians become:

- successful learners
- confident and creative individuals
- active and informed citizens.

Achieving these educational goals is the collective responsibility of governments, school sectors and individual schools as well as parents and carers, young Australians, families, other education and training providers, business and the broader community.

To help us to make sure we are achieving these goals, 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.

Providing information about your occupation and education is voluntary but your information will help us to ensure that all students are being well served by Australian schools.

The four groups listed on page '2' 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 year please choose the group in which you used to work.

# APPLICATION FOR ENROLMENT

## Diocese of Wagga Wagga Systemic Schools



**St. Patrick's Parish School**

444 Kiewa Street, ALBURY NSW 2640

Email: [info@spaww.catholic.edu.au](mailto:info@spaww.catholic.edu.au)

Website: [www.spaww.catholic.edu.au](http://www.spaww.catholic.edu.au)

STUDENT NAME		
Surname:	Entry Year (eg 2020)	Entry Level/Grade (eg Yr 2)
First Name/s:		
Preferred first name:		
Date of Birth:	Religion:	
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	

HOME ADDRESS OF STUDENT		
No. and Street Name:		
Suburb:	Home Ph:	Emergency G.E.O. Coding:
Postcode:	Email:	

SACRAMENTAL INFORMATION:			
Baptism	Date:	Parish:	Certificate Supplied Yes <input type="checkbox"/> No <input type="checkbox"/>
Communion	Date:	Parish:	
Reconciliation	Date:	Parish:	
Confirmation	Date:	Parish:	
Current Parish:			

KINDERGARTEN ENROLMENTS ONLY		
What type(s) of care outside of home did this student have prior to enrolling at school? (Choose the type accessed in the year prior to school.)		
Long Day Care <input type="checkbox"/>	<b>Extent of "Prior to School Care"</b>	
Family Day Care <input type="checkbox"/>	Up to 6 hours per week	<input type="checkbox"/>
Occasional Care <input type="checkbox"/>	Up to 12 hours per week	<input type="checkbox"/>
Pre-School <input type="checkbox"/>	12 hours to full time each week	<input type="checkbox"/>
Playgroup <input type="checkbox"/>	Write the name of the pre-school or long day care or other prior to school service used	
Other Care (please specify) _____	<input style="width: 100%;" type="text"/>	

PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION	
Name of previous school / pre-school:	
I / We give permission for school to contact previous school or pre-school	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIBLINGS ATTENDING A SCHOOL / PRE-SCHOOL			
List all children in your family attending school or preschool (from oldest to youngest) – include applicant.			
Name	School / Pre-school	Year/Grade (current calendar year)	Date of Birth (preschool only)



<b>STUDENT DETAILS</b>	Student's surname and first name
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**MOTHER/GUARDIAN**

Surname:		First Name:		Title: (eg Mrs/Ms/Dr)	
Residential Guardian <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>					
Address: <i>(leave blank if same as student address)</i> .....					
Home Phone: _____		Business Ph: _____			
Mobile: _____		Email: _____			
Occupation:		Employer:		*What is the occupation group? <i>(select from list of parental occupation groups on page 11)</i> Government Requirement	
Religion:		Nationality:			
Country of Birth:    Australia <input type="checkbox"/> Other <input type="checkbox"/> please specify.....					
Government requirement		<b>What is the highest year of primary or secondary school the mother/guardian has completed:</b> <i>(for persons who have never attended school, tick 'Year 9 or equivalent or below')</i>			
Year 9 or equivalent or below <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
Year 12 or equivalent <input type="checkbox"/>					
Government requirement		<b>What is the level of the highest qualification the mother/guardian has completed:</b> <i>(tick one box only)</i>			
No non-school qualification/ Certificate I to IV (including trade cert) / Advanced diploma/Diploma/ Bachelor degree or above <input type="checkbox"/>		Certificate I to IV (including trade cert) / Advanced diploma/Diploma/ Bachelor degree or above <input type="checkbox"/>		Bachelor degree or above <input type="checkbox"/>	

