



APPLICATION FOR ENROLMENT IN SCHOOLS OF THE BATHURST DIOCESE



St Joseph's Primary School
 95 Williewa Street, Portland NSW 2847
 Ph: (02) 6355 5111 Fax: (02) 6355 5199
 Email: stjosephportland@bth.catholic.edu.au

STUDENT DETAILS
(original documents to be sighted and copies to be retained by school)

STUDENT NAME			
Surname:	Entry Year (eg 2009)	Entry Level/Grade (eg Yr 3)	
First Name/s:			
Preferred first name:	Number of children in family:	Position in family:	
Date of Birth:	Copy of birth Certificate attached: <input type="checkbox"/>	Religion:	
Sex:	Male <input type="checkbox"/>	Female	<input type="checkbox"/>

HOME ADDRESS OF STUDENT

No. and Street Name:		
Suburb:	Home Ph:	
Postcode:	Email:	Postal Address:

EMERGENCY CONTACT INFORMATION
 (to be used in the event of an emergency if parents cannot be contacted, eg grandparent or friend)

Contact 1	Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Ph: Mobile:	Ph: Mobile:

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:	Copy attached: <input type="checkbox"/>
Reconciliation	Date:	Parish :	
Communion	Date:	Parish :	
Confirmation	Date:	Parish :	
Current Parish:			

KINDERGARTEN ENROLMENTS ONLY (IF APPLICABLE)

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"/>	Extent of prior to school care
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 fulltime each week <input type="checkbox"/>
Playgroup <input type="checkbox"/>	
.....	

STUDENT DETAILS	Student's surname and first name
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PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION

Name of previous school / pre-school (Include town name): _____

Reasons for choosing this Catholic School for enrolment? _____

I / We give permission for school to contact previous school or pre-school Yes No

NATIONALITY

Government requirement	Nationality
In which country was the student born?	
Australia <input type="checkbox"/> Other – please specify	
Government requirement	Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes)
No <input type="checkbox"/>	
Yes, Aboriginal <input type="checkbox"/>	
Yes, Torres Strait Islander <input type="checkbox"/>	
Both, Aboriginal and Torres Strait Islander <input type="checkbox"/>	

RESIDENTIAL STATUS - please indicate below:
(original documents to be sighted and copies to be retained by school)

Australian citizen (Naturalisation Certificate or Australian passport if Country of Birth if not Australia)

Permanent resident (passport if Country of Birth is not Australia)

Temporary resident (passport and visa) Visa Attached:

Foreign National without residential status/Overseas Student (passport and visa) Visa Attached:

Other.... Please specify

Government requirement	Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)			
		<i>student</i>	<i>mother/guardian</i>	<i>father/guardian</i>
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify

MEDICAL INFORMATION

Doctor's Name: _____

No. and Street Name: _____

Suburb: _____ Postcode: _____ Phone: _____

Medicare No: _____ Private Health Fund: _____

Medical Conditions: *Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student.*

.....

.....

Allergies: *Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings or any medication including specific details:*

.....

.....

Has the student been diagnosed as being at risk of anaphylaxis? Yes No

If yes, does the student have an EpiPen? Yes No

STUDENT DETAILS

Immunisation: *Please indicate if the student has been immunised against the following:*

	<i>please circle</i>	Date of Immunisation	Copy Attached
Hepatitis B	Yes / No	<input type="checkbox"/>
Diphtheria-Tetanus-Whooping Cough	Yes / No	<input type="checkbox"/>
<i>Haemophilus Influenzae</i> type b (Hib)	Yes / No	<input type="checkbox"/>
Polio	Yes / No	<input type="checkbox"/>
Pneumococcal disease	Yes / No	<input type="checkbox"/>
Rotavirus	Yes / No	<input type="checkbox"/>
Measles-Mumps-Rubella	Yes / No	<input type="checkbox"/>
Meningococcal C disease	Yes / No	<input type="checkbox"/>
Chickenpox	Yes / No	<input type="checkbox"/>
Human Papillomavirus (HPV) (12–18 yrs)	Yes / No	<input type="checkbox"/>

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.

