

APPLICATION FOR ENROLMENT

Diocese of Wilcannia Forbes Systemic Schools

<i>Office use only</i>	<i>Family group:</i>	<i>Student ID number:</i>
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This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

<i>School Name:</i>	<i>Town:</i>
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FAMILY MAILING DETAILS	
School mail to be Sent to:	
Name	
Address	
Town	Postcode
Email (required for Compass Parent Portal)	

STUDENT DETAILS	<i>Government Requirement</i>	
First Name:	Commencement Year:	Start Date:
Middle Name:	Year child will enter on enrolment e.g. Year 4:	
Surname:	Previous School:	Year Level:
Preferred Name:	Date Arrived in Australia (if applicable):	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	1 st Australian School Year (e.g. 2011):	
Date of Birth:	Religion:	
Town & Country of Birth:	Does the student speak a language(s) other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No, English only	
Nationality:	If Yes, what languages other than English are spoken at home?	
Ethnic Origin:	Main Language Spoken at Home:	
Does your child attend a Community Language School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Language Spoken at Home:	
Indigenous Identifier (please tick applicable box) No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/>		

HOME ADDRESS OF STUDENT		
(A street name MUST be supplied. A PO Box, Property Name, or Farm No. only is NOT acceptable under Government requirements)		
No. and Street Name:		
Suburb:	Home Phone:	Emergency G.E.O. Coding:
Postcode:	Email:	

PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION

Name and address of previous school / pre-school:

I / We give permission for school to contact previous school or pre-school

Yes No **RESIDENTIAL STATUS – please indicate below:***(original documents to be sighted and copies to be retained by school)***Office Use Only:**Residence Status: Permanent Non-Permanent Refugee

Visa Sub Class

Date of Arrival in Australia

Visa Number

Passport Number

Visa Expiry Date

OSHC Membership Number

OSHC Expiry Date

Confirmation of Enrolment – Course Code

Course Description

Confirmation of Enrolment Number

Course Start Date

Course End Date

OS BRVS RSVS ETV PRS LBOTE ESL ESLASSIST NA/CIEC CSS SSCL OHS **SIBLINGS ATTENDING A SCHOOL / PRE-SCHOOL**

List all children in your family attending school or preschool (from oldest to youngest) – include applicant.

Name	Date of Birth (in current calendar year)	School / Pre-school	Grade

FAMILY BILLING DETAILS*Leave address blank if same as student home address***PLEASE SELECT ONLY ONE FEE PAYER (Ensure fee payer is the same for each child) OR****Do you require fees to be split? Yes/No****School accounts to be sent to:**

Name:

Address:

Town:

Postcode:

Email:

This section only to be completed if a split bill is required:

Name:

Address:

Town:

Postcode:

Email:

PARENT / GUARDIAN 1:

Surname: _____ Title: (e.g. Mrs/Ms/Dr) _____ First Name: _____

Address: *(leave blank if same as student address)*

Home Phone: _____ Business Phone: _____ Mobile: _____

Email: _____

Occupation: _____ **Government Requirement** What is the occupation group?
(select from list of parental occupation groups)

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 **PARENT / GUARDIAN 2:**

Surname: _____ Title: (e.g. Mr/Dr) _____ First Name: _____

Address: *(leave blank if same as student address)*

Home Phone: _____ Business Phone: _____ Mobile: _____

Email: _____

Occupation: _____ **Government Requirement** What is the occupation group?
(select from list of parental occupation groups)

Religion: _____ Nationality: _____

Country of Birth: Australia Other 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 Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent **Government requirement** What is the level of the highest qualification the father/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 **EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/GUARDIAN**
(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: _____
Phone: _____ Mobile: _____	Phone: _____ Mobile: _____

MEDICAL DETAILS Government requirement

Doctor's Name:

Address:

Phone:

Medicare No:

Reference No:

Expiry Date:

Private Health Fund:

Fund Number:

Date of last tetanus injection/booster:

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

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

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.....

Has the student been diagnosed as being at risk of anaphylaxis?

Yes No

If yes, does the student have an EpiPen?