**FATHER / GUARDIAN**

Surname:		First Name:		Title: (eg Mr/Dr)	
Residential Guardian <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>					
Address: <i>(leave blank if same as student address)</i> .....					
Home Phone: _____		Business Ph: _____			
Mobile: _____		Email: _____			
Occupation:		Employer:		*What is the occupation group? <i>(select from list of parental occupation groups on page 11)</i> Government Requirement	
Religion:		Nationality:			
Country of Birth:    Australia <input type="checkbox"/> Other <input type="checkbox"/> please specify.....					
Government requirement		<b>What is the highest year of primary or secondary school the father/guardian has completed:</b> <i>(for persons who have never attended school, mark 'Year 9 or equivalent or below')</i>			
Year 9 or equivalent or below <input type="checkbox"/>		Year 10 or equivalent <input type="checkbox"/>		Year 11 or equivalent <input type="checkbox"/>	
Year 12 or equivalent <input type="checkbox"/>					
Government requirement		<b>What is the level of the highest qualification the father/guardian has completed:</b> <i>(mark one box only)</i>			
No non-school qualification/ Certificate I to IV (including trade cert) / Advanced diploma/Diploma/ Bachelor degree or above <input type="checkbox"/>		Certificate I to IV (including trade cert) / Advanced diploma/Diploma/ Bachelor degree or above <input type="checkbox"/>		Bachelor degree or above <input type="checkbox"/>	

<b>STUDENT DETAILS</b>	Student's surname and first name
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

**EMERGENCY CONTACTS (Living within the Albury area) AUTHORISED TO COLLECT STUDENT**

Title: (eg Mr/Mrs/Dr)	Surname:	First Name:
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Home Ph:	Business Ph:	Mobile:
----------	--------------	---------

Address:

Relationship to Child:

Title: (eg Mr/Mrs/Dr)	Surname:	First Name:
-----------------------	----------	-------------

Home Ph:	Business Ph:	Mobile:
----------	--------------	---------

Address:

Relationship to Child:

Title: (eg Mr/Mrs/Dr)	Surname:	First Name:
-----------------------	----------	-------------

Home Ph:	Business Ph:	Mobile:
----------	--------------	---------

Address:

Relationship to Child:

**MEDICAL INFORMATION**

Doctor's Name:

No. and Street Name:

Suburb:	Postcode:	Phone:
---------	-----------	--------

Student's Medicare No:	No. on Card:	Exp Date: /
------------------------	--------------	-------------

Private Health Fund:	Table or No:	Exp Date: /
----------------------	--------------	-------------

Government requirement	<p>Allergies: <i>Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details:</i></p> <p>.....</p> <p>.....</p> <p>Has the student been diagnosed as being at risk of anaphylaxis?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, does the student have an EpiPen?                                      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
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**Medical Conditions:** Please tick any of the following medical conditions and supply details provided by Doctor

**Asthma** Yes     **Asthma Plan Attached** Yes     **Other :** \_\_\_\_\_

Government requirement	<p>Immunisation: <i>Please indicate if the student has been immunised against the following:</i></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">please circle</th> <th style="width:10%; text-align: center;">Date of Immunisation</th> </tr> </thead> <tbody> <tr> <td>Hepatitis B</td> <td style="text-align: center;">Yes/No</td> <td>.....</td> </tr> <tr> <td>Diphtheria-Tetanus-Whooping Cough</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Haemophilus Influenzae type b (Hib)</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Polio</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Pneumococcal disease</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Rotavirus</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Measles-Mumps-Rubella</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Meningococcal C disease</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Chickenpox (Varicella)</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> <tr> <td>Human Papillomavirus (HPV) (12-18 yrs)</td> <td style="text-align: center;">Yes / No</td> <td>.....</td> </tr> </tbody> </table>		please circle	Date of Immunisation	Hepatitis B	Yes/No	.....	Diphtheria-Tetanus-Whooping Cough	Yes / No	.....	Haemophilus Influenzae type b (Hib)	Yes / No	.....	Polio	Yes / No	.....	Pneumococcal disease	Yes / No	.....	Rotavirus	Yes / No	.....	Measles-Mumps-Rubella	Yes / No	.....	Meningococcal C disease	Yes / No	.....	Chickenpox (Varicella)	Yes / No	.....	Human Papillomavirus (HPV) (12-18 yrs)	Yes / No	.....
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This application gives you 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.

