OUR LADY OF LOURDES PRIMARY SCHOOL
FAITH · MERCY · EDUCATION · HOPE

APPLICATION FOR ENROLMENT

CONFIDENTIAL

Student Name:	
Calendar Year of Expected Entry:	
Year Level in which the student is to be enrolled	Prep☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ **Is Student repeating this year?** YES☐ NO☐ **Has the student ever been excluded from another school?** YES☐ NO☐

* ALL sections must be completed

* Submission of this application does not guarantee enrolment

A CATHOLIC SCHOOL
This school is part of Catholic Education in the Diocese of Townsville. The school and the Diocese are committed to providing a quality education in a caring environment. A Catholic School is a community of faith and values based on Jesus, his Gospel and the values found there. These are essential to the life of our schools. All students are equally important and the curriculum is directed at the total formation both of the individual and of the school community.

ASSISTANCE WITH COMPLETING THE FORM
If you require assistance completing this form, including translation services, please contact your school.

WHO SHOULD COMPLETE THIS FORM?
Parents/guardians/carers of students or independent student seeking to enrol in schools within the Diocese of Townsville.

KEEPING STUDENT RECORDS UP-TO-DATE
Please inform your school whenever any information provided on this form (such as contact details, address, and medical information) needs to be changed at a later date.

RESPECTING YOUR PRIVACY
Your school and Townsville Catholic Education Office respect your privacy and are bound by privacy rules to protect the information you provide (see Page 17).

TURN PAGE TO BEGIN COMPLETING STUDENT ENROLMENT APPLICATION FORM

OFFICE USE ONLY	
Date Received:	Interview Date:
Interviewed By:	Enrolment Accepted: Yes ☐ No ☐
Student Registration No.	Student Key:
Family Code:	Start date:
	To be placed on Waiting list: Yes ☐ No ☐

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 1 STUDENT DETAILS

Student's Name as recorded on Birth Certificate or, if applicable, on more recent legal document officially recording change of name:

Surname: Male ☐ Female ☐

First and middle names:

Preferred Name:

If you believe there is a good reason for the student to be known by some other name in day-to-day school life, inform the principal/delegate of this at time of enrolment interview.

Date of Birth: **Place of Birth:**

Residential Address: **Postcode:**

Postal Address:
(If different from above) **Postcode:**

Is the student a Child in the Care of the State? **NO** ☐ **YES** ☐
If YES – please attach supporting legal documents.

Defence Force Family? **NO** ☐ **YES** ☐

Please attach a copy of the latest Year 3 or 5 NAPLAN Results

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 2 STUDENT BACKGROUND INFORMATION

What is the student's residency status?	**If born overseas, what date did the student arrive in Australia? ____/____/____**
Australian Citizen ☐	
Permanent Resident ☐	
Temporary Visa Holder ☐	

If the student is a permanent or temporary visa holder please provide the following information:

Current Visa class ☐☐☐ *For principal holders write "P" in the box, for subordinate holders write "S".*

Current Visa sub-class ☐☐☐ **Visa expiry date: ___/___/_____**

Is the student an international full fee-paying student on Visa sub-class 571? YES ☐ NO ☐

Student's first language (What was the language/s used most by the student when he was learning to talk?)	**Does the student speak a language other than English at home?**
English ☐ Yes, other _____ *(Please specify)*	No, English only ☐ Other/s _____ *(Please specify)*
In which country was the student born? Australia ☐ Other _____ *(Please specify)*	**Is the student currently enrolled at another school?** No ☐ Yes, other _____ *(Please specify)*

Student's Indigenous status Is the student of Aboriginal or Torres Strait Islander origin?

