

APPLICATION FOR ENROLMENTCatholic Education Diocese of Bathurst Limited (CEDB)

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into a Catholic Education Diocese of Bathurst Ltd school. It will assist the school to develop appropriate strategies to meet the specific needs of your child. Please note the diocese is relying on the accuracy of the information provided in considering this application. If the information provided is incomplete or misleading, any decision to enrol may be revised.

SCHOOL to which Application is	made:				
School Name: Town:					
	STUDENT	DETAIL	S		
STUDENT DETAILS					
First Name:	Middle Name:			Surname:	
Preferred Name:	Preferred Last Name:				
Former Name:	Former Last Name:				
Date of Birth:	Gender:				
HOME ADDRESS OF STUDENT A street name MUST be supplied. A PO Box, Pro	perty Name, or Farm Numb	er only, is NO	Гассерtа	ble under Government Requirements.	
No. and Street Name:			Suburb:		
Postcode:		Emergency GEOCoding:			
RESIDENCY STATUS					
Town of Birth:	Country of Birth:			Nationality:	
Residency Status:	Visa Subclass:			Visa Expiry:	
□ Australian Citizen □ Permanent □ Temporary	vida dabolado.			Уюд Дэрну.	
Passport Number:	Date of Arrival in Australia:			Refugee Status: ☐ None ☐ Pending ☐ Confirme	
ADDITIONAL STUDENT DETAILS					
Languages Other than English Spoken at Home:		Main Language Spoken at Home:			
Indigenous Status:					
☐ Neither Aboriginal nor Torres Strait Islander		☐ Both Aboriginal and Torres Strait Islander Origin			
☐ Aboriginal but not Torres Strait Islander Origin		☐ Tor	res Stra	it Islander but not Aboriginal Origin	
☐ Not stated/ do not wish to provide					
			_		

RELIGION						
Religion:	Current Parish:					
Religious Milestones:	Locat	ion/Parish	Date			
Sacrament of Baptism:						
Has completed Reconciliation:		yes				
Sacrament of the Eucharist:						
Sacrament of Confirmation:						
OTHER STUDENT DETAILS						
Commencement Year 20	F	Preferred Start Date		Year Child will Ent	er on Enrolment	
Current School				Dates attended		
Previous School				Dates attended		
I / We give permission for the school to	contac	t the previous schoo	ls or preschools	□ Yes □ No		
Note: In some circumstances, the school	or CED	B may be required to	contact a previous	school consistent wit	th legal obligations	
Living Arrangements						
☐ Home with both parents		☐ Home with one	e parent, please st	ate which parent		
☐ Other, please state arrangements	3					
KINDERGARTEN ENROLMEN	15					
In the year before school, has the child	been ir	n non-parental care o	or other educationa	al programs on a reg	ular basis?	
☐ Preschool Name		Postcode	☐ Long Day Ca	Postcode		
☐ Family Day Care Name		Postcode	☐ Home School	Postcode		
☐ Grandparent		Postcode	☐ Other Family	/ Care	Postcode	
☐ Other Person (nanny, friend or neigh	nbour)	Postcode	☐ Other Formal	or Informal Care	•	
Please indicate the formal care (long day care, preschool) each week prior to enrolling at school Name of Preschool/Family Day Care/Long Day Care Number of days per week						
Please indicate the reasons you are ap	plying f	for a position in a Ca	tholic school			
		·				
FAMILY MAILING DETAILS School mail to be sent to						
Name:			Name:			
Address:			Address:			
Town and Postcode:			Town and Postcode:			
Email (required for Compass Parent Portal): Email (required for Compass Parent Portal):				Portal):		