SPECIAL NEEDS

Does your child have and has been assessed for:

- | | | |
|---|--|---|
| 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 <input type="checkbox"/> | ESL <input type="checkbox"/> |
| 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"/> | aide time <input type="checkbox"/> |
| modifications to equipment, furniture and learning spaces <input type="checkbox"/> | personal carer support <input type="checkbox"/> | |
| other (please specify)..... | | |

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

.....

Please include CEO transition form if applicable (being currently printed):

Special circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? Yes No If yes please provide a brief description of the circumstances

.....

STUDENT DETAILS**HEALTH AND SAFETY****(CATHOLIC EDUCATION 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 No
- Possession of a weapon or any item used to cause an injury? Yes No
- Intimidation, bullying or harassment of students or staff at a school? Yes No
- Threats of violence? Yes No
- Illegal drugs? Yes No
- Other (please specify)

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

FAMILY DETAILS**FAMILY MAILING DETAILS**

Leave address blank if same as student home address

FAMILY BILLING DETAILS

Leave address blank if same as student home address

School mail to be sent to:

Name:

Address:

Postcode:

School accounts to be sent to:

Name:

Address:

Postcode:

MOTHER / GUARDIAN (Has custody of child Yes: No:)

Surname: Title: (eg Mrs/Ms/Dr) First Name:

Marital Status: Married Divorced Single Widowed

Address: (leave blank if same as student address)

Home Ph: Business Ph: Mobile: Email:

Occupation: **Government requirement** What is the occupation group?
(select from list of parental occupation groups on page 6)

Religion: Nationality:

Country of Birth: Australia Other please specify:

Government requirement **What is the highest year of primary or secondary school the mother/guardian has completed:**
(for persons who have never attended school, mark 'Year 9 or equivalent or below')

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

Government requirement **What is the level of the highest qualification the mother/guardian has completed:**
(mark one box only')

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

FAMILY DETAILS

FATHER / GUARDIAN (Has custody of child Yes: <input type="checkbox"/> No: <input type="checkbox"/>)			
Surname:		Title: (eg Mr/Dr)	First Name:
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>			
Address: (leave blank if same as student address)			
Home Ph:	Business Ph:	Mobile:	Email:
Occupation:		Government requirement	What is the occupation group? <input type="checkbox"/> (select from list of parental occupation groups on page 6)
Religion:		Nationality:	
Country of Birth:	Australia <input type="checkbox"/>	Other <input type="checkbox"/>	please specify
Government requirement	What is the highest year of primary or secondary school the father/guardian has completed: (for persons who have never attended school, mark 'Year 9 or equivalent or below')		
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	What is the level of the highest qualification the father/guardian has completed: (mark one box only)		
No non-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <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)

COURT ORDERS (if applicable)	
Are there any current court orders relating to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, copies of current court orders eg AVOs, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.</i>	
Is there other information you wish the school to be aware of?	
.....	
.....	
.....	

Please Note: If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

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

AGREEMENT
Please tick your choices

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)
 - Parish Priest Reference Form if applicable (unless priest has indicated he will forward form direct to school)

*** PLEASE NOTE: ORIGINALS WILL NEED TO 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 (attached).
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, eg 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 **give** permission for my/our child's photograph to be used in publications eg school website, newspaper publications. 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.
8. 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.
9. I / We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.
10. 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.

I declare that the information provided in this application to enrol is, to the best of my knowledge and belief, accurate and complete

Signature: _____
Father / guardian

Signature: _____
Mother / guardian

Date: _____

Date: _____

Please Note: Acceptance of this application for enrolment is subject to the approval of the school's Principal.

STANDARD COLLECTION NOTICE

1. The school and 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. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about students is sensitive information* within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students 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 –
 - Government departments
 - Catholic Education Office
 - Catholic Education Commission
 - Diocese of Bathurst
 - Systemic Schools Bathurst Diocese
 - Medical practitioners
 - People providing services to the School, including specialist visiting teachers, (sports) coaches, volunteers and counsellors.
6. 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.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in School newsletters, magazines and on our website.
8. 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 students, or where students have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

***Sensitive information is described in the Guidelines to the National Privacy Principles as**

Information or opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preferences or practices, criminal record or health information about an individual.

Office Use Only:

Date received: _____ Interview date: _____ Register number: _____

Date commenced: _____ Class: _____ Sports house allocated: _____