No ☐ Yes, Torres Strait Islander ☐

Yes, Aboriginal ☐ Yes, both Aboriginal & Torres Strait Islander ☐

If YES - Student's Indigenous tribal grouping / clan name / other (if applicable) _____

Does the student speak a language/dialect other than English at home? ☐No ☐Yes

If Yes, please specify _____

☐ Aboriginal Language
☐ Aboriginal English
☐ Torres St Creole/Yumpla Tok
☐ TSI Languages
☐ Aboriginal Language
☐ Broken

Are there any Cultural Beliefs/requirements of which the school should be aware? (e.g. festivals, dietary requirements)

No ☐

Yes ☐ (Please specify) _____

_____

_____

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 3 DETAILS OF STUDENT'S PREVIOUS SCHOOL/S OR KINDERGARTEN

Details of student's previous school/s *(Attach an additional sheet if necessary)*

School	Date of Leaving	Year, Grade or Level attained	State or Territory	Country (if not Australia)
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

SECTION 4 SIBLING INFORMATION

List all children in the family from ELDEST to YOUNGEST – including the enrolling student.
Indicate House or Home Group name only if this student has an older sibling at this college.

Brother's/Sister's given names	Surname	DOB	School	House or Home group *(If applicable)*	Current Year Level
1.					
2.					
3.					
4.					
5.					

SECTION 5 STUDENT TRANSPORT

	Usual Mode of Transport (Bus/Walk/Car/Bicycle)	Distance to and from school (Approximately)
To School		
From School		

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 6 STUDENT MEDICAL INFORMATION

Indicate if the student has been affected by or suffers from any of the following?
(Please select Yes or No)

	Yes	No		Yes	No		Yes	No
Prenatal concerns	☐	☐	Asthma *	☐	☐	Stomach complaints	☐	☐
Birth concerns	☐	☐	Headaches	☐	☐	Very high temperatures	☐	☐
Postnatal concerns	☐	☐	Head injury	☐	☐	Glandular fever	☐	☐
Vision concerns	☐	☐	Frequent colds	☐	☐	Ross River virus	☐	☐
Hearing concerns	☐	☐	Ear infections	☐	☐	Rheumatic fever	☐	☐
Speech concerns	☐	☐	Epilepsy/convulsions *	☐	☐	Anorexia nervosa	☐	☐
Allergies *	☐	☐	Diabetes	☐	☐	Bulimia	☐	☐
Anaphylaxis *	☐	☐	Specific learning difficulty	☐	☐	Heart Condition/Concerns	☐	☐
Knocked unconscious	☐	☐	A.D.D. / A.D.H.D.	☐	☐	Other	☐	☐

Details as necessary: *(Attach a separate sheet if required)*

*** Management Plan Required**

Does the student suffer from any significant allergy? No ☐ Yes ☐ If Yes – please specify:

List any medical alerts, diseases, surgery or disorders, or recurring illnesses:

Are there any sports or other physical activities in which the student should NOT participate?

No ☐ Yes ☐ If Yes – please specify:

Is the student taking any medication regularly? No ☐ Yes ☐
If Yes – please specify, and request the *Medication Consent Form* at interview.

N.B. School staff will not administer any drugs or other medication (including panadol) except those prescribed by a doctor and supplied in a container bearing a pharmacist's label stating the student's name, dosage and time/s for administration. The request for administration of the medication must be accompanied by a *Medication Consent Form.*

Is there any other medical information of which the school should be aware?

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 7 IMMUNISATIONS

Under the Queensland *Public Health Act 2005*, Chapter 5, legislation is in place to protect all students against contagious conditions that are preventable by vaccine.

If "Yes" tick box. If "No" leave box blank.

Usual vaccinations up to 5 years of age

Hepatitis B Vaccine (HEB)	☐	**Additional vaccinations**	
Combined Diphtheria Tetanus Pertussis (DTP)	☐	Tuberculosis	☐
Poliomyelitis Oral or Injectable (OPV)	☐	Rotavirus	☐
Haemophilus Influenza Type B (HIB)	☐	Diphtheria and Tetanus (CDT)	☐
Measles, Mumps & Rubella (MMR)	☐	Twinrix vaccine (combined Hepatitis A & B vaccine)	☐
Meningococcal Group C (MEN)	☐	Influenza (FLU)	☐
Varicella (Chickenpox) (VZV)	☐		
Pneumococcal (PCV)	☐		

Family Doctor: ..... **Phone Number:** .....