**STUDENT DETAILS**

Student's surname and first name

**SPECIAL NEEDS**

Government requirement

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 |                          |                      |                          |
| 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"/> | 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"/> | personal carer support | <input type="checkbox"/> |         |                          |
| other (please specify)                                    |                          |                        |                          |         |                          |
- .....
- .....

**HEALTH AND SAFETY**

Government requirement

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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Possession of a weapon or any items used to cause an injury?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Intimidation, bullying or harassment of students or staff at a school? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Threats of violence?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Illegal drugs?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Other (please specify).....  |     |                          |    |                          |

I / We will provide written consent to the school on request to contact health professionals or other relevant agencies Yes  No

STUDENT DETAILS		Student's surname and first name	
		<input style="width: 100%; height: 20px;" type="text"/>	
Residence Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Non Permanent <input type="checkbox"/> Refugee	Visa Sub Class		
Date of Arrival in Australia	Visa Number		
Passport Number	Visa Expiry Date		
OSHC Membership Number	OSHC Expiry Date		
Confirmation of Enrolment – Course Code	Course Description		
Confirmation of Enrolment Number	Course Start Date	Course End Date	
OS <input type="checkbox"/> BRVS <input type="checkbox"/> RSVS <input type="checkbox"/> ETV <input type="checkbox"/> PRS <input type="checkbox"/> LBOTE <input type="checkbox"/> ESL <input type="checkbox"/> ESLASSIST <input type="checkbox"/> NA/CIEC <input type="checkbox"/> CSS <input type="checkbox"/> SSCL <input type="checkbox"/> OHS <input type="checkbox"/>			

## PHOTOGRAPH & VIDEO PERMISSION

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 & social media or to promote the school in newspapers and media. The Wagga Wagga Diocesan Catholic Schools Office may also wish to use student photographs/videos in print & online promotional, marketing, media & educational materials.

We would like your permission to use your child's photograph/video for the above purposes.

### Please read and complete this permission form.

- I give permission for my child's photograph/video and name to be published in any format the school uses.
- I authorise the Wagga Wagga Diocesan Catholic Schools Office to use the photograph/video in material available free of charge to schools & education departments around Australia for the Wagga Wagga Diocesan Catholic Schools Office's promotional, marketing, media and education purposes.
- I give permission for a photograph/video of my child to be used by the Wagga Wagga Diocesan Catholic Schools Office 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 Nations Education Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent / Guardian: \_\_\_\_\_  
(please circle):  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*Any Parent intending to volunteer for any class or school activity is required to provide a current "NSW Working With Children Check" or complete a "Declaration for Volunteer/Contractors Form" before being able to assist. These are available on our school website notes page.**



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. I / We have included copies of the following documents with this application for enrolment:  
(please tick appropriate boxes)
  - Birth Certificate \*  Sacramental Certificates to date
  - Passport, visa, citizenship documentation (if applicable) \*
  - Most recent previous school reports and external test results
  - Current Family Court Orders (if applicable) \*
  - Relevant medical and/or special needs information (if applicable)
  - Immunisation Certificate
  - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)

**\* PLEASE NOTE: ORIGINALS MUST BE PRODUCED DURING THE ENROLMENT PROCESS**

3. 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.
4. 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.
5. If this enrolment is accepted I / we agree to support our child’s participation in the religious life of the school (eg school liturgies, retreat programs).
6. I/We consent to my child travelling on a school bus or any form of public or private transport which the school deems necessary (Parents will be notified of all travel arrangements in advance) **Yes  No**
7. 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, medical centre or doctor by ambulance or private vehicle.  
**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.**

