



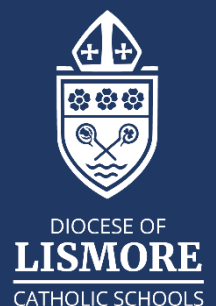
11 Murwillumbah Road  
(PO Box358)  
Mullumbimby NSW 2482

***INSPIRING,  
CREATIVE,  
CARING***

# St John's Primary School Enrolment Form



Enrolling in the Richmond,  
Tweed, Nambucca, Hastings,  
Clarence and Coastal Regions



## HOW TO APPLY FOR ENROLMENT

**Thank you for your interest in enrolling your child at**

**St John's Primary School**

**Completing an application is one of the first steps in the enrolment process in a systemic Catholic school in the Diocese of Lismore.**

**Should you need help completing the application please seek assistance directly from us.**

The enrolment process has a number of stages:

- Attend a parent information session at the school.
- Complete and submit this application for enrolment.
- Your application will be processed by the school.
- You will be invited to an interview where all documentation is required to be presented and verified. At this interview you will be provided with an overview of what the school can provide. At interview the school's expectations of parents and students are also discussed.
- You will be contacted by email by the school regarding the status of your application.
- If accepted, you may then be offered a place or a position on a waiting list.
- You will be required to sign a Student Enrolment Agreement, accepting the terms and conditions of the school by the date indicated in the Letter of Offer.
- You may be required at this point to make a (refundable) part payment of tuition fees.
- If you accept and make payment, it is at this point only that enrolment is assured.

**Copies of the following documents must be included with this application for enrolment.**

| Documentation  |   |
|--|---|
| <input type="checkbox"/> Full Birth Certificate *  | <input type="checkbox"/> Immunisation History Statement                             |
| <input type="checkbox"/> Most recent previous School Reports   | <input type="checkbox"/> Current Family Court Orders (if applicable)*               |
| <input type="checkbox"/> Baptism Certificate or any other Sacramental Certificates to date (if applicable)*            | <input type="checkbox"/> Passport, Visa, Citizenship documentation (if applicable)* |
| <input type="checkbox"/> Relevant medical and/or additional needs information (if applicable)                          | <input type="checkbox"/> External test results (NAPLAN) (if applicable)             |
| <input type="checkbox"/> Reports of assessments for speech, hearing, cognitive or occupational therapy (if applicable) |   |
| * Originals will need to be provided/sighted during the enrolment process  |   |



St John's Primary School  
11 Murwillumbah Road  
Mullumbimby NSW 2482



Student  
Name

## ENROLMENT APPLICATION FORM

The information sought on this form is required by the School for its own purposes and to answer questions from various Government and Educational Authorities.

Please remember your original Birth Certificate (must be sighted) along with a Passport and Visa for students who are not Australian Citizens.

### Family Information

Family Surname

Mail to

(e.g. Mr & Mrs A Smith)

### Student details

First Name

Middle Name

Surname

Preferred First Name

Gender

☐

Male

☐

Female

Date of Birth

Residential Address

Suburb

Postcode

Commencement Year (e.g. 2022)

Entry Year/Grade (e.g. Yr 4)

Previous School

Level Previous School  
(e.g. Yr 3)

Previous School (Town or Suburb)

State

If the current School is not a  
Catholic School, has your child  
ever attended a Catholic School?  
(If yes, please provide details)

☐

Yes

☐

No

Kindergarten Enrolments –

Name of Pre-School attended

(Note: use HOME if no preschool attended)

Nationality

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

☐

Yes

☐

No

If so please, specify the one that is spoken most often

Did the student speak English before starting school?

☐

Yes

☐

No

Did the student ever attend English language classes?

☐

Yes

☐

No

Religion

Student Mobile Phone  
(If applicable)

Student Email (If applicable)

ENROLMENT APPLICATION FORM

| Student Residential Status   |                          | (Original documents to be sighted and copies to be retained by the School) |
|--|--------------------------|--|
| Australian Citizen (Naturalisation Certificate or Passport if country of birth is not Australia) | <input type="checkbox"/> |  |
| Permanent Resident (Passport if country of birth is not Australia)                               | <input type="checkbox"/> |  |
| Temporary Resident (Passport and Visa)   | <input type="checkbox"/> |  |
| Foreign National with residential status (Passport and Visa)                                     | <input type="checkbox"/> |  |
| Visitor/Other Visa (Passport and Visa)   | <input type="checkbox"/> |  |

| Student Visa  |  | (Original documents to be sighted and copies to be retained by the School) |
|---|--|--|
| Does the student have a Visa?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, what is the date of arrival in Australia ____/____/____            |
| First Australian school year  | <input type="text"/>                                     | Former Name (If applicable) <input type="text"/>                           |
| (The School must verify eligibility for enrolment of all VISA students with a Human Services Officer prior to an offer of enrolment being made) |  |  |
| Passport Number   | <input type="text"/>                                     | Visa Type/Subclass <input type="text"/>                                    |
| Passport Nationality  | <input type="text"/>                                     | Visa Expiry Date <input type="text"/>                                      |
| Passport Expiry Date  | <input type="text"/>                                     | (Original documents to be sighted and copies to be retained by the School) |

