

APPLICATION FOR ENROLMENT



Full Name of Student: _____

HENSCHKE PRIMARY SCHOOL

**105 FERNLEIGH ROAD
WAGGA WAGGA NSW 2650**

PO BOX 7366
MOUNT AUSTIN 2650
Email: hp-info@ww.catholic.edu.au

Phone: 02 6925 1870
Fax: 02 6925 4824
www.hpww.catholic.edu.au

Office Use Only

Family Code:	Student ID No:	Admission Date	Class
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APPLICATION TO ENROL IN A CATHOLIC SCHOOL

DIOCESE OF WAGGA WAGGA

Standard Collection Notice

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil'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 pupil 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 pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, [Catholic Schools Office, the Catholic Education Commission, the School's local diocese and the parish. Schools within other Dioceses]* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. The School may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.**
8. The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
10. 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.
11. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines [and on our website]. Photographs of pupil 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 pupils' parent or guardian 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 on the internet.
12. We may include pupils' and pupils' parents' contact details in a class list and School directory.+
13. 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 this information to third parties.

** If applicable

+ Schools may wish to seek specific consent to publish contact details in class lists and School directories

APPLICATION FOR ENROLMENT

STUDENT DETAILS	
First Name	Commencement Year or Date
Middle Name	First Australian School Year (eg: 2001):
Surname as per Birth Certificate	Year (eg: Kinder, Year 3,)
Preferred First Name	Previous School Year Level
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Preschool
Date of Birth	Religion

FAMILY NAME/HOME ADDRESS OF STUDENT
Family Surname: _____
Address of Student No. and Street Name: _____ Emergency GEO Coding: _____
Suburb and Postcode: _____ Home Phone: _____

FAMILY MAILING DETAILS	FAMILY BILLING DETAILS
<i>Leave address blank if same as student home address</i>	<i>Leave address blank if same as student home address</i>
School mail to be sent to:	School accounts to be sent to:
Name: _____	Name: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____

KINDERGARTEN ENROLMENTS ONLY	
What type(s) of care outside of home did this student have prior to enrolling at school? (Choose the type accessed in the year prior to school.)	
Long day care <input type="checkbox"/> Family day care <input type="checkbox"/> Occasional care <input type="checkbox"/> Pre-school <input type="checkbox"/> Playgroup <input type="checkbox"/> Other care (please specify)	Extent of prior to school care Up to 6 hours per week <input type="checkbox"/> Up to 12 hours per week <input type="checkbox"/> 12 hours to fulltime each week <input type="checkbox"/> Write the name of the pre-school or long day care or other prior to school service used <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION

Name of previous school / pre-school:

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

INDIGENOUS IDENTIFIER

Government requirement	Is the student of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes)</i>
No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>

STUDENT'S RESIDENCY STATUS – please indicate below:
(original documents to be sighted and copies to be retained by school)

What is the Student's Residency Status? (Evidence must be provided)
Please note: Any change in Visa/Residency Status must be advised

Australian Citizen New Zealand Citizen Norfolk Islander Permanent Resident
 Temporary Visa Holder
 Bridging Visa (BRVS) Tourist or Visitor Visa (RSVS) Full Fee Paying Overseas Student (OS)

For Australian Born Citizens , if the Student was living overseas for two or more years, on what date did the student return to Australia?	
For Students Born Overseas , on what date did the student last arrive in Australia ?	

If the student is a Permanent or Temporary Visa Holder please provide the following information :

Current Visa Sub Class :	Visa Number :	Visa Expiry Date :
Passport Number :		

Please Note: 572, 573 or 576 Visas cannot be accepted for enrolment

Government requirement	Does the student speak a language other than English at home?
No English only <input type="checkbox"/>	Yes <input type="checkbox"/> If Yes, what languages other than English are spoken at home
	Main Language Spoken at Home:
	Other Language Spoken at Home:

PREVIOUS SCHOOLS

Please provide details of any school where the student has previously been enrolled (NSW, Interstate or Overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of School(s) attended (start with most recent)	Location of School(s)	Dates of Attendance
		From: To:
		From: To:
		From: To:
If this is not the Student's first enrolment at an Australian school, what was the Student's first date of enrolment at an Australian school?		