Family Dentist: ..... **Phone Number:** .....

SECTION 8 ADDITIONAL EMERGENCY CONTACTS

For an emergency where the parent/guardian/carer cannot be contacted, please give details of those to be contacted.

Priority	Name	Emergency Phone 1	Emergency Phone 2	Relationship to Student
1st				
2nd				
3rd				

Please note: Students will not be released into the custody of these or any other persons unless specifically requested by a person whose details appear in Section 14A.

SECTION 9 SPECIAL FAMILY CIRCUMSTANCES

Please advise any special family circumstances e.g. single parent, dual custody, foster care, access restrictions (give details). If none, write "None".

Are the Tuition Fees to be split between parents? ☐Yes ☐ No % of split _____

Supporting current legal documents (e.g. Family Court orders, access restrictions, Parenting Plans).

Attached ☐Yes ☐ No

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 10 RELIGION

Religion: ***(Please tick one only below)***

Roman Catholic ☐

Orthodox ☐ Name branch of Orthodoxy (Greek, Russian) _____

Anglican ☐

Methodist ☐

Uniting ☐

Apostolic ☐

Presbyterian ☐

Church of Christ ☐

Baptist ☐

Lutheran ☐

Other Christian; please specify _____

Jewish ☐

Muslim ☐

Hindu ☐

Buddhist

Australian Indigenous Traditional ☐

Other Religion; please specify

_____

No Religion ☐

Parish or other local religious community _____

Sacraments: ***(Attach documentary evidence)*** If no sacraments celebrated, tick this box ☐

	Date	**Church**	**Town/Suburb**
Baptism			
Confirmation			
Eucharist			

SECTION 11 SPECIAL ASSESSMENT

Has the student been assessed or treated by any of the following specialist services?

SERVICE	YES	NO	NAME OF CENTRE / PRACTITIONER	DATE OF FIRST VISIT	IS YOUR CHILD ATTENDING NOW?
Child Guidance	☐	☐			
Speech Pathologist	☐	☐			
Occupational Therapist	☐	☐			
Physiotherapist	☐	☐			
Psychiatrist	☐	☐			
Psychologist	☐	☐			
Specialist Clinic	☐	☐			
Audiology Clinic	☐	☐			
Learning Support/Enrichment Teacher	☐	☐			
Paediatrician	☐	☐			
Optometrist	☐	☐			
Education Guidance Officer	☐	☐			

Other, please specify

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 12 DISABILITY VERIFICATION INFORMATION

Does the student have a disability that has been formally verified or ascertained through profiling for an Education Adjustment Program (EAP)? Yes ☐ No ☐

If Yes, please indicate below the student's current ascertained/verified diagnosis.

(Please supply documentation)

Category	*Mark*	**Level (if applicable)**
Intellectual Impairment	☐	
Vision Impairment	☐	
Speech Language Impairment	☐	
Hearing Impairment	☐	
Physical Impairment	☐	
Social Emotional Disorder	☐	
Multiple	☐	
Autism Spectrum Disorder	☐	

SECTION 13 ADDITIONAL INFORMATION

Indicate any other physical, social/emotional or intellectual conditions which may affect learning or other school activities or which may require additional or emergency attention at school.