Yes No ***Please supply copies of your child's Anaphylaxis/Asthma Plan if applicable.**

Immunisation:

Please tick applicable box	YES	NO	Date of Immunisation
Hepatitis B			
Diphtheria-Tetanus-Whooping Cough			
Haemophilus Influenzae type b (Hib)			
Polio			
Pneumococcal disease			
Rotavirus			
Measles-Mumps-Rubella			
Meningococcal C disease			
Chickenpox			
Human Papillomavirus (HPV) (12-18 years)			

KINDERGARTEN

In the year before school, has the child been in non-parental care on a regular basis and/or attended any other educational programs? Yes No

If yes indicate **all** that apply with postcode of that facility if known

Preschool _____ Long Day Care _____ Family Day Care _____
postcode postcode postcode

Day Care (with a preschool program) _____ Grandparent _____ Other relative _____
postcode postcode postcode

Other Person (includes nanny, friend or neighbour) _____
postcode

Please indicate the amount of formal care (long day care, preschool) each week prior to enrolling at school

Full time Part time

STUDENT HISTORY***Government Requirement***

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?

Yes No

If yes please provide a brief description:

.....

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

.....

Please tick the appropriate box for each question below	YES	NO
Does your child have any history of violent behaviour?		
Does your child have any history of behavioural problems (including verbal bullying)?		
Has your child ever been suspended or expelled from any previous school?		
If yes, was this for any of the reasons listed below?		
Actual violence to any person?		
Possession of a weapon or any items used to cause an injury?		
Intimidation, bullying or harassment of students or staff at a school?		
Threats of violence?		
Illegal drugs?		
Other (please specify)		
I / We will provide written consent to the school on request to contact health professionals or other relevant agencies.		

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. 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?

.....

SPECIAL CIRCUMSTANCES

Are there any circumstances about the student seeking to be enrolled that the school should know prior to the enrolment? (e.g. mature age, living apart from parental supervision, subject of a court order, out of home care arranged by the state) Yes No

If yes, please provide a brief description of the circumstances:

.....

ADDITIONAL NEEDS *Government Requirement*

Please indicate by a tick if your child has any of the following.

autism		behaviour disorders		a physical disability	
an intellectual disability		a hearing impairment		giftedness	
a language disorder		a vision impairment		difficulties in the basic areas of learning	
mental health issues		ADD / ADHD		occupational therapy	

Other (please specify) *include any Early Intervention Services*.....

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.....

Please tick any accommodations and/or learning adjustments that were provided for your child in his/her previous school/pre-school?

alternative teaching and learning strategies		a reader or scribe		personal carer support	
signing		access to technology			
braille		modifications to equipment, furniture and learning spaces			

Other (please specify)

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SACRAMENTAL INFORMATION:

Baptism	Date:	Parish:
Reconciliation	Date:	Parish:
Eucharist	Date:	Parish:
Confirmation	Date:	Parish:
Current Parish:		

ACCEPTABLE BEHAVIOUR REQUIREMENTS OF STUDENTS

- **Treat everyone fairly and with respect**
- **Participate to the best of their ability in all school activities**
- **Look after their own and others' property**
- **Be courteous, well-mannered and well behaved**
- **Take responsibility for their words and actions and accept the consequences**
- **Use technology responsibly**
- **Take a restorative practice approach to repairing relationships**

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/refugee/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]
<p>Please note</p>	<ul style="list-style-type: none"> • 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. 	



CATHOLIC EDUCATION OFFICE WILCANNIA FORBES DIOCESE

Standard Collection Notice

1. The School and the Catholic Education Office (both independently and through its Schools) 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 for your son/daughter and to enable them to take part in all activities.
2. Some of the information collected 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 and disclosed. These include relevant Education Acts, 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. The school may ask you to provide medical reports about pupils 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 or they may not be able to participate in certain events.
6. 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, CEO, Catholic Schools NSW, the school's local diocese and parish, schools within other dioceses, medical practitioners, people providing services to the school including specialist visiting teachers, coaches, volunteers and counsellors.
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, from time to time, may also collect and disclose personal information about current or prospective students in accordance with the Education Act or child protection legislation. Information may also be collected and exchanged for the purposes of the NSW Board of Studies and ACARA. Information provided to the NSW Board of Studies and ACARA may be published in accordance with government requirements on the MySchool website.
9. Personal information collected from pupils is regularly disclosed to their parents or guardians.
10. 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, newspapers, social media or school apps. The school will obtain separate permission from the pupil's 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. We may include pupils' and pupils' parents' contact details in a class list and school directory.
11. 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.
12. The School's Privacy Policy also sets out how you may complain about a breach of privacy and how the school will deal with such a complaint.
13. 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. The School will not disclose your personal information to third parties for their own marketing purposes without your consent.
14. If you provide the School with the personal information of others, such as doctors or emergency contacts, you are encouraged to inform them that you are disclosing that information to the School and that they can access that information if they wish and that the School does not usually disclose the information to third parties.