| Student Nationality   |   |
|---|---|
| Government Requirement  | Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify <input type="text"/>  |
|   | (Note: Being born in Australia does not mean a student is an Australian citizen. If Birth Certificate indicates that neither parent was born in Australia further evidence must be provided to determine Residency/Citizenship) |
|   | Indigenous Identifier   |
|   | Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | Aboriginal but NOT Torres Strait Islander origin <input type="checkbox"/>   |
|   | Torres Strait Islander but NOT Aboriginal <input type="checkbox"/>  |
| Both Aboriginal and Torres Strait Islander <input type="checkbox"/>   |   |
| If Yes, are you acknowledged within your home community as Aboriginal and/or Torres Strait Islander?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If Yes, please attached documentation. Refer to the link below: Commonwealth Department of the Environment - confirming Aboriginality or Torres Strait Islander heritage. <a href="https://www.environment.gov.au/system/files/pages/55c7c8cd-bebb-41f1-b86b-637b69b23682/files/confirmation-aboriginality-torres-strait-heritage.pdf">https://www.environment.gov.au/system/files/pages/55c7c8cd-bebb-41f1-b86b-637b69b23682/files/confirmation-aboriginality-torres-strait-heritage.pdf</a> |   |

| Student Medical Information   |  |
|---|--|
| Doctor's Name   | <input type="text"/>   |
| Doctor's Phone Number   | <input type="text"/>   |
| Student's Medicare Number   | <input type="text"/>   |
| Valid To: ____ / 20 ____  |  |
| Schools need to access information from health professionals about how to manage any allergy or medical condition experienced by the student. |  |
| Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="text"/>   |
| (Please specify any known allergies e.g. allergy to nuts, penicillin, insect stings, etc)   |  |
| Medical Conditions  |  |
| Please specify any medical conditions of which the school should be aware of including any medication taken by the student.                   |  |
| (e.g. Asthma, Diabetes, Vision, Hearing and /or prescribed medication)  |  |
| <input type="text"/>  |  |
| Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No   | Anaphylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Carries EpiPen or similar <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| If yes, parents/guardians are required to provide the School with an Asthma/Anaphylaxis plan prior to enrolment.                              |  |

|   |                      |                        |                      |
|---|----------------------|------------------------|----------------------|
| Dentist's name  | <input type="text"/> | Dentist's Phone Number | <input type="text"/> |
| <b>Dental Conditions</b><br><i>(Please specify any significant conditions the student has had that the School should be aware of)</i> |                      | <input type="text"/>   |                      |
| <b>Does your child have any dietary requirements?</b><br><i>(If yes, please provide details)</i>                                      |                      | <input type="text"/>   |                      |

| Immunisation Status   |   |  |
|---|---|--|
| (A copy of the Immunisation History Statement must be provided)   |   |  |
| <b>The Immunisation History Statement is available from:</b><br><a href="https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register/how-use-and-update-it/immunisation-history-statements">https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register/how-use-and-update-it/immunisation-history-statements</a> |   |  |
| <b>Select <u>ONE</u> of the following:</b>  |   |  |
| <input type="checkbox"/> Up to Date   | <input type="checkbox"/> Not up to Date                             | <input type="checkbox"/> Catchup Scheduled |
| <input type="checkbox"/> Medical Exemption  | <input type="checkbox"/> No Immunisation History Statement Provided |  |

| Additional Needs  |  |                     |  |
|---|--|---------------------|--|
| <b>Indicate whether the student applying for enrolment has any known or emerging Additional Needs:</b>  |  |                     |  |
| Physical Needs  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Needs       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioural Needs   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mental Health Needs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  | Educational Needs   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  | Other Special Needs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you have answered Yes to any of the above, please provide full details of those needs and any intervention/support that he/she may be currently receiving.</b> <i>(Supporting documentation must be provided)</i>   |  |                     |  |
| <input type="text"/>  |  |                     |  |
| <i><b>Please note:</b> If this application is successful it is an essential part of the enrolment contract that the school be advised promptly of any changes to the needs of the student over the course of his/her enrolment. The school will also regularly re-evaluate the student's needs in order to make all reasonable adjustments to best provide for his/her overall needs within the capacity of the school.</i> |  |                     |  |
| <i>This application gives the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.</i>   |  |                     |  |

| Health and Safety   |  |
|---|--|
| <b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, please provide a brief description:   | <input type="text"/>                                     |
| Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues.  |  |
| <input type="text"/>  |  |
| <b>Does your child have any history of violent behaviour?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>Does your child have any history of behavioural problems (including verbal bullying)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Has your child every been suspended or expelled from any previous school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| If yes, what was this for?  | <input type="text"/>                                     |
| Actual violence to any person?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Possession of a weapon or any item used to cause an injury  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Threats of violence?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intimidation, bullying or harassment of students or staff at school   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Illegal drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other <i>(Please specify)</i>   | <input type="text"/>                                     |