STUDENT LEARNING NEEDS

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, or 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 questio	n below		YES	NO		
Does your child have any history of violent beha	viour?					
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 belo	w?					
Actual violence to any person?						
Possession of a weapon or any items us	sed to cause an injury?					
Intimidation, bullying or harassment of s	tudents or staff at a school?					
Threats of violence?						
Illegal drugs?	Illegal drugs?					
Other (please specify)						
I / We will provide written consent to the school	on request to contact health professio	nals or other relevant	agencies.			
ADDITIONAL NEEDS		Govern	nment Requ	irement		
Please indicate if your child has any of the follow	ving and attach supporting documenta	ation:				
□ autism	□ behaviour disorders	☐ a physical disabi	ility			
□ an intellectual disability	an intellectual disability					
□ 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						
Please indicate any accommodations/learning adjustments that were provided for your child in their previous school/pre-school:						
□ alternative teaching and learning strategies □ a reader or scribe □ personal carer s						
□ signing	□ access to technology	□ braille				
□ modifications to equipment, furniture and learning spaces □ Other (please specify):						

COURT ORDERS (if applicable)					
Are there any current court orders relatin		Copies must be prov	vided.	YES	NO
If current Court Orders are varied or revo	ked the school m	ust be advised and pro	ovided with a copy of th	l ne new documen	<u>.</u> t.
Is there other information you wish the so	chool to be aware	of?			
SPECIAL CIRCUMSTANCES					
Are there any circumstances about the si e.g. mature age, living apart from parenta		•		YES	NO
If yes, please provide a brief description	of these circumsta	ances.			
MEDICAL INFORMATION					
Doctor's Name:				Phone:	
Address:				T Hone.	
Medicare No:	Referen	ce No:		Expiry Date:	
Private Health Fund:	Health F	und Number:			
Date of last tetanus injection/booster:	I				
Please specify any medical conditions the	e student suffers	from and/or any prescr	ibed medication taken	by the student:	
All : Di li i i i i i					.,
Allergies: Please list any known allergies	s the student has	, eg allergy to nuts, per	ncillin, bee stings inclu	aing specific deta	AIIS:
The student been diagnosed as being a The student has an EpiPen Please supply copies of your chil		□ Yes □ No			
The student been diagnosed as being at Please supply copies of your chil		☐ Yes ☐ No if applicable			
Immunisation: Please tick applicate	ole box and provi	de documentation			
Hepatitis B	□ Yes □ N	lo Rotavirus		☐ Yes	□ No
Diptheria-Tetanus-Whooping Cough	□ Yes □ N	lo Measles-Mump	s-Rubella	□ Yes	□ No
Haemophilus Influenzae type b (Hib)	☐ Yes ☐ N	lo Meningococcal	C disease	☐ Yes	□ No
Polio	☐ Yes ☐ N	lo Chickenpox (V	aricella)	☐ Yes	□ No
Pneumococcal disease		lo Human Danillor	mavirus (HP\/) (12-18)	vears) \Box Vos	□ No

Email:

FAMILY INFORMATION

SIBLINGS ATTENDING A SCHOOL/ PRE-SCHOOL							
Please list all children in your family attending school or preschool (from oldest to youngest) – including applicant.							
Name	Date of Birth School / Pre-school Current C						
BILLING INFORMATION							
Both parents/guardians who sign this Enrolment	Form have joint a	and several liability for the payment of school fees	i .				
Payment schedules, please tick: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Term ☐ Quarterly Preferred payment method, please tick: ☐ BPay ☐ Credit Card ☐ Centrepay ☐ Direct Debit ☐ Other							
School accounts to be sent to Second person - if applicable							
Name:	Name: Name:						
Address: Address:							
Town: Postcode:		Town: Postcode:					

Email:

