APPLICATION
FOR ENROLMENT

(Information on this form is strictly confidential)

Please Note: On lodgement of your enrolment application there will be a $20.00 (non-refundable) deposit.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
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</thead>
<tbody>
<tr>
<td>Date Received:</td>
</tr>
<tr>
<td>En. Recorded:</td>
</tr>
<tr>
<td>Offer Sent:</td>
</tr>
<tr>
<td>Deposit Received:</td>
</tr>
<tr>
<td>Start Date:</td>
</tr>
</tbody>
</table>

Child’s Name: ____________________________  Child’s Grade: ____________________________
Student Code No: ________________________  Child’s Class: ________________________
Student House Colour: ____________________

Copy of Certificates (attached)

- [ ] Birth
- [ ] Baptism (if applicable)
- [ ] Reconciliation
- [ ] Immunisation

Special Needs Support  [ ] Yes  [ ] No  English Second Language (ESL)  [ ] Yes  [ ] No

Visa Details Required and Attached  [ ] Yes  [ ] No  If Yes, Sub Class No.: ________________________

Health Care Card Details Required and Attached (if applicable)  [ ] Yes  [ ] No
### STUDENT INFORMATION

(PLEASE PRINT)

**FAMILY NAME:** ___________________________  **PREFERRED OR USUALLY CALLED:**  
**GIVEN NAME(S):** ___________________________  
**ADDRESS:** ___________________________________________________  
**SUBURB:** ___________________________________  **POST CODE:** ________________  
**HOME PHONE:** ___________________________  **Is this a Silent Number:** ☐ YES  
**Sex of child:** ☐ Male  ☐ Female  (Please Tick)  **Child’s date of birth:** _______/_____/______  
**1st Australian School Year (e.g.: 2016, 2017 etc.):** ________________  
**Is the student of Aboriginal or Torres Strait Islander origin?**  
☐ No  ☐ Yes, Aboriginal  ☐ Yes, Torres Strait Islander  ☐ Yes, Both Aboriginal & Torres Strait Islander  
**In which country was the student born?**  
☐ Australia  ☐ Other - Please Specify ___________________________  
**If not Australia, date of arrival:** _______/_____/______  

### STUDENT LANGUAGE DETAILS

**Does the student speak a language other than English at home?**  
*If more than one language, indicate the one that is spoken most often*  
☐ No, English only  ☐ Yes, Other - please specify ___________________________  
**Does your child attend Language School?**  
☐ Yes  ☐ No  
**If yes, name of Language School attending:** ____________________________________________________  
**If yes, specify language learnt at Language School:** ____________________________________________________

### STUDENT RELIGIOUS DENOMINATION DETAILS

**Religion:** ___________________________  **Rite:** ___________________________  
**Present Parish of Worship:** ___________________________  
**Sacraments already received:** (Please Tick)  
☐ Baptism  **Date:** _____/_____/_____  **Parish:** ___________________________  
☐ Reconciliation  **Date:** _____/_____/_____  **Parish:** ___________________________  
☐ Eucharist  **Date:** _____/_____/_____  **Parish:** ___________________________  
☐ Confirmation  **Date:** _____/_____/_____  **Parish:** ___________________________

### PREVIOUS SCHOOL / KINDERGARTEN

**GRADE (to be enrolled in this school):**  
PREP  1  2  3  4  5  6  (Please Circle)  
**If enrolling for PREP, previous Kindergarten:** ___________________________  
**Address:** ___________________________________________________  
**OR**  
**Previous School attended:** ___________________________  
**Address:** ___________________________________________________  
**Grade:** ___________________________ (at previous school)  
**Victorian Student Number (VSN):** ___________________________ (from previous school)
**STUDENT MEDICAL DETAILS**

Doctor’s Name: _________________________________ Phone No.: _____________________________

Dentist’s Name: _________________________________ Phone No.: _____________________________

Private Health Insurance: YES / NO (Please Circle) Ambulance Fund: YES / NO (Please Circle)

If yes, which health fund? _______________________________________

Medicare No: __________________________________ Expiry date: ____________________

Do you hold a FAMILY Health Care Card: YES / NO (Please Circle)

CRN: ____________________________ - ____________________________ - ____________________________ - ____________________________ Expiry date: ____________________

A copy is required, thank you.

Dietary Requirements: YES / NO (Please Circle) If yes please explain, ________________________________

Any ongoing medical conditions: YES / NO (Please Circle) (If YES, please TICK relevant below)

□ Asthma, □ Epilepsy, □ Allergies, □ Eczema, □ Food, □ Other.