## Professional Services

Please tick any of these professional services you have accessed with your child

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Optometrist     | <input type="checkbox"/> Audiometry / Hearing Specialist |
| <input type="checkbox"/> Psychologist     | <input type="checkbox"/> Counsellor             | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Paediatrician                   |

## Sacramental Information *(If applicable)*

| Sacrament      | Date | Parish | Town/Suburb |
|----------------|------|--------|-------------|
| Baptism        |      |        |             |
| Confirmation   |      |        |             |
| Reconciliation |      |        |             |
| Communion      |      |        |             |

## Siblings

|                    |                      |      |                      |        |                      |
|--------------------|----------------------|------|----------------------|--------|----------------------|
| Number of children | <input type="text"/> | Male | <input type="text"/> | Female | <input type="text"/> |
|--------------------|----------------------|------|----------------------|--------|----------------------|

List all children in your family attending school or pre-school (from oldest to youngest), including applicant.

| Name | College/School/Preschool | Year/Grade<br>(current calendar year) | Date of birth |
|------|--------------------------|---------------------------------------|---------------|
|      |                          |                                       |               |
|      |                          |                                       |               |
|      |                          |                                       |               |
|      |                          |                                       |               |
|      |                          |                                       |               |

## Court Orders *(If applicable)*

Are there any current Court Orders relating to the student? ☐ Yes ☐ No

*(If yes, copies of these court orders e.g. AVO's, Family Court/Federal Magistrate Court Orders or other relevant court orders must be provided)*

Is there other information you wish the School to be aware of?

## Living Arrangements *(If applicable)*

Is the applicant part of a split family? ☐ Yes ☐ No

*(If yes, please provide details of shared access, living arrangements)*

Does the student live independently of the parent(s)/guardian(s)? ☐ Yes ☐ No

*(If yes, please provide details)*

## Parent/Guardian 1 Details

|   |  |                      |                      |                      |  |
|---|--|----------------------|----------------------|----------------------|--|
| Title   | <input type="text"/>                                     | Family Name          | <input type="text"/> | Given Name(s)        | <input type="text"/>                                     |
| Relationship to student   | <input type="text"/>                                     |                      |                      |                      |  |
| Address <i>(Leave blank if same as student)</i>   | <input type="text"/>                                     |                      |                      |                      |  |
| Mailing address <i>(If different to above)</i>  | <input type="text"/>                                     |                      |                      |                      |  |
| Does the student reside at this address?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                      |                      |  |
| Phone Work  | <input type="text"/>                                     |                      |                      | Mobile               | <input type="text"/>                                     |
| Do you want to receive SMS, email and postal mail for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(For alerts, last minute changes to excursions, emergencies, reports, etc)</i>  |  |                      |                      |                      |  |
| Email   | <input type="text"/>                                     |                      |                      |                      |  |
| Occupation  | <input type="text"/>                                     |                      |                      |                      |  |
| Employer  | <input type="text"/>                                     |                      |                      |                      |  |
| <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Widow <input type="checkbox"/> Widower |  |                      |                      |                      |  |
| Parish <i>(E.g. Sacred Heart Parish)</i>  | <input type="text"/>                                     |                      |                      |                      |  |
| Health Fund   | <input type="text"/>                                     |                      |                      | Fund Number          | <input type="text"/>                                     |
| Medicare Number   | <input type="text"/>                                     | <input type="text"/> | <input type="text"/> | <input type="text"/> | Valid to: <input type="text"/> / 20 <input type="text"/> |

## Parent/Guardian 1 Occupational Group

|  |   |   |   |                                  |
|--|---|---|---|----------------------------------|
| Government Requirement   | Please select from the list of parental occupational groups on page 15.<br><i>(Home duties/not been in paid employment for last 12 months – Group 8)</i>                              |   |   |                                  |
|  | Group 1 <input type="checkbox"/>  | Group 2 <input type="checkbox"/>  | Group 3 <input type="checkbox"/>                  | Group 4 <input type="checkbox"/> |
|  | Country of Birth, <input type="checkbox"/> Australia <input type="checkbox"/>   |   | <input type="text"/>                              |                                  |
|  | <i>(If not Australia, please specify)</i>   |   |   |                                  |
|  | Nationality   | <input type="text"/>  | Religion  | <input type="text"/>             |
|  | What is the highest year of primary or secondary school parent/guardian 1 has completed?<br><i>(For persons who have never attended school, mark "Year 9 or equivalent or below")</i> |   |   |                                  |
|  | <input type="checkbox"/> 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    |                                  |
|  | What is the level of the highest qualification parent/guardian 1 has completed? <i>(Select one box only)</i>  |   |   |                                  |
|  | <input type="checkbox"/> No, Non-School Qualification   |   | <input type="checkbox"/> Advanced Diploma/Diploma |                                  |
| <input type="checkbox"/> Certificate I to IV                           |   | <input type="checkbox"/> Bachelor Degree or above                       |   |                                  |
| Does this parent/guardian speak a language other than English at home? |   |   |   |                                  |
| <input type="checkbox"/> No, English only                              |   | <input type="checkbox"/> Yes, other please specify <input type="text"/> |   |                                  |