**Father / Guardian**

**Mother / Guardian**

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

D.O.B \_\_\_\_\_

D.O.B \_\_\_\_\_

Licence No: \_\_\_\_\_ Exp: \_\_\_\_\_

Licence No: \_\_\_\_\_ Exp: \_\_\_\_\_

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

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

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

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

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

**PLEASE ENSURE ALL SECTIONS OF THIS ENROLMENT APPLICATION ARE COMPLETED, ALL RELEVANT PAPERWORK IS ATTACHED AND THE AGREEMENT PAGE HAS BEEN FULLY COMPLETED AND SIGNED.**

**General SCHOOL Information Collection Notice: Students**

This Collection Notice explains in general terms how we protect the privacy of the personal information you provide when you are enrolling your child or your child is enrolled at the SCHOOL. In reviewing this Collection Notice and providing us with your personal information, you consent to our collection, use and disclosure of that information in the manner set out below, unless you tell us otherwise.

1. SCHOOL collects personal information, including sensitive information about students and parents or guardians and family members before and during the course of a student'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 meet its educational, administrative and duty of care responsibilities to the student to enable them to take part in all the activities of the SCHOOL.

2. Some of the information the SCHOOL collects 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. The SCHOOL may request medical reports and health information about students from time to time to discharge its legal duty of care to the student and to other students and staff. This includes a student's asthma and anaphylaxis action plans, as well as any other health or medical information which is reasonably likely to impact on the SCHOOL's ability to provide educational, first aid and related services.

5. A student's health and medical information will be disseminated and used within the SCHOOL to best meet the SCHOOL's duty of care responsibilities. This may include the use of photographs with health action plans to facilitate the identification of students who may be at heightened risk.

Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988.

6. The SCHOOL may disclose personal and sensitive information for administrative, educational and support purposes (or may permit the information to be directly collected by third parties). This may include to:

- government departments;
- third party service providers that provide online educational and assessment support services or applications (apps), which may include email and instant messaging;
- another SCHOOL to facilitate the transfer of a student;
- medical practitioners, and people providing educational support and health services to the SCHOOL, including specialist visiting teachers, sports coaches, volunteers, counsellors and providers of learning and assessment tools;
- assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority;
- people providing administrative and financial services to the SCHOOL;
- anyone you authorise the SCHOOL to disclose information to; and
- anyone to whom the SCHOOL is required or authorised to disclose the information to by law, including under child protection laws.

7. If this information is not provided to us, the SCHOOL will not be able to fully discharge its duty of care to its students and staff.

8. The SCHOOL will engage in fundraising activities from time to time. Information received from you may be used for these purposes. It may also be disclosed to the SCHOOL's Parent & Friends Association who assist in the fundraising activities of the SCHOOL. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

9. The SCHOOL may also use cloud computing service providers to store personal information (which may include sensitive information) on their servers in the 'cloud'. These servers may be located in or outside Australia. This may mean that personal information may be stored or processed outside Australia. The SCHOOL's Privacy Policy contains further information about its use of cloud and other third-party service providers and any of their overseas locations.

10. The SCHOOL's Privacy Policy is accessible via the SCHOOL website or from the SCHOOL office. The policy sets out how parents, guardians or students may seek access to, and correction of their personal information which the SCHOOL has collected and holds. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, or may result in a breach of the SCHOOL's duty of care to the student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.

11. The SCHOOL's Privacy Policy also sets out how parents, guardians, students and their family can make a complaint about a breach of the APPs and how the complaint will be handled.

12. On occasions information such as academic and sporting achievements, student activities and similar news is published in SCHOOL newsletters and magazines, on physical displays throughout the SCHOOL and on our intranet. This may include photographs and videos of student activities such as sporting events, SCHOOL camps and SCHOOL excursions.

The SCHOOL will obtain separate permissions from the student's parent or guardian (and from the student if appropriate) prior to including such photographs or videos or other identifying material in our promotional material or otherwise making this material available to the public, such as on the internet.

The SCHOOL will obtain separate permissions from the student's parent or guardian prior to including personal information on class lists or SCHOOL directories.