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 14 PARENT / GUARDIAN / CARER INFORMATION

NOTE: Read instructions for Parts A, B, C, and D before beginning this section

PART A **DETAILS OF THE PERSON(S) RESPONSIBLE FOR THE DAY-TO-DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES**

FEMALE Parent / Guardian / Carer	**MALE Parent / Guardian / Carer**
Mrs ☐ Miss ☐ Ms ☐ Mr ☐ Rev ☐ Dr ☐ Other ☐……	Mrs ☐ Miss ☐ Ms ☐ Mr ☐ Rev ☐ Dr ☐ Other ☐……
Given Name/s:	**Given Name/s:**
Surname:	**Surname:**
Religion:	**Religion:**
Parish:	**Parish:**
Country of Birth:	**Country of Birth:**
Nationality:	**Nationality:**
Marital Status:	**Marital Status:**
Relationship to Student: Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Carer ☐ Other ☐ *Please specify:*	**Relationship to Student:** Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Carer ☐ Other ☐ *Please specify:*
Residential Address:	**Residential Address:**
City	City
State Post Code	State Post Code
Postal Address (if different from above):	**Postal Address (if different from above):**
City	City
State Post Code	State Post Code
Occupation:	**Occupation:**
Employer:	**Employer:**
Home Phone:	**Home Phone:**
Work Phone:	**Work Phone:**
Mobile Phone:	**Mobile Phone:**
E-mail Address:	**E-mail Address:**
Preferred e-mail address for weekly School Newsletter (if different from above)	
Health Care Card Fee Concession Are you the holder of a means tested Australian Government health care or pensioner concession card? Yes ☐ No ☐ If yes, you MUST provide a copy of your current card to the office for the discount to be applied to your fees.	**Health Care Card Fee Concession** Are you the holder of a means tested Australian Government health care or pensioner concession card? Yes ☐ No ☐ If yes, you MUST provide a copy of your current card to the office for the discount to be applied to your fees.
Past student of this school? Yes ☐ No ☐	Past student of this school? Yes ☐ No ☐
Aboriginal/Torres Strait Islander? Yes ☐ No ☐	Aboriginal/Torres Strait Islander? Yes ☐ No ☐

STUDENT ENROLMENT APPLICATION

Confidential

PART C **DETAILS OF PARENTS NOT LIVING WITH THE STUDENT (NON-CUSTODIAL)**

If you complete this section then you must also have completed SECTION 8 (Special Family Circumstances) of the Enrolment Form.

Non-Custodial Parent No 1	**Non-Custodial Parent No 2**
Mrs ☐ Miss ☐ Ms ☐ Mr ☐ Rev ☐ Dr ☐ Other ☐……	Mrs ☐ Miss ☐ Ms ☐ Mr ☐ Rev ☐ Dr ☐ Other ☐……
Given Name/s:	**Given Name/s:**
Surname:	**Surname:**
Religion:	**Religion:**
Parish:	**Parish:**
Country of Birth:	**Country of Birth:**
Nationality:	**Nationality:**
Marital Status:	**Marital Status:**
Residential Address:	**Residential Address:**
City	City
State Post Code	State Post Code
Postal Address (if different from above):	**Postal Address (if different from above):**
City	City
State Post Code	State Post Code
Occupation:	**Occupation:**
Employer:	**Employer:**
Home Phone:	**Home Phone:**
Work Phone:	**Work Phone:**
Mobile Phone:	**Mobile Phone:**
E-mail Address:	**E-mail Address:**
Do you require an emailed copy of the weekly newsletter to the address above? Yes ☐ No ☐	Do you require an emailed copy of the weekly newsletter to the address above? Yes ☐ No ☐
Do you require a copy of the School Report? Yes ☐ No ☐	Do you require a copy of the School Report? Yes ☐ No ☐
Health Care Card Fee Concession Are you the holder of a means tested Australian Government health care or pensioner concession card? Yes ☐ No ☐ If yes, you MUST provide a copy of your current card to the office for the discount to be applied to your fees.	**Health Care Card Fee Concession** Are you the holder of a means tested Australian Government health care or pensioner concession card? Yes ☐ No ☐ If yes, you MUST provide a copy of your current card to the office for the discount to be applied to your fees.
Past student of this school? Yes ☐ No ☐	Past student of this school? Yes ☐ No ☐
Aboriginal/Torres Strait Islander? Yes ☐ No ☐	Aboriginal/Torres Strait Islander? Yes ☐ No ☐