## Parent/Guardian 2 Details

|   |  |                      |                      |               |                                 |
|---|--|----------------------|----------------------|---------------|---------------------------------|
| Title   | <input type="text"/>                                     | Family Name          | <input type="text"/> | Given Name(s) | <input type="text"/>            |
| Relationship to student   | <input type="text"/>                                     |                      |                      |               |                                 |
| Address <i>(Leave blank if same as student)</i>   | <input type="text"/>                                     |                      |                      |               |                                 |
| Mailing address <i>(If different to above)</i>  | <input type="text"/>                                     |                      |                      |               |                                 |
| Does the student reside at this address?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                      |               |                                 |
| Phone Work  | <input type="text"/>                                     |                      |                      | Mobile        | <input type="text"/>            |
| Do you want to receive SMS, email and postal mail for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(For alerts, last minute changes to excursions, emergencies, reports, etc)</i>  |  |                      |                      |               |                                 |
| Email   | <input type="text"/>                                     |                      |                      |               |                                 |
| Occupation  | <input type="text"/>                                     |                      |                      |               |                                 |
| Employer  | <input type="text"/>                                     |                      |                      |               |                                 |
| <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Widow <input type="checkbox"/> Widower |  |                      |                      |               |                                 |
| Parish <i>(E.g. Sacred Heart Parish)</i>  | <input type="text"/>                                     |                      |                      |               |                                 |
| Health Fund   | <input type="text"/>                                     | Fund Number          | <input type="text"/> |               |                                 |
| Medicare Number   | <input type="text"/>                                     | <input type="text"/> | <input type="text"/> | Valid to:     | <input type="text"/> __ / 20 __ |

## Parent/Guardian 2 Occupational Group

|  |   |  |   |                                  |                                  |
|--|---|--|---|----------------------------------|----------------------------------|
| Government Requirement   | Please select from the list of parental occupational groups on page 15.<br><i>(Home duties/not been in paid employment for last 12 months – Group 8)</i>                              |  |   |                                  |                                  |
|  | Group 1 <input type="checkbox"/>  | Group 2 <input type="checkbox"/>                   | Group 3 <input type="checkbox"/>                  | Group 4 <input type="checkbox"/> | Group 8 <input type="checkbox"/> |
|  | Country of Birth,    Australia <input type="checkbox"/><br><i>(If not Australia, please specify)</i>  |  | <input type="text"/>                              |                                  |                                  |
|  | Nationality   | <input type="text"/>                               | Religion  | <input type="text"/>             |                                  |
|  | What is the highest year of primary or secondary school parent/guardian 2 has completed?<br><i>(For persons who have never attended school, mark "Year 9 or equivalent or below")</i> |  |   |                                  |                                  |
|  | <input type="checkbox"/> 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    |                                  |                                  |
|  | What is the level of the highest qualification parent/guardian 2 has completed? <i>(Select one box only)</i>  |  |   |                                  |                                  |
|  | <input type="checkbox"/> No, Non-School Qualification   |  | <input type="checkbox"/> Advanced Diploma/Diploma |                                  |                                  |
|  | <input type="checkbox"/> Certificate I to IV  |  | <input type="checkbox"/> Bachelor Degree or above |                                  |                                  |
| Does this parent/guardian speak a language other than English at home? |   |  |   |                                  |                                  |
| <input type="checkbox"/> No, English only                              |   | <input type="checkbox"/> Yes, other please specify |   | <input type="text"/>             |                                  |



## Fee Billing

**Note: If both parents reside at the same address and fees are to be in joint names please complete Fee Payer 1 ONLY, with both names in the 'Name of Fee Payer' field and 100% as the percentage.**

|                           |                        |                           |                        |
|---------------------------|------------------------|---------------------------|------------------------|
| Name of fee payer 1       | <input type="text"/>   | Name of fee payer 2       | <input type="text"/>   |
| Relationship to student   | <input type="text"/>   | Relationship to student   | <input type="text"/>   |
| Percentage                | <input type="text"/> % | Percentage                | <input type="text"/> % |
| Address                   | <input type="text"/>   | Address                   | <input type="text"/>   |
| Phone Number              | <input type="text"/>   | Phone Number              | <input type="text"/>   |
| Email address for billing | <input type="text"/>   | Email address for billing | <input type="text"/>   |

Are there any outstanding fees owing at your current or previous School? *(If yes please provide details)*

Does your family have special fee paying arrangements in place at your current School? *(If yes please provide details)*