13. If you provide the SCHOOL with the personal information of others, such as other family members, doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the SCHOOL and why, that they can request access to and correction of that information if they wish and to also refer them to the SCHOOL's Privacy Policy for further details about such requests and how the SCHOOL otherwise handles personal information it collects and complaints it receives.

## \*Parent occupation groups

<p><b>Group 4</b></p> <p>Machine operators, hospitality staff, assistants, labourers and related workers</p>	<ul style="list-style-type: none"> <li>• Drivers, mobile plant, production/processing machinery and other machinery operators</li> <li>• Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</li> <li>• Office assistants, sales assistants and other assistants</li> <li>• Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</li> <li>• 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]</li> </ul>	<ul style="list-style-type: none"> <li>• Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</li> <li>• Labourers and related workers</li> <li>• Defence Force ranks below senior NCO not included below</li> <li>• 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]</li> <li>• Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</li> </ul>
<p><b>Group 3</b></p> <p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<ul style="list-style-type: none"> <li>• Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</li> <li>• 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]</li> </ul>	<ul style="list-style-type: none"> <li>• Skilled office, sales and service staff</li> <li>• Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</li> <li>• Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</li> <li>• 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]</li> </ul>
<p><b>Group 2</b></p> <p>Other business managers, arts/media/sportspersons and associate professionals</p>	<ul style="list-style-type: none"> <li>• Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</li> <li>• Specialist manager [finance/engineering/production/personnel/industrial relations /sales/marketing]</li> <li>• Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</li> <li>• Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</li> <li>• Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator,</li> </ul>	<ul style="list-style-type: none"> <li>• proof reader, sportsman/woman, coach, trainer, sports official]</li> <li>• Associate professionals generally have diploma/technical qualifications and support managers and professionals</li> <li>• Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</li> <li>• Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</li> <li>• Defence Forces senior Non-Commissioned Officer</li> </ul>
<p><b>Group 1</b></p> <p>Senior management in large business organisation, government administration and defence, and qualified professionals</p>	<ul style="list-style-type: none"> <li>• Senior executive/manager/department head in industry, commerce, media or other large organisation</li> <li>• Public service manager [section head or above], regional director, health/education/ police/fire services administrator</li> <li>• Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</li> <li>• Defence Forces Commissioned Officer</li> <li>• Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complete system; identify, treat and advise on problems; and teach others</li> </ul>	<ul style="list-style-type: none"> <li>• Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</li> <li>• Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</li> <li>• Air/sear transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]</li> </ul>
<p><b>Please note</b></p>	<ul style="list-style-type: none"> <li>• If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.</li> <li>• If the person has not been in paid work in the last 12 months, please write '8' in the box.</li> </ul>	

## Record of evidence

**Original documents must be sighted and photocopied.**  
**All students**

**Student identity** (name and age e.g. birth certificate, passport etc.)

Yes  No

**Residential address** (e.g. rates notice, rental agreements, electricity accounts etc.)

Evidence supplied  Yes  No      In area?  Yes  No

**In addition, for students who are not permanent residents they have to produce more information.**

Passport or travel documentation no.

Country of issue

Current visa sub-class (if applicable)

In addition (for temporary vis holders) Authority to Enrol no.

## Student groups

Scripture group

## Enrolment Notes

## Other Issues

Immunisation certificate/history statement sighted (Primary Schools only)

Yes  No  Complete  Incomplete

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

Yes  No

**English as a Second Language (ESL) support**

Does the student need to be assessed for (ESL) support?

Yes  No

If already assessed, what ESL phase is the student?

(1, 2, 3 or not requiring support N)

Is the student receiving ESL support?

Yes  No

**For parent not living with student (p6)**

Receive invoice  Receive academic report  
 Receive Back to School Allowance  Shared parental responsibility

## Principal's checklist and certification

Special Circumstances and Student History assessed?

Yes  No

Risk Assessment required?

Yes  No

Risk Assessment conducted?

Yes  No

Risk Management Plan and Resources in place?

Yes  No

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

Print name

Date  /  /   
 Day month year