STUDENT ENROLMENT APPLICATION

Confidential

PART D COLLECTION OF DATA ON PARENT BACKGROUNDS

The Federal Government requires schools to collect information from parents in relation to their educational background and occupation. The information collected is used in the reporting of student outcomes against the "National Goals for schooling in the 21st Century", including the reporting of outcomes of the Year 9 Literacy and Numeracy Testing. (This testing occurred for the first time for Year 9 in May, 2008.)

What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school, mark box *Year 9 or equivalent or below*). Please "√" the appropriate box.

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	NON RESIDING PARENT
Year 12 or equivalent	☐	☐	☐
Year 11 or equivalent	☐	☐	☐
Year 10 or equivalent	☐	☐	☐
Year 9 or equivalent	☐	☐	☐

What is the level of the highest qualification the parents/guardians have completed?

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2	NON RESIDING PARENT
Bachelor degree or above	☐	☐	☐
Advanced diploma/Diploma	☐	☐	☐
Certificate I to IV (including trade certificate)	☐	☐	☐
No non-school qualification	☐	☐	☐

For the next questions, please select the appropriate parental occupation group from the list on the following page.

- If you are not currently in **paid** work but has had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.
- If you have **not** been in **paid** work in the last **12 months**, enter '8' in the box below.

	Code	Occupation
What is the occupation group of the parent/guardian 1?		_____
What is the occupation group of the parent/guardian 2?		_____
What is the occupation group of non-residing parent?		_____

STUDENT ENROLMENT APPLICATION

Confidential

List of Parental 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
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 complex systems; 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]

Group 2: Other business managers, arts/media/sportspersons 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, 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

Group 3: Tradesmen/women, 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, 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]
- **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 Forces** ranks below senior NCO not included above
- **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]

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 15 ENROLMENT CONTRACT

STUDENT NAME:		
YEAR LEVEL		YEAR OF ENTRY

The **Parties** to this Contract of Enrolment are the

Please print full name _____Mother/Guardian/Carer,

Please print full name _____ Father/Guardian/Carer

and the College as represented by the Principal.

In the event that the college makes an offer of a place at the college to the student as named above then,

I/we, the undersigned, being the parents/legal guardians of the above-named student, or an independent student, will accept the offer of a place in the class and in the year of entry indicated above. An offer of a position will be formalised through a ***Letter of Offer*** from the school.

I/we accept the following **conditions** upon which the offer is made:

1. I/we seek a Catholic education for our son/son/daughter (the student) and I/we support the Christian values of the school, the Religious Education program and other school initiatives that actively espouse and promote Christian values. I/we understand that while the student is at the school, he/she is expected to take part in and support these faith activities and respect the Catholic religious principles and practices of the school, and that failure to do so could lead to cancellation of enrolment.
2. I/we accept that the student is admitted to the school on the condition that he/she will abide by the school rules, codes of behaviour and policies, including those regarding curriculum, discipline, dress, conduct and well-being and that I/we will support these school expectations and policies in the interest of the wellbeing of the whole school community.
3. As part of this support, I/we will keep the school indemnified against any loss or damage caused by any failure of the student to observe the school rules, codes of behaviour and policies.
4. I/we accept that during the time the student attends the school he/she will live in the care and control of his/her family as described in the Student Enrolment Application Form and that any proposed changes in this regard must be notified to the school promptly in writing.
5. I/we agree to work in partnership with the school in the best interests of our son/daughter and the school community.
6. I/we acknowledge the educational expertise of the college and will support its educational initiatives for my/our son/daughter.
7. I/we agree that the rules, codes of behaviour and policies of the college and/or Townsville Catholic Education Office may be altered or added to at any time, using appropriate processes.
8. If the student's enrolment is to cease, I/we will give written notice of the proposed change at the earliest opportunity.
9. I/we accept the responsibility to pay school fees and levies according to Townsville Diocesan Policy Guidelines and account procedures. I/we understand that these fees and levies remain payable during any period of absence of the student and after the student's enrolment ceases, unless otherwise agreed in writing.
10. I/we agree that, if I/we are unable to pay the prescribed fees in whole or in part as a result of genuine financial hardship, I/we will approach the school principal in person or in writing to seek a fee concession and will make available to the school all relevant information to allow the school to make a determination of the fees to be paid, as specified in the Townsville Diocesan School Fee Collection Policy.