## Step-Parent(s) Details *(If applicable and where the student lives between two homes)*

|                         |                      |                         |                      |
|-------------------------|----------------------|-------------------------|----------------------|
| Name                    | <input type="text"/> | Name                    | <input type="text"/> |
| Relationship to student | <input type="text"/> | Relationship to student | <input type="text"/> |
| Address                 | <input type="text"/> | Address                 | <input type="text"/> |
| Phone Home              | <input type="text"/> | Phone Home              | <input type="text"/> |
| Phone Work              | <input type="text"/> | Phone Work              | <input type="text"/> |
| Mobile                  | <input type="text"/> | Mobile                  | <input type="text"/> |

## Emergency Contact Information *(To be used in the event of an emergency if parent(s)/guardian(s) cannot be contacted, e.g. Grandparents or friend)*

| Contact 1               | Contact 2            |
|-------------------------|----------------------|
| Name                    | <input type="text"/> |
| Relationship to student | <input type="text"/> |
| Address                 | <input type="text"/> |
| Phone Home              | <input type="text"/> |
| Phone Work              | <input type="text"/> |
| Mobile                  | <input type="text"/> |

### Alumni (optional)

Please list any family members who are ex-students of the School

| Name                 | Relationship to student | House                | Enrolment year/s     |
|----------------------|-------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> |

### Special Circumstances (If applicable)

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (e.g. living apart from parental supervision, out of home care arranged by the State) ☐ Yes ☐ No **If Yes, please provide a brief description of the circumstances.**

### OFFICE USE ONLY

|                       |                      |                     |                      |                      |                      |
|-----------------------|----------------------|---------------------|----------------------|----------------------|----------------------|
| Family code           | <input type="text"/> | Student No          | <input type="text"/> | Certificates sighted | <input type="text"/> |
| Application rec'd     | <input type="text"/> | Interview date/time | <input type="text"/> | Enrolment date       | <input type="text"/> |
| Offer sent            | <input type="text"/> | Offer accepted      | <input type="text"/> | Enrolment fee paid   | <input type="text"/> |
| Birth position        | <input type="text"/> | Religion            | <input type="text"/> | Residency status     | <input type="text"/> |
| Roll Class/Home group | <input type="text"/> | House               | <input type="text"/> | Year level           | <input type="text"/> |

### For students who are not Australian citizens

|                         |                      |                  |                      |               |                      |
|-------------------------|----------------------|------------------|----------------------|---------------|----------------------|
| Passport or travel docs | <input type="text"/> | Country of issue | <input type="text"/> | Visa Subclass | <input type="text"/> |
|-------------------------|----------------------|------------------|----------------------|---------------|----------------------|

## PERMISSIONS AND CONSENT

*In dealing with this application, it may be necessary for St John's, or any part of the Catholic Schools Office, Lismore to look at documents held by previous schools, health care professionals or other government agencies. This information will be collected, used and stored consistent with the Privacy Act 1988, Health Records and Information Privacy Act 2002 & Privacy Amendment (Enhancing Privacy Protection) Act 2012. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.*

*In accordance with the Enrolment Guidelines and Support Procedures of the Catholic Schools Office and the Catholic Schools Office Privacy Policy, permission must be given by the parent/s or guardian/s of a student to allow the principal or school representative to contact, collect and record any relevant information (either orally or via documentary material or report) about the child. To comply with the privacy act 2000 and current NSW law I understand that my child's records will be stored in a confidential file, for a period of seven years after he/she has left school. Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012*

|                     |  |                   |  |
|---------------------|--|-------------------|--|
| <b>Student Name</b> |  | <b>Year/Level</b> |  |
|---------------------|--|-------------------|--|

### PERMISSION TO ACCESS DOCUMENTS ☐ Yes ☐ No

1. I/We consent to the school and the Catholic Schools Office gaining access to relevant information about the student to be enrolled that was supplied with the application, held by previous schools, health care professionals or other government agencies.
2. I/We consent to the school and the Catholic Schools Office approaching these bodies directly. The information they request may include information related to any of the questions I/We have answered in the application.
3. I/We consent to the release of any relevant information concerning my child to appropriate professionals (medical, therapy or education).
4. I/We give permission to teachers and other staff who may be concerned with my child's education, development or welfare to attend case conferences or meetings with Catholic Schools Office Staff and Allied Health Professionals and to share information about my child.

### PREVIOUS SCHOOL RECORDS ☐ Yes ☐ No

I/We give permission to the School to access relevant educational and pastoral records held by the previous School/Preschool.

### PHOTOGRAPH/ VIDEO PERMISSIONS ☐ Yes ☐ No

1. I/We give permission to the School, Catholic Schools Office, Diocese of Lismore Catholic Schools Limited and Catholic Schools NSW to publish any school related material by or about my child, including photographs and or videos in print and online promotional, marketing, media and educational material (e.g. newsletters, websites, social media, newspapers and publications) without acknowledgement, remuneration or compensation.
2. I/We understand and agree that if I/We do not wish to consent to my/our child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this permission, it is my responsibility to notify the School in writing.