PARENT / MOTHER / GUARDIAN 1 DETAILS							
Title:		First Name:		Middle Na	Middle Name:		
Surname:		Preferred Name:		Preferred Last Name:			
Former Name:		Former Last Name:					
Date of Birth:		Gender:		Language	Language spoken at home:		
Religion:		Nationality:		Country o	of Birth:		
CONTACT INFORMATI	ON						
Home:		Business:		Mobile:			
Email:		Address:					
Occupation:		Employer:					
Communication of Democratic							
Government Requirement:	_						
What is the parent occupation go (Please select from list of parent			Group				
What is the highest year of prima (For persons who have never at	-	•	-	ted?			
☐ Year 9 or equivalent or below	☐ Year 1	10 or equivalent	☐ Year 11 or equiva	lent	☐ Year 12 or equivalent		
What is the level of the highest of	ualification	the mother/guardian h	า as completed: (mark o	ne box only	·)		
☐ No non-school qualification		icate I to IV			☐ Bachelor degree or above		
PARENT / FATHER / GI	UARDIA	N 2 DETAILS					
Title:		First Name:		Middle Name:			
Surname:		Preferred Name:		Preferred Last Name:			
Former Name:		Former Last Name:					
Date of Birth:		Gender:		Language spoken at home:			
Religion:		Nationality:		Country of Birth:			
CONTACT INFORMATI	ON						
Home:		Business:	Business:		Mobile:		
Email:		Address:					
Occupation:		Employer:					

Government Requirement:							
What is the parent occupation group? Group (Please select from list of parental occupation groups page 8)							
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 ☐ Year 10 or equivalent ☐ Year 11 or equivalent ☐ Year 12 or equivalent ☐ Delow							
What is the level of the highest qualification the father/guardian has completed: (mark one box only)							
		☐ Advanced Diploma/Diploma		☐ Bachelor degree or above			
RENT D	ETAILS						
	First Name:		Middle Na	ame:			
	Preferred Name:		Preferred	Last Name:			
Former Name: Former Last Name:							
Date of Birth: Gender:			Language spoken at home:				
Religion: Nationality:			Country of Birth:				
ON							
Home: Business:			Mobile:				
Email: Address:							
Occupation: Employer:							
EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/ GUARDIAN (to be used in the event of an emergency if parents cannot be contacted, e.g. grandparent or friend)							
		Contact 2					
Name:			Name:				
Gender:			Gender:				
Date of Birth: Date of Birth:							
Relationship to student: Relationship to student:							
Phone: Mobile: Phone: Mobile:							
	ary or secontended school Year 1 qualification Certification Certification Concluding INFORM Tency if parer	ary or secondary school the father, tended school, mark 'Year 9 or equivalent Year 10 or equivalent Qualification the father/guardian has preferred to IV (including trade certificate) RENT DETAILS First Name: Preferred Name: Former Last Name: Gender: Nationality: ON Business: Address: Employer: INFORMATION OTHER Thency if parents cannot be contacted, experiments to the parents of	ary or secondary school the father/guardian has complete tended school, mark 'Year 9 or equivalent or below') Year 10 or equivalent	al occupation groups page 8) ary or secondary school the father/guardian has completed? tended school, mark "Year 9 or equivalent or below") Year 10 or equivalent			

PARENT OCCUPATION GROUPS

Group 1

Senior
management in
large business
organisation,
government
administration
and defence and
qualified
professionals

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

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

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/ pilot, flight officer, flying instructor, air traffic controller]

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Group 2

Other business managers, arts/media/sport spersons and associate professionals 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, proofreader, sportsman/woman, coach, trainers, 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

Group 3

Tradesmen/wom en, clerks and skilled office, sales and service staff Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

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]

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]

Group 4

Machine operators, hospitality staff, assistants, labourers and related workers Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, 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]

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]

Group 8

Has not been in paid work in the last 12 months.

If the parent/guardian is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.