If YES please explain, ________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Please list any medication/s your child will bring to school: ____________________________________

___________________________________________________________________________________

___________________________________________________________________________________

**SPECIAL STUDENT NEEDS AND CONSIDERATIONS**

(a) Does your child have any special achievements, talents? YES / NO

(b) Does your child have any Learning Problems/Needs? YES / NO

(c) Has your child attended any specialized agencies, special schools, units or centres? YES / NO

(d) Does your child have any special needs or considerations? (Disabilities, impediments, allergies, restrictions on physical activity, etc.) YES / NO

(e) Does your child require any special provisions to be made by the school. (e.g., medication, disabled access, etc.) YES / NO

(f) Does your child have any infectious diseases? YES / NO

If YES to any of the above questions, please give details, using attachments if necessary.
### FAMILY DETAILS

#### Contact Details

<table>
<thead>
<tr>
<th>Details</th>
<th>Father/Carer Residing at Same Address</th>
<th>Mother/Carer Residing at Same Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
<td></td>
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<tr>
<td>First Name</td>
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<tr>
<td>Surname</td>
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<tr>
<td>Preferred Name</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Relationship to Student</td>
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<tr>
<td>Address – Street</td>
<td></td>
<td></td>
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<tr>
<td>Suburb &amp; Postcode</td>
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<tr>
<td>Student resides with</td>
<td></td>
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</tr>
<tr>
<td>Residential Guardian Y/N?</td>
<td></td>
<td>Yes □ No □</td>
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<tr>
<td><strong>Home Phone Number</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Work Phone Number</strong></td>
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<tr>
<td>Mobile</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Occupation</td>
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<td>Employer</td>
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<tr>
<td>Occupational Group</td>
<td></td>
<td>Group A □</td>
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<tr>
<td>(Refer to insert “List of Parental Occupations)</td>
<td></td>
<td>Group B □</td>
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<td></td>
<td>Group C □</td>
<td>Group C □</td>
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<td>Group D □</td>
<td>Group D □</td>
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<td>Group N □</td>
<td>Group N □</td>
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<tr>
<td><strong>Highest Year of School Education:</strong></td>
<td></td>
<td>Year 12 or equivalent □</td>
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<td></td>
<td>Year 11 or equivalent □</td>
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<td>Year 9 or equivalent or below □</td>
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<tr>
<td><strong>Level of Highest Qualification:</strong></td>
<td></td>
<td>Bachelor degree or above □</td>
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<td></td>
<td>Advanced Diploma/Diploma □</td>
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<td>Certificate I to IV (incl. trade cert) □</td>
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<td></td>
<td>No non-school qualification □</td>
<td>No non-school qualification □</td>
</tr>
<tr>
<td>Do you speak a language/s other than English at home?</td>
<td>Yes □ No □</td>
<td>If Yes, Please list below: 1. ____________ 2. ____________</td>
</tr>
<tr>
<td><strong>Country of Birth</strong></td>
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</tr>
<tr>
<td><strong>Date of arrival in Australia (if applicable)</strong></td>
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<td></td>
</tr>
<tr>
<td>Copy of Visa details (if applicable)</td>
<td>Copy attached □</td>
<td>Copy attached □</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
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<tr>
<td><strong>Religion</strong></td>
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</table>

**SIGNATURE**

School Account should be sent to: □ Above □ Other (Please State) □
## Contact Details (Cont…)

<table>
<thead>
<tr>
<th>Details</th>
<th>Non Residential Parent (if applicable)</th>
<th>Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please only complete if there is a Parent who does not reside at the Student’s Home Address.</td>
<td>Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.</td>
</tr>
<tr>
<td>Title</td>
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<tr>
<td>SIGNATURE</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?</td>
<td>□ Yes □ No</td>
<td>(If Yes, Supporting documentation must be provided.)</td>
</tr>
<tr>
<td>I would like newsletters and information sent to me via email.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

Page 5
**LIST OF PARENTAL OCCUPATION GROUPS**

**SCHOOL FAMILY OCCUPATION INDEX**

**PARENT OCCUPATION GROUPS**

Please select the appropriate group from the following list.

<table>
<thead>
<tr>
<th>GROUP N: Unemployed for more than 12 months</th>
</tr>
</thead>
</table>

If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter ‘N’ into the ‘occupation code’ field on the enrolment form.

**OCCUPATION GROUP A**

**SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS**

- **Senior management in large business organisations**
  - **Senior Executive / Manager /Department Head** in industry, commerce, media or other large organisation
  - **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
  - **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

- **Government administration**
  - **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research/facility manager, police/fire services administrator]
  - **Defence Forces Commissioned officer**

- **Qualified Professionals** – generally have a degree or higher qualifications and experience in applying this knowledge to: design, develop or operate complex systems, identify, treat and advise on problems, teach others

  - **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
  - **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
  - **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
  - **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
  - **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
  - **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
  - **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/ applications programmer]

- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship’s captain/office/pilot]

**OCCUPATION GROUP B**

**OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS**

- **Business Owner / Manager**
  - **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
  - **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
  - **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
  - **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

- **Arts / media / sportspersons**
  - **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
  - **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

- **Associate professionals** – generally have diploma/technical qualifications and provide support to managers and professionals


- **Medical, science, building, engineering, computer** technician/associate professional

- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]

- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]

- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]

- **Defence Forces** [e.g. senior non-commissioned officer]

- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

(Continued on page 7)
OCCUPATION GROUP C
TRADESMAN/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.