### FIRST AID AND MEDICAL TREATMENT ☐ Yes ☐ No

1. I/We give permission to the School to administer minor and basic first aid if required.
2. I/We give permission to authorise the School staff to seek medical attention for my child should a medical emergency situation arise. This may include transport to the nearest hospital, medical centre or doctor by ambulance or private vehicle.
3. I/We agree to meet all costs for emergency medical treatment.

### Definitions

1. "Agreement" means a Student Enrolment Contract.
2. "School" and "College" mean a Diocese of Lismore Catholic systemic school.
3. "Fees" includes tuition, special or other fees.
4. "Principal" includes any designated appointee who is for the time being carrying out the duties or exercising the authority of the Principal.
5. "Parent/Guardian" is the parent(s) and/or legal guardian(s) named in the application.
6. "Rules" includes regulations and policies designated by the Principal from time to time.

### Parental/Guardian Responsibilities

- 1.1 The parent/guardian accepts that he/she is primarily responsible for the conduct, attitudes and general education of the student while the student is enrolled at a Catholic School/College in the Diocese of Lismore.
- 1.2 The parent/guardian agrees to support the Catholic ethos of the School in the education of the student.
- 1.3 The parent/guardian agrees not to engage in social media or allow children to engage in social media that disparages or brings the School or its employees into disrepute. Further the parent/guardian acknowledges the right of the School to suspend or terminate an enrolment in the event that social media statements are made that defame or disparage the School, employees, the Diocese of Lismore Catholic Schools Limited or the Roman Catholic Church.
- 1.4 The parent/guardian understands that photographs containing other student(s) should not be posted online without the express consent of the other student(s) parent/guardian.
- 1.5 The parent/guardian agrees to show proper care and regard for School property and the property of others.
- 1.6 The parent/guardian agrees to abide to all work, health and safety obligations.
- 1.7 The parent/guardian agrees to abide by the rules and regulations of the School including those pertaining to the program of studies, sport, pastoral care, School uniform, discipline/welfare and the general operation of the School. The parent/guardian further agrees that he/she will undertake to be conversant with the policies, regulations and dress codes in place at the School and that all rules may be altered or added to at any time by announcement at School assembly, in the newsletter, or by publication on the School website.
- 1.8 The parent/guardian agrees to raise any concerns about the School in accordance with the School and Catholic School Office policy and procedure. The parent/guardian further agrees to not make comments about the School or any staff or community member which would bring the School, its staff or community reputation into disrepute or defame or humiliate individual staff members.
- 1.9 The parent/guardian agrees to refrain from actions and behaviours that constitute bullying, harassment, vilification and discrimination.
- 1.10 The parent/guardian agrees to refrain from offensive, insulting or derogatory language or conduct.
- 1.11 The parent/guardian agrees to appropriate and lawful behaviour and acceptable standards of dress on School grounds or at authorised School events.
- 1.12 The parent/guardian agrees not to possess, supply, distribute or use alcohol or drugs (illicit and unsanctioned substances) or drug-related equipment while on School grounds or at authorised School events and agrees to support the School in the promotion of a safe drug free environment.
- 1.13 The parent/guardian agrees to provide the School with all information of a medical, psychological or social nature which may be relevant to the student's welfare and education and that this information is kept up to date throughout the period of enrolment.
- 1.14 The parent/guardian will support the pedagogical methodology, including the use of technology in the delivery of the curriculum and other educational outcomes.

### Discipline

- 2.1 The Principal is authorised to initiate whatever reasonable disciplinary measures the Principal deems necessary in relation to the conduct of the student or to suspend the student as a result of any act, omission or behaviour, judged to be sufficiently serious, or to terminate this agreement without notice. This will apply to behaviour on campus, at School events and anywhere else where the student's behaviour reflects adversely on the School.
- 2.2 The parent/guardian indemnifies the School against any loss or damage caused by any failure of the student to comply with the rules.
- 2.3 The School may search lockers, bags and property of the student where it is reasonable and necessary for the School to do so or as part of a search of a place where the School conducts any activities.
- 2.4 The School may confiscate forbidden or dangerous property, including but not limited to illegal substances, alcohol, cigarettes, unauthorised prescription drugs, electronic devices, weapons and other inappropriate material.

### Student Activities

- 3.1 The parent/guardian agrees to support the child's participation in the religious life of the School (e.g. School liturgies, retreat programs) and that the student will participate fully in academic, sporting, cultural, pastoral and community activities to the required levels, as designated by the Principal from time to time.

- 3.2 The parent/guardian consents to the student attending and participating in excursions and activities during and out of School hours as required, in accordance with the curriculum. The Parent will ensure that the student is available, if requested, to attend certain events, e.g. swimming, athletics or cross country carnivals. The parent consents to the School transporting the student off-site as necessary for any School related activity.