1. I / We agree to support all school policies in relation to program of studies, sport, pastoral care, school uniform, bullying, responsible use of technology, discipline and the general operation of the school. (*Copies of all policies are available on request.*)
Yes

2. I / We have included copies of the following documents with this application for enrolment:
(*please tick appropriate boxes*) * **Originals to be produced during the enrolment process**
 - 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)
 - Anaphylaxis/Asthma Plan/s

3. If this enrolment application is successful I / we agree to honour, in a timely manner, the financial commitments required by the school as per the Schedule of Fees and Charges. This includes levies and extra school activities charges.
Yes

4. I / We understand that if this application is successful the information that I / we have provided must be kept up to date throughout the period of enrolment, e.g. change of address, court orders.
Yes

5. If this enrolment is accepted I / we agree to support our child's participation in the religious life of the school (e.g. school liturgies, retreat programs).
Yes

6. I will complete Working With Children Checks at appropriate times
Yes

7. *Media / Communications Permission to cover all forms of media*
I / we authorise the school to take and use photographs, video or sound recordings of the student/student's work. These items may be used by the school or the Catholic Education Office Diocese of Wilcannia Forbes for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate by the school / Catholic Education Office that portray the student in a positive light. If circumstances change, I/we undertake to inform the school if there is a need to rescind this media and communications permission.
Yes No

8. If, in time of emergencies, accidents or serious illness, I/we cannot be contacted I/we **give** permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle.
Yes No

9. I give permission for my child to walk to functions and sporting fixtures arranged by the school during the year.
Yes No
10. I / We have read the Standard Collection Notice about the collection and management of the personal information contained in this form. I / We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.
Yes
11. I consent to School and CEOWF staff obtaining medical and educational information from other agencies which is considered relevant to the transition and enrolment process for my child. This includes medical reports, cognitive, speech, hearing, and vision assessments and any other relevant allied health or educational reports.
Yes No
12. I agree that any information collected about my child will be accessed and collated as confidential information and placed on file at the school and CEOWF to support funding applications and in school support.
Yes No
13. I give permission for the staff from the School and staff from CEOWF to visit, observe and talk to the staff of any educational facility where my child is currently enrolled in order to assess my child's educational, social and or medical needs.
Yes No

Signature: _____
Parent / Guardian 1

Signature: _____
Parent / Guardian 2

Date: _____

Date: _____

ORIGINAL DOCUMENTS MUST BE SIGHTED AND PHOTOCOPIED.

Student Information

Surname		Given Name	
Address		Student ID	
Enrolment Date		Roll Class	
Scholastic Year		House Group	
Family Code			

Enrolment Documents Received

	YES	NO		
Baptismal Certificate				
Birth Certificate				
Immunisation Certificate				
Completed Agreement Declaration				
National Data Collection Form				
Working with Children Check (mother/guardian)				
Working with Children Check (father /guardian)				
Special Needs Documentation				
Enrolment Fee paid (Receipt Number: _____)				
Any family law, AVOs or other relevant court order sighted				
Special circumstances and student history assessed				
Risk assessment required				
Risk assessment conducted				
Risk management and resources in place				
Does the student need to be assessed for ESL support				
If already assessed, what ESL phase is the student in (Circle)	1	2	3	Not require support
For parent not living with student (Tick)				
Receive Invoice		Receive academic report		Shared Parental Responsibility

Medical Alerts and Documentation Received

	YES	NO
Medical problems		
Allergies		
Teacher and staff notified		
Medication		
Medication from issued and returned		
Medical Alert (severe allergies)		
Written Instructions from parents/Doctor if an Allergy is Triggered at School		

Students who are not permanent residents

Passport or travel document number																	
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Country of Issue																	
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Current visa subclass																	
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Temporary visa holders authority to enrol number																	
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On the basis of the information provided on this form and gained from the required assessments I accept/decline this application to enrol.

Signature of principal..... Date.....

Form Name	Application for Enrolment
Applicability	All Systemic Schools
Contact Team	Education Services
Form Status	Revised
Date of Revision	Feb 2020
Date Last Amended	Feb 2020
Related Policies/Documents	<ul style="list-style-type: none"> • Enrolment Policy • Enrolment Procedures • Standard Collection Notice • School Attendance Policy • School Attendance Procedures • Exemption from School Guidelines
Review Period:	2021