MODE OF TRANSPORT

Car Car / Bus Bus Bicycle Walk

MEDICAL DETAILS – Government Requirement

Doctor/Medical Centre Name	Phone Number
Doctor's Address	
Student's Medicare Number	Expiry Date

Government requirement	<p>Medical Conditions: <i>Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student (action plan to be attached):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Allergies: <i>Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details (action plan to be attached):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Has the student been diagnosed as being at risk of anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does the student have an EpiPen? Yes <input type="checkbox"/> No <input type="checkbox"/> (action plan to be attached)</p> <p>Date of Last Tetanus Injection/Booster _____</p>
Government requirement	<p>Immunisation: <i>Please indicate if the student has been immunised</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the Immunisation Certificate been submitted? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

ADDITIONAL NEEDS

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

<p>Please indicate whether the student applying for enrolment has any known or suspected additional needs (please tick <input checked="" type="checkbox"/> Yes or No for each of the following)</p>																	
Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Needs (vision and/or hearing impairment) Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other additional needs Yes <input type="checkbox"/> No <input type="checkbox"/>												
<p>If you have answered Yes to any of the above, please complete the section below: (Supporting documentation <u>MUST</u> be provided)</p> <p>Is your child a young person with: (please tick as applicable)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> autism spectrum disorders</td> <td><input type="checkbox"/> acquired brain injury</td> <td><input type="checkbox"/> behaviour disorders</td> <td><input type="checkbox"/> difficulties in the basic areas of learning</td> </tr> <tr> <td><input type="checkbox"/> a hearing impairment</td> <td><input type="checkbox"/> an intellectual disability</td> <td><input type="checkbox"/> special abilities</td> <td><input type="checkbox"/> a language disorder</td> </tr> <tr> <td><input type="checkbox"/> mental health issues</td> <td><input type="checkbox"/> a physical disability</td> <td><input type="checkbox"/> vision impairment</td> <td></td> </tr> </table> <p>Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>						<input type="checkbox"/> autism spectrum disorders	<input type="checkbox"/> acquired brain injury	<input type="checkbox"/> behaviour disorders	<input type="checkbox"/> difficulties in the basic areas of learning	<input type="checkbox"/> a hearing impairment	<input type="checkbox"/> an intellectual disability	<input type="checkbox"/> special abilities	<input type="checkbox"/> a language disorder	<input type="checkbox"/> mental health issues	<input type="checkbox"/> a physical disability	<input type="checkbox"/> vision impairment	
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<input type="checkbox"/> mental health issues	<input type="checkbox"/> a physical disability	<input type="checkbox"/> vision impairment															
<p>Legislation and CSO policy recognise that learning adjustments may be required for students with additional needs. These are provided through alternative teaching and learning strategies and special provisions including oral interpreting, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support</p>																	

ADDITIONAL NEEDS

What was provided for your child in his/her previous school/pre-school/educational setting? (please tick as applicable)

- access to technology
 alternative teaching and learning strategies
 Braille/Large Print
 English language support
 modification to equipment, furniture and learning spaces
 personal carer support
 a reader or scribe
 special provisions for assessments
 oral interpreting
 early intervention services eg: speech therapy, occupational therapy, other therapies

Other (please specify):

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

What may be required for your child in this school? (please tick as applicable)

- access to technology
 alternative teaching and learning strategies
 Braille/Large Print
 English language support
 modification to equipment, furniture and learning spaces
 personal carer support
 a reader or scribe
 special provisions for assessments
 oral interpreting

Other (please specify):

You must also advise the school of any new conditions or needs as soon as you are aware of them.

STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

The school has a legal responsibility under the relevant section of the Education Act 1990 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan, risk assessment and risk management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safety support students in our school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school? **Yes** **No**

If yes please complete the information below and provide a brief description of 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.

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

Does your child have any past history of violent behaviour, including self-harm? Yes No

If yes please provide details (including any Apprehended Violence Orders issued against the student)

STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

Has your child ever been suspended, transferred or excluded from any previous school, pre-school or other educational institution?

Yes No

If yes was this for: (please tick)

- Actual Violence to any person?
Yes No
- Possession of a weapon or any item to cause harm or injury?
Yes No
- Threats of violence or intimidation of staff, students, or others at the school?
Yes No
- Illegal drugs?
Yes No

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?

Yes No

If yes, please provide a brief outline of these incidents:

If the student is enrolled it is essential that the school has all information about the needs of a student in order to make REASONABLE ADJUSTMENTS to meet those needs. The school MUST be advised promptly of any changes to the needs of the student.