#### Risk and Insurance

- 4.1 The School accepts no liability for the loss of personal effects while the student is on site or participating in activities off site.
- 4.2 The School does not insure the student's property of any description. It is the responsibility of the parent to take action in this respect if the parent considers insurance cover to be desirable.
- 4.3 The School provides limited personal accident insurance for the student (through Catholic Church Insurance CCI) and recommends that where further cover is required, the parent take out such cover.
- 4.4 The parent/guardian will be responsible for all breakages and damage to School property caused by the student

#### Fees

- 5.1 The parent/guardian agrees to abide by the terms of any schedule of fees and charges and conditions of payment or fee payment policy issued by the School and will pay punctually, as they fall due, all fees and expenses.
- 5.2 Where more than one parent/guardian is a party to this agreement, each parent/guardian is aware of the fee billing arrangements nominated in the application and that the parties nominated are liable for payment of all fees and charges levied by the School from time to time.
- 5.3 Appropriate recovery action may commence after default of fee payment.

#### Privacy

- 6.1 The parent agrees to the Standard Collection Statement as contained in the Enrolment Application and agrees to its terms including alterations made from time to time.
- 6.2 The Diocesan Privacy Policy is available on the Catholic Schools Office website.

#### Miscellaneous

- 7.1 If the student is unable to attend school through illness or other reasonable excuse, the parent/guardian will inform the School through the appropriate means on the morning of the absence. The parent/guardian will notify the School in writing of any extended absences for whatever reason. The School reserves the right to mark a student as absent – unaccepted where the reason for the absence is deemed inappropriate.
- 7.2 If any medical or other emergency arises in which the Principal considers it impossible or impractical to communicate with the parents/guardians/emergency contacts of the student, the Principal or his designated appointee is authorised to act as he/she may think necessary or expedient having regard to the best interests of the student and the student's health, safety and protection.
- 7.3 The School will promote the best interests of the student at all times and will remain impartial in the event of any matrimonial or custodial disputes. Generally, the School has no obligation and is not responsible for enforcing a parenting or other applicable Court Order. For example, monitor which parent/guardian is scheduled to collect a child after the conclusion of school. The parent/guardian will refrain from asking the School to intervene or be involved in any parenting proceedings.
- 7.4 Where more than one parent/guardian is a party to this agreement the School may act on the instruction of the residential parent/guardian at the time unless a valid order of the Court states otherwise.
- 7.5 The School reserves the right in its sole subjective discretion to place the student in a class which it believes is appropriate.
- 7.6 The Principal and the Catholic Schools Office each has the right at their discretion to close the School during any emergency which affects the School, during such time and in such circumstances as the Principal and Catholic Schools Office think fit without creating any right to a refund of any fees paid or payable.
- 7.7 The Principal and Catholic Schools Office has complete discretion to decline to continue the enrolment of the student at the commencement of any school year or following a serious incident.
- 7.8 The School may survey and interview students and parents/guardians for the purpose of its own research in accordance with the Standard Collection Notice.

These terms and conditions are subject to alteration from time to time. Any alterations will be notified to parents/guardians in writing. Continuing enrolment of a student at the School following the receipt of such notice shall be deemed to constitute acceptance of the revised terms and conditions. Signing the parent agreement and declaration (on the following page) constitutes agreement with the terms and conditions above.

## PARENT ENROLMENT AGREEMENT AND DECLARATION

Agreement between the Diocese of Lismore Catholic Schools Limited (DLCSL) and parent/s/guardian/s of:

*Please insert student name*

### Agreement and Declaration:

1. I /We acknowledge and understand that this Agreement is in force ONLY after I/we formally accept an offer of enrolment from the School.
2. I/We have read all of the information in the enrolment package.
3. I /We have read and agree to each of the Terms and Conditions of student enrolment as outlined in this application. Failure to comply may result in the termination of the student/family enrolment.
4. I/We have indicated our permissions/consent for our child in relation to various School matters and agree to indicate to the School in writing if these circumstances change.
5. I/We understand and support the Catholic ethos of the School and agree to abide by the rules and regulations of the School including those pertaining to the program of studies, sport, pastoral care, School uniform, discipline/welfare and the general operation of the School.
6. I/We undertake not to engage in social media or allow our children to engage in social media that disparages or brings the School or its employees into disrepute. Furthermore, I / we acknowledge the right of the School to suspend or terminate my/our child(ren)'s enrolment from the School in the event that social media statements are made that defame or disparage the School employees, the Diocese of Lismore Catholic Schools Limited (DLCSL) or the Roman Catholic Church.
7. I/We agree to honour the financial commitments required by the School as per any policy, schedule of fees and charges and/or conditions of payment.
8. I/We authorise the School to seek confirmation from any nominated third party fee payer that they are liable for the percentage of fees payable as outlined in the application.
9. I/We understand that 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.
10. I/We agree to support our child's participation in the religious, academic, sporting, cultural and pastoral life of the School.
11. I/We agree to the School's pedagogical methodology, including the use of technology in the delivery of curriculum and other educational outcomes.
12. I/We agree, if my/our child should require urgent medical treatment, the School staff are authorised to seek medical attention. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle and I/we agree to meet all costs.
13. I/We have read the Standard Collection Notice about the collection and management of the personal information.
14. I/We declare that the information provided in the Enrolment Application is, to the best of my/our knowledge and belief, accurate and complete. I/we recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed, amended or revoked.
15. I/We understand that an offer of enrolment from any School or College in the Diocese of Lismore does not constitute acceptance into any other primary or secondary Catholic School within the Diocese.