CATHOLIC EDUCATION DIOCESE OF BATHURST LIMITED (CEDB) ENROLMENT AGREEMENT

Please note: Acceptance of this application for enrolment is subject to approval. Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

I/We agree to support all policies in relation to the program of studies, regular attendance, sport, pastoral care, school uniform, responsible use of technology, discipline, bullying and the general operation of the school. (Copies of all policies are available upon request from the school). I/We have been provided with a copy of Our Catholic Community Working Together - A Charter for Schools, Parents and Volunteers in Catholic Schools of the Diocese of Bathurst. I/We accept this Charter by signing and accepting the school's policies in this Enrolment Application Form. 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 interview. □ 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 (if applicable) Parish Priest Reference (if applicable) 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 (which is attached and may be amended from time to time). This includes levies and extra school activities charges. I/We understand that if this application is successful it is conditional on the accuracy of the information provided, which is current at the time of this application, and that updated information will be provided immediately and directly to the school if circumstances change at any time during the period of enrolment (e.g. change of address, court orders, special or learning needs). 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. I/We will complete Working With Children Checks or Volunteer Declaration as required. ☐ Yes Media/Communications Permission to cover all forms of media □ No I/We authorise the school to take and use photographs, video or sound recordings of our child/child's work. These items may be used by the school or CEDB for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate that portrays our child in a positive light. I/we undertake to inform the school if there is a need to rescind this media and communications permission due to circumstances changing. 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.

I/We have read the Standard Collection (Privacy) Notice about the collection and management of the personal information contained in this form.								
information m	and that if any inaccurate nade in this application to y be revoked.		-	•				
to the transit	provide to the School a ion and enrolment of r and other relevant allied	ny child. This may incl	ude medical reports, co	_				
_	at any information collec EDB to support funding a	-			on file at the			
	rmission for the staff fro nool regarding my child's			and clarify information fr	om a current			
Name:		Name:						
	Mother/guardian		ı	Father/guardian				
Signature:	Mother/guardian	Signature						
Date:								
<u></u>								
		Office u	ise only					
STUDENT NUMBI	ER		_					
1 Birth Position		6 Date Offer Sent		10 Year Level entering				
2 Date Application Received		7 Date Offer Accepted		11 House Group				
3 Interview Time and Date		8 Date of enrolment at school		12 Residency Status				
4 Attended interview		9 Anticipated Roll Class		13 VISA Class, Number				
5 Documents provided and copies attached	☐ Birth Certificate	☐ Passport/VISA if applicable	☐ Immunisation Record	☐ Court Orders if applicable	☐ Religious Milestones			
	□ Medical	☐ Student with Additional Needs						
14 Date entered into Compass		15 Entered by						



CATHOLIC EDUCATION DIOCESE OF BATHURST LIMITED (CEDB) Standard Collection (Privacy) Notice

- 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 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
- 3. 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 students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act 1988. The school may ask you to provide medical reports about students from time to time.
- 5. The school may disclose personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a student to another school. This may include to other schools; government departments; CEDB; Catholic Schools NSW; the school's local diocese and parish; schools in other dioceses; medical practitioners; providers of educational health and support services; providers of learning and assessment tools; assessment and educational authorities; providers of administrative and financial services; anyone who it is required or authorised by law (including child protection laws) to provide information to; and anyone you authorise.
- 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 NESA and ACARA. Information provided to NESA and ACARA may be published in accordance with government requirements on the MySchool website
- 7. Personal information collected is regularly disclosed to parents or guardians.
- 8. The school stores personal information in our Student Information System and Finance Management System which is administered and managed by the owners of these software services. The school may also store other personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia
- 9. The CEDB Privacy Policy sets out how parents or students 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 student; or where students have provided information in confidence Requests for information need to be made formally in writing and any refusal will be notified in writing with reasons if appropriate.
- 10. The CEDB Privacy Policy also sets out how complaints about a breach of privacy should be notified, and how such a complaint will be dealt with.
- 11. 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.
- 12. On occasions, information and photographs, videos or sound recordings related to academic and sporting achievements, student activities and similar news is published in school newsletters and on the school website, social media sites and public platforms. Such information of student activities may be used by the school or the Catholic Education Diocese of Bathurst for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate that portrays the student in a positive light. If circumstances change it is a parental responsibility to inform the school if there is a need to rescind this media and communications permission. Parents should be aware that information published on public websites and social media channels can be accessed by third parties and may be discoverable online for a number of years or permanently.
- 13. 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.