Special Assessments

	Yes/No	Dates (approx)	Name of Service Provider	Reason for attending service
Pediatrician				
Occupational Therapy				
Speech Therapy				
Early Intervention				
Counseling				
Other (Please Specify)				

Has your child's Pre school expressed any concerns about your child? Yes /No

If yes please state reason:

Parish/Sacramental Details

Sacrament	Date Received	Parish Received	Copy of Certificate supplied
Baptism			Y/N
Reconciliation			Y/N
Eucharist			Y/N
Confirmation			Y/N
Current Parish			

Contact Details		
Details	Father / Guardian Residing at same address	Mother / Guardian Residing at same address
Title		
First Name		
Middle Name		
Surname		
Address – Street		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Mobile		
Email Address		
Occupation		
Name of Employer / Business		
What is your Occupational Group? <i>(Refer to List of Parental Occupations)</i>		
Government requirement What is the highest year of primary or secondary school that has been completed? <i>(for persons who have never attended school, mark 'Year 9 or equivalent or below')</i>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Government requirement What is the level of the highest qualification that has been completed? <i>(mark one box only)</i>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.
Country of Birth		
Nationality		
Religion		
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/>

Emergency Contact Details		
Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.		
	Emergency Contact 1	Emergency Contact 2
Title		
First Name		
Surname		
Home Phone No.		
Business Phone No.		
Mobile Phone No.		
Relationship to Student		

**Government Requirement
Contact Details Non Residential Parent (if applicable)**

Please Note: Only complete if there is a Parent who does not reside at the Student's Home Address

Title	.	What is your Occupational Group? (Refer to List of Parental Occupations)	
First Name		Government requirement What is the highest year of primary or secondary school that has been completed? (for persons who have never attended school, mark 'Year 9 or equivalent or below')	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
Surname		Government requirement What is the level of the highest qualification that has been completed? (mark one box only)	Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Address - Street		Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please Specify: 1. _____ 2. _____
Suburb		Occupation	
Post Code		Name of Employer	
Home Phone No.		Country of Birth	
Business Phone No.		Nationality	
Mobile Phone No.		Religion	
Email Address		Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)
Relationship to Student		SIGNATURE	

**GOVERNMENT REQUIREMENT
COURT ORDERS/ PARENTING PLANS (if applicable)**

Are there any current court orders/parenting plans relating to the student? Yes No

If yes, copies of these court orders/parenting plans eg AVOs, 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?

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.....

**Children in Family attending a School/Pre-School
Please list below all children in your family attending a School/Pre-School**

	Full Student Name	School Year	Date of Birth	School Attending
Child				
Child				
Child				
Child				

PHOTOGRAPH/VIDEO PERMISSION

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

The Wagga Wagga Diocesan Catholic Schools Office may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

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

STUDENT'S NAME: _____ YEAR LEVEL _____

- **I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH/VIDEO AND NAME TO BE PUBLISHED IN:**
 - the school newsletter
 - the school intranet
 - the school website
 - social media
 - promotional materials
 - newspapers and other media.
- **I authorise the Wagga Wagga Diocesan Catholic Schools Office to use the photograph/video in material available free of charge to schools and education departments around Australia for the Wagga Wagga Diocesan Catholic Schools Office's promotional, marketing, media and educational purposes.**
- **I give permission for a photograph/video of my child to be used by the Wagga Wagga Diocesan Catholic Schools Office in the agreed publications without acknowledgment, remuneration or compensation.**
- **I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.**

Licensed under NEALS: The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Education Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent/Guardian (please circle) _____

Signed: _____ Date: _____

PARENT CONSENT (Please circle your preferred option)

TRAVEL: I do/do not consent to my child travelling on a school bus or any form of public or private transport which the school deems necessary (Parents will be notified of all travel and excursion arrangements in advance).

EXCURSION: I do/do not consent to my child participating in all activities organised or available at school, school camps, and all other outings, excursions and functions (Parents will be notified. Parents may decide against their child/children attending.)

MEDICAL: I do/do not consent to the Principal (or their representative) seeking medical/dental advice in the event of an accident/illness and administering medical/dental treatment if I am unable to be contacted. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle. This consent covers schools hours and also outings, excursions and functions. I understand that the school will not be responsible for the costs of any treatment.

SIGNATURE (Both parents to sign)

GUIDELINES FOR PARENTS

Application for enrolment of your child means that you are choosing a Catholic education for your child. It implies a commitment to support the philosophy and aims of the school and a willingness to co-operate in their implementation.