Tradesmen/women
Trades [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff
Clerk [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, registry/filling clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]

Office [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
Carer [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
Service [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D
MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators
Driver or mobile plant operator [e.g. car, taxi, truck, bus, tram or train driver, courier/deliverer, forklift driver, street Sweeper driver, garbage collector, bulldozer/loader/grade/excavator operator, farm/horticulture/forestry machinery operator]
Production/processing machine operator [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
Machinery operator [e.g. photographic developer/printer, industrial spray painter, boiler/air-con conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff
Sales staff [e.g. 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, sales demonstrator, shelf stacker]
Office staff [e.g. typist, word processing/data entry/business machine operator, receptionist]
Hospitality staff [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
Assistant/aide [e.g. trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers
Defence Forces [other ranks (below senior NCO) without trade qualification not included above]
Agriculture, horticulture, forestry, fishing, mining worker [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greengrocer, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Other worker [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]
Please attach a copy of the following documents to this Application before submission: (Please Tick)

1. A copy of your child’s Birth Certificate
2. A copy of your child’s Immunisation certificate
3. A copy of your child’s Baptismal certificate (if applicable)
4. A copy of your Family Health Care Card (if applicable)
5. Any Court order or related information regarding custody of the child (if applicable)
6. Latest school report and/or reference from previous schools (if applicable)
7. Documentation relating to special needs (Any reports, action plans, assessments, etc.) (if applicable)
8. A copy of your Passport - Parents and children (if applicable)
9. A copy of Visa Entry details - Parents and children  (if applicable)

PERMISSION FOR HEAD LICE INSPECTION

☐ I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.

☐ I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.

MOTHER'S SIGNATURE:

FATHER'S SIGNATURE:

RELEASE OF INFORMATION

1. The School respects the privacy of personal and sensitive information regarding your family. The School collects personal information, including sensitive information about the student and parent(s) or guardian(s) before and during the course of a student’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child. A copy of the School’s Privacy policy is enclosed.

2. In situations where parents are separated, it is the policy of the School to release school reports to mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the School will abide by any Court orders which prevent the release of such information.

3. 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.

4. Health information about students is sensitive information within the terms of the National Primary Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Catholic Schools, government departments, Commission for Catholic Schools, Catholic Education Offices, local Parish, medical practitioners and people providing services to the School including specialist visiting consultants and advisors from the Catholic Education Offices, sport coaches and volunteers.

6. In the event of default of payment of fees, the School may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.

7. The School from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.

8. If we do not obtain the information referred to above, we may not be able to enroll or continue the enrolment of your child.

9. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements and other news is published in the School newsletter, magazine and our website.

10. Parents or guardians may seek access to personal information collected about them and their child by contacting the School. 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 student, or where students have provided information in confidence.

11. 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

(Continued on page 9)
I acknowledge and accept all of the above terms and conditions (Clauses 1-20).

Mother/Guardian (signature): _____________________________ Date: ___________________________

Father/Guardian (signature): _____________________________ Date: ___________________________

Please state your reasons for choosing this Catholic School for your child’s education:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

I declare that all of the information provided in this application is, to the best of my knowledge, true.

Mother/Guardian (signature): _____________________________ Date: ___________________________

Father/Guardian (signature): _____________________________ Date: ___________________________

PLEASE NOTE
In due course applicants will be contacted regarding their application for enrolment. If applicants accept an offer of enrolment, the terms and conditions detailed in this Application for Enrolment are incorporated in the Enrolment Contract.
St. Margaret Mary’s School
Privacy Regulations
Information for New Enrolments

Please read and sign the following information and return to the School with your Enrolment Application:

1. St. Margaret Mary’s School respects the privacy of personal and sensitive information regarding your family. The School collects personal information, including sensitive information about the student and parents or guardians before and during the course of a student’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child.

2. In situations where parents are separated, it is the policy of the School to release school reports to mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the School will abide by any court that prevent the release of such information.

3. 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.

4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Catholic Schools, government departments, Catholic Education Offices, local Parish, medical practitioners and people providing services to the School including specialist visiting consultants and advisers from the Catholic Education Offices, sports coaches and volunteers.

6. In the event of default of payment of fees, the School may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.

7. The School from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.

8. If we do not obtain the information referred to above, we may not be able to enroll or continue the enrolment of your child.

9. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements and other news is published in the School newsletter, magazine and our website.

10. Parents or guardians may seek access to personal information collected about them and their child by contacting the School. 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 student, or where students 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. We will not disclose your personal information to third parties for their own fundraising 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.

I acknowledge and accept all of the above terms and conditions (clauses 1-12)

Mother/Guardian (signature) ___________________________ Date: __________________

Father/Guardian (signature) ___________________________ Date: __________________