STUDENT ENROLMENT APPLICATION

Confidential

SECTION 15 ENROLMENT CONTRACT *Continued*

11. I/we will contact the school promptly if I/we propose any change regarding fee-paying arrangements or am/are concerned that I/we may not be able to pay the fees as contracted. I/we agree to make further arrangements acceptable to the school on how any resulting debt will be paid.

12. I/we acknowledge that, unless otherwise agreed in writing, as parent/parents/guardian/guardians/carer/carers, I/we are and will remain jointly and individually liable for the payment of fees and levies. I/we understand should any fees or levies not be paid by the due date and no further arrangements/adjustments are made and agreed to by the school for payment then the school may engage the services of an outside agency and/or take legal action to recover outstanding fees and levies.

13. In the event of any medical or other emergency arising in which the school considers it impossible or impracticable to communicate with the undersigned parents/guardians/carers, I/we accept and give consent that the school will take all reasonable care of my/our son/daughter but will not be responsible for the costs of any medical or dental attention or treatment administered to my/our son/daughter in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my/our son/daughter including attention provided at the School Sick Bay.

14. This consent (refer paragraph 13) which I/we have given is valid at all times while the student is in the custody of the school, including but not limited to, such times as the student is on campus, is present at school camps or is attending or participating in a work experience program including structured work placements, traineeships or apprenticeships, excursions or functions.

15. I /we acknowledge that school staff will never administer any drugs or other medication (including panadol) except those prescribed by a doctor and supplied in a container bearing a pharmacist's label stating the student's name, dosage and time/s for administration. The request for administration of the medication must be accompanied by a Medication Consent Form or letter from Parent / Guardian.

16. In this contract, the expression "Principal" includes any person from time to time acting, delegated or nominated as Principal or other staff members for the time being carrying out the duties or exercising the authority of the Principal.

17. The Principal, or delegate / nominee, has authority to apply whatever disciplinary measures are appropriate or necessary in relation to the conduct of my/our son/daughter, both inside the school and at school- related events that take place away from school. This includes behaviour whether inside or outside the school that might bring the school's name into disrepute and disciplinary measures may extend to decisions to suspend/exclude/expel the student for any cause judged to be sufficient. State law and the Diocese's Student Protection Policy require the school to contact State Authorities in cases of actual or suspected harm or sexual abuse to students.

18. The school does not insure against damage, loss or theft of the student's property of any description.

19. This contract will be binding and remain in force for the duration of the student's enrolment at the college. It will remain binding for matters relating to the collection of outstanding fees and the collection of school-owned resources beyond the term of enrolment.

20. I/we will use my/our best endeavours to ensure the student will not be absent from the school without good cause and that term dates as advertised will be adhered to. I/we will promptly explain any absences of the student in writing to the Principal.

21. The college does not have a responsibility to provide work for my/our child to do during a period of avoidable absence from the college. If the absence is a result of a choice by student/parents/carers the school may choose to/not to provide catch-up lessons or assessment.