Specifically it means:

- Religious Education is a core subject along with liturgical & prayer life of the school
- Catholic values are emphasised
- Academic excellence and the acquisition of skills are developed within a Catholic framework

Your child is expected to adhere to the school's standards for:

- behaviour, dress and self-discipline
- application to course work and study
- participation in school activities
- respect for people and property
- observance of school regulations

AGREEMENT

Please tick the following boxes and sign below

1 I have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- School Enrolment Policy
- School Pastoral Care Policy
- Schedule of Fees and Charges
- Special Needs Enrolment Protocols
- School Internet Use Policy
- School Privacy Policy/Standard collection Notice/Use of Student Images Policy
- Child Protection Policy/Volunteer requirements
- Suspension and Exclusion Policy

2 I have included copies of the following documents with this application for enrolment:

- Birth Certificate *
- Baptismal Certificate
- Passport, Visa, Citizenship documentation (where applicable) *
- Evidence of time out of the country eg passport, plane tickets, overseas school reports (where applicable)
- Most recent previous school reports and external test results (where applicable)
- Current Relevant Family Court Orders (where applicable) *
- Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- Immunisation Certificate
- Reconciliation, Eucharist and Confirmation Certificates (where applicable)
- Medical Action Plans (if applicable)

*** PLEASE NOTE: ORIGINALS WILL NEED TO BE PRODUCED DURING THE ENROLMENT PROCESS**

In accepting an offer of enrolment I agree jointly and severally to pay all school fees, levies and charges incurred while my child is enrolled (including any expenses incurred by the school as a result of late or non-payment). Note: No student will be refused enrolment because of an inability, as distinct from an unwillingness, of a parent/guardian to meet their school fee commitments. Please contact the Principal to discuss your particular circumstances.

I understand that it is a condition of enrolment that each family financially supports the school through regular payment of school fees and levies. **Therefore I am committed to paying my fees by:**

- Weekly/Fortnightly Monthly Termly Yearly Periodic deduction from Bank
 Arrangement

I am not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I am responsible for at another Catholic School.

In accepting an offer of enrolment I understand that the information that I have provided must be kept up to date throughout the period of enrolment, eg change of address, court orders, legal agreements.

DECLARATION

I the undersigned declare that the information I have given in this application form is correct and that I have disclosed all information necessary to help in the education of my child. I understand that if this application is successful the information that I have provided must be kept up to date throughout the period of enrolment. I am aware that if any problems arise with my child the school will contact me and I will be expected to co-operate with the school to resolve the problems.

In dealing with this application, it may be necessary for the school or the Catholic Education Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I consent to the school and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Education Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNATURE (Both parents to sign) :

Full Name (Father/Guardian)

Full Name (Mother/Guardian)

Signature

Signature

Date

Please note:

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

Parent occupation groups

<p>Group 4</p> <p>Machine operators, hospitality staff, assistants, labourers and related workers</p>	<ul style="list-style-type: none"> • Drivers, mobile plant, production/processing machinery and other machinery operators • Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] • Office assistants, sales assistants and other assistants • Office [typist, word processing/data entry/business machine operator, receptionist, office assistant] • Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker] 	<ul style="list-style-type: none"> • Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant] • Labourers and related workers • Defence Force ranks below senior NCO not included below • Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand] • Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]
<p>Group 3</p> <p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<ul style="list-style-type: none"> • Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group • Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport /shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk] 	<ul style="list-style-type: none"> • Skilled office, sales and service staff • Office [secretary, personal assistant, desktop publishing operator, switchboard operator] • Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher] • Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]
<p>Group 2</p> <p>Other business managers, arts/media/sportspersons and associate professionals</p>	<ul style="list-style-type: none"> • Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business • Specialist manager [finance/engineering/production/personnel/industrial relations /sales/marketing] • Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer] • Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] • Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, 	<ul style="list-style-type: none"> • proof reader, sportsman/woman, coach, trainer, sports official] • Associate professionals generally have diploma/technical qualifications and support managers and professionals • Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional • Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] • Defence Forces senior Non-Commissioned Officer
<p>Group 1</p> <p>Senior management in large business organisation, government administration and defence, and qualified professionals</p>	<ul style="list-style-type: none"> • Senior executive/manager/department head in industry, commerce, media or other large organisation • Public service manager [section head or above], regional director, health/education/ police/fire services administrator • Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director] • Defence Forces Commissioned Officer • Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complete system; identify, treat and advise on problems; and teach others 	<ul style="list-style-type: none"> • Health, Education, Law, Social Welfare, Engineering, Science, Computing professional • Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] • Air/sear transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Please note

- If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, please write '8' in the box.