School Name:

#### Parent/Guardian 1

Name:

Signature:

Date:

#### Parent/Guardian 2

Name:

Signature:

Date:

## PARENTAL OCCUPATION DEFINITION

| Government Requirement | Parental Occupation is defined as the main work undertaken by the parent/guardian.<br>If a parent/guardian has more than one job, report their main job.  |
|------------------------|---|
| <b>Group 8</b>         | Home duties<br>If the person has not been in paid work in the last 12 months.<br>If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.   |
| <b>Group 1</b>         | Senior management in large business organisation, government administration and defence, and qualified professionals<br>Senior executive/manager/department head in industry, commerce, media or other large organisation.<br>Public Service Manager (Section head or above), regional director, health/education/police/fire services administrator.<br>Other Administrator school principal, faculty head/dean, library/museum/gallery director, research facility director.<br>Defence Forces Commissioned Officer.<br>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.<br>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.<br>Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer.<br>Air/Sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller.  |
| <b>Group 2</b>         | Other business managers, arts/media/sportspersons and associate professionals<br>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.<br>Specialist manager finance/engineering/production/personnel/industrial relations/sales/marketing.<br>Financial services manager bank branch manager, finance/investment/insurance broker, credit/loans officer.<br>Retail Sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency.<br>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official.<br>Associate professionals generally have diploma/technical qualifications and support managers and professionals.<br>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.<br>Business/administration recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager.<br>Defence Forces senior Non-Commissioned Officer.  |
| <b>Group 3</b>         | Tradesmen/women, clerks and skilled office, sales and service staff<br>Tradesmen/women generally have completed a 4year Trade Certificate, usually by apprenticeship.<br>All tradesmen/women are included in this group.<br>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, and admissions clerk.<br>Skilled office, sales and service staff:<br>Office secretary, personal assistant, desktop publishing operator, switchboard operator.<br>Sales company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher.<br>Service aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel Agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor.   |
| <b>Group 4</b>         | Machine operators, hospitality staff, assistants, labourers and related workers<br>Drivers, mobile plant, production/processing machinery and other machinery operators.<br>Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper.<br>Office Assistants, sales assistants and other assistants:<br>Office typist, word processing/data entry/business machine operator, receptionist, office assistant<br>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.<br>Assistant/aide trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant.<br>Labourers and related workers.<br>Defence Forces ranks below senior NCO not included above.<br>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.<br>Other worker labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor. |



## STANDARD COLLECTION NOTICE

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| 1  | The school (the Diocese both independently and through its schools) collects personal information, including sensitive information about students and parents or guardians 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 provide schooling to the student and to enable them to take part in all the activities of the school.  |
| 2  | Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.  |
| 3  | Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts and Public Health and Child Protection Laws.  |
| 4  | Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.  |
| 5  | If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.  |
| 6  | The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, the Catholic Schools Office, the Catholic Education Commission of New South Wales, your local diocese and the parish, schools within other dioceses/other dioceses, medical practitioners, and people providing services to the school, including specialist visiting teachers, (sports) coaches, volunteers and counsellors.   |
| 7  | The school from time to time may also collect and disclose personal and sensitive information about current or prospective students to others if it is required to satisfy the school's legal obligations under Part 5A of the <i>Education Act 1990</i> (NSW).  |
| 8  | The school may disclose and/or receive relevant personal information to/from debt collection agents and credit reporting agencies.   |
| 9  | Personal information collected from students is regularly disclosed to their parents or guardians. On occasions personal information disclosed to a school counsellor may be disclosed to others who have a legal obligation to receive it without betraying a confidence. However, there will be some occasions where it is necessary to directly pass on material which relates to the wellbeing of a student of the school  |
| 10 | Schools may also disclose information under public health and child protection laws or in circumstances where there is a serious threat to an individual's life, health or safety.   |
| 11 | The school may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.   |
| 12 | Parents may seek access to personal information collected about them and their son/daughter by contacting the school principal. Students 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 student or where students have provided information in confidence.   |
| 13 | The Dioceses' Privacy Policy also sets out how you may complain about a breach of privacy and how the school will deal with such a complaint.  |
| 14 | The school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.   |
| 15 | On occasions information such as academic and sporting achievements, student activities and similar news is published in school newsletters and magazines and on the school's intranet. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines and on our intranet. The school will obtain separate permissions from the students' parents or guardians prior to publication if we would like to include photographs or other identifying material in promotional material for the school or otherwise make it available to the public such as the internet. |
| 16 | If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.   |