22. Students absent without good reason may forfeit credit for assessments missed during their absence.

STUDENT ENROLMENT APPLICATION

Confidential

Consents

23. Catholic schools have a long history of a pastoral relationship between the school and the local diocese and parish. In fact Catholic schools are agencies of the diocese and as such seek to be an integral part of the life of their Catholic parish. This sometimes requires an exchange of information (eg for Sacramental preparation) between the school and the parish/diocese. This would include names and contact details of families, the religion of students and parents and whether or not students described as Catholics have celebrated the Baptism, Confirmation, First Communion and Reconciliation. Relevant parish/diocesan staff will treat this information with the same confidentiality as do school staff.

24. I have read the above (23) and agree that the school may provide contact details and some other information to the parish and diocese to assist their pastoral work.

YES ☐ NO ☐

25. I/we consent to the student participating in all regular short duration (i.e. not overnight) events/activities, e.g. curricular, sporting and other extra-curricular activities, conducted with the approval of the Principal, including day trips, excursions and functions. I/we understand that I/we will be given notice of any such activities in advance. If the student is unable to participate I/we will contact the school.

YES ☐ NO ☐

26. I/we consent to the student travelling on school and/or public transport to participate in all regular short duration (i.e. not overnight) events/activities e.g. curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions.

YES ☐ NO ☐

27. I/we accept that Consents 25 and 26 last for the period the student is enrolled at the school and that, apart from being given advance notice of events/activities, no further consent need be sought by the school for the student's participation in regular short duration (i.e. not overnight) events/activities.

YES ☐ NO ☐

28. I/we understand that for extended activities/excursions additional consent will be sought from us.

Examples of such activities include**:-**

- Activities lasting overnight and longer.
- Activities involving long distance or expensive travel
- Activities which may have higher than average inherent risk e.g. camps
- Activities requiring payment in addition to normal school fees and charges

29. I/we consent to the student being identified (photographed and/or named) in any college or Catholic Education related publications, including a School Year Book, Newsletters, audio-visual presentations and records of achievement. Specific consent will be sought for external marketing and promotional purposes.

YES ☐ NO ☐

30. I/we consent to the student being identified (photographed and/or named) on the college website or on any Catholic Education related website,

YES ☐ NO ☐

STUDENT ENROLMENT APPLICATION

Confidential

I/we consent to the school sharing my/our personal information (limited to name, address, telephone numbers, occupation) to its associated supporting groups (e.g. Parents & Friends' Association, Parents' Network and sporting and cultural support groups), and my son/daughter's details to the School Past Pupils' Association when he leaves the school, if applicable.

YES ☐ NO ☐

31. I/we have made **full and frank disclosure** of all information requested by the school in the Enrolment Application Form and am/are aware of my/our **continuing obligation** to keep the school informed of any changes of details supplied and of any information which may affect the student's wellbeing or progress at the school.

32. I/we understand that in signing below each parent/guardian/carer signatory is accepting individual responsibility for the payment of all school fees, levies and other charges associated with this enrolment at this school if the application is accepted.

33. I/we understand that if two parents/guardians/carers sign below, they will each continue to be fully responsible for the payment of fees/levies/charges account. Any change in domestic arrangements will not lead to any change in this responsibility. Neither the school nor Townsville Catholic Education Office will accept instruction from either signatory that he is no longer responsible for payment without a signed statement to that effect from the other signatory.

34. I/we understand that if financial hardship leads to my/our inability to pay some or all of the fees, levies and other charges, I/we are encouraged to approach the principal to discuss the possibility of a concession and that this discussion will be completely confidential.

35. I/we understand that if this application is lodged electronically I/we will sign this contract when I/we attend for an enrolment interview.

Mother/Guardian/Carer's name: *Please print in full*	Signature	Date

Father/Guardian/Carer's name: *Please print in full*	Signature	Date

Principal / Delegate's name:	Signature	Date

STUDENT ENROLMENT APPLICATION

Confidential

DOCUMENT CHECKLIST

When applying to enrol your child at this school, please check that you have provided copies of the following:-

- ☐ Birth certificate or extract or identity documents
- ☐ Sacramental certificates
- ☐ Copy of latest school report and/or reference from previous school
- ☐ Copy of Year 3 or 5 NAPLAN Results as applicable
- ☐ Documentation relating to special needs (any reports, action plans, assessments, etc)
- ☐ Court orders, etc. (if applicable)

If your child is NOT an Australian Citizen, you will need to provide:

- ☐ Passport or travel documents
- ☐ Current visa and previous visas (if applicable)

In addition, if your child is a temporary visa holder you will also need to provide:

- ☐ Authority to Enrol or evidence of permission to transfer provided by the International Student Centre (if holding an International full fee student visa, sub-class 571P)
- ☐ Authority to Enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
- ☐ Evidence of the visa the student has applied for (if the student holds a bridging visa)

STUDENT ENROLMENT APPLICATION

Confidential

RESPECTING YOUR PRIVACY

All information on the Student Enrolment Form is strictly confidential, and will be kept by your school and the Catholic Education – Diocese of Townsville Office. The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians/carers. This information may also be used for appropriate parish purposes.

Catholic Schools and Catholic Education - Diocese of Townsville are bound by the *Privacy Amendment (Private Sector) Act 2000,* and have adopted the ten (10) National Privacy Principles. A privacy statement detailing our practices and procedures for the use and management of the personal, sensitive and health information we collect and record can be obtained upon request at your school's office or from the Catholic Education – Diocese of Townsville Office (PO Box 524, Townsville 4700).

We need your enrolment details for the following:

Student and Parent Contact Details
- SECTIONS 1 and 14

- Telephone, address and employer/occupation details for student/parents/guardians/carers – for contact in an emergency, to discuss matters regarding the student's education, or for other educational purposes.

Student and Parent Background Information
- SECTIONS 2 and 14

- This information is a standard requirement on all enrolment forms Australia-wide as part of the Australian Government *Schools Assistance Act 2004.*
- This includes information about the student's and parent's/guardian's/carer's country of birth, indigenous status and languages spoken, along with student visa status and parental education levels and occupations.
- The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Catholic Schools and will assist in planning for future educational needs within the Diocese.
- Some of this information will be forwarded to the Australian Government, but DCEO's strict reporting protocols ensure data does not identify individual students or parents/guardians/carers.

Special Family Circumstances
- SECTION 9

- Additional information about –
  Parents/guardians/carers – so that we are aware of family arrangements e.g. foster care, contact arrangements, access restrictions.
  Please provide Family Court Orders detailing access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.

Alternative Emergency Contacts
- SECTION 8

- Required in the event the school is unable to contact parents/guardians/carers. Please ensure that the people named agree to their details being provided to schools.

Student Medical Information
- SECTION 6

- Health information – so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- We require details of student medical conditions and/or disabilities, and medication they may need whilst at school. It is the responsibility of the parent/guardian/carer to provide medication to the school in an authorised pharmacy packet.
- Inform the school if your child develops a medical condition that may require regular or emergency attention from school staff. In the event that this information is not provided, the school will not be liable for any failure to render assistance to the child.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.

Please contact your school if you require further information or clarification regarding the Catholic Education – Diocese of Townsville Office Medications Policy.

Enrolment Contract
- SECTION 15

- This section is completed by the parent/guardian/carer of the child and outlines conditions which all parties to this Contract of Enrolment will abide by.

Consents
- SECTION 15

- Consent is required by the parent/guardian/carer of the child for all Category A (short duration and day) activities and all Category B (extended activities/excursions) activities.
- Consent is also required by the parent/guardian/carer of the child for media and communication releases. Such material will be used for the purposes of advertising, promotion, media publicity, publication, and display for any Catholic Education – Diocese of Townsville or Queensland Catholic Education Commission purpose in whole or in part.

These consents are ongoing. If you wish to withdraw consent, please inform the school in writing.