



**ENROLMENT FORM**  
DIOCESE OF BROKEN BAY SYSTEMIC SCHOOLS



**ST PATRICK'S CATHOLIC SCHOOL**  
1 Royston Parade (PO Box 3021) Asquith NSW 2077 Ph: 9477 3800 Fax: 3476 3944  
email: [spa@dbb.catholic.edu.au](mailto:spa@dbb.catholic.edu.au) website: [www.stpat.nsw.edu.au](http://www.stpat.nsw.edu.au)

<b>Office Use only</b>	Family Code	Student ID
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**Mail from school to be sent to**

Address (please circle) Mr & Mrs Mr Mrs Ms Dr Prof

Surname ..... Given Name .....

Address .....

..... Postcode.....

Contact tel. .... e-mail address .....

**Student Details**

Surname ..... Entry Year (eg 2012).....

Given name(s)..... Entry Level (eg Yr 3).....

Preferred given name ..... Date of Birth .....

Religion ..... Sex Male  Female

Address (if different from above mailing address)

.....

..... Postcode.....

Contact tel. .... e-mail address .....

**Sacramental Information**

Baptism Date ..... Parish .....

Confirmation Date ..... Parish .....

Reconciliation Date ..... Parish .....

Communion Date ..... Parish .....

Current Parish .....

**Kindergarten Enrolments only**

What type(s) of care outside of the home did this student have prior to enrolling at school? (choose the type accessed in the year prior to school)

Long Day Care  Family Day Care  Occasional Care  Pre-school  Playgroup

Other care  (please specify) .....

Extent of prior to school care Up to 6 hrs/week  Up to 12 hours/week  12 hrs to fulltime each week

Name of prior to school care service .....

I/We give permission to the school to contact this service provider Yes  No

<b>Student Details:</b> Surname .....	First Name .....
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**Student Details** *(cont'd)*

**Previous School**

Name .....

I/We give permission to the school to contact this previous school Yes  No

Nationality .....

In which country was the student born?

Australia  Other *(please specify)* .....

Is the student of Aboriginal or Torres Strait Islander origin?

	No	<input type="checkbox"/>	
Aboriginal	Yes	<input type="checkbox"/>	<i>(for persons of both Aboriginal and Torres Strait Islander origin, tick both Yes boxes)</i>
Torres Strait Islander	Yes	<input type="checkbox"/>	

**Residential Status**

Australian Citizen *(Naturalisation Certificate or Australian Passport if country of birth is not Australia)*

Permanent resident *(Passport if country of birth is not Australia)*

Temporary resident *(Passport or Visa)*

Foreign National without residential status *(Passport and Visa)*

Visa No ..... Passport No. .... Visa expiry date .....

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? *If more than one language, indicate the one that is spoken most often*

	Student	Mother/Guardian	Father/Guardian
No - English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If yes, specify language spoken most often)</i> .....			

**Medical Information**

Name of Doctor .....

Address .....

..... Postcode ..... Contact tel. ....

Medicare No. .... Private Health Fund .....

Medical Condition(s) *(Please list any medical condition(s) the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student)*

.....  
.....

Allergies *(Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings, etc. Include specific details)*

.....  
.....

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

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

<b>Student Details:</b>
Surname ..... First Name .....

**Student Details** *(cont'd)*

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

	<i>Tick appropriate box</i>	Date of immunisation
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Diphtheria - Tetanus - Whooping cough	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Haemophilus Influenzae Type B (Hib)	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Polio	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Pneumococcal Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Rotavirus	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Measles - Mumps - Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Influenza (Flu)	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Meningococcal C Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
HPV	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
Chickenpox (Varicella)	Yes <input type="checkbox"/> No <input type="checkbox"/>	.....

**Students with Special Needs**

Your application provides an opportunity to gather information that will support the learning needs of your child. Our school seeks to promote the spiritual, educational and social development of all our students. We work in partnership with families to collaboratively plan for students with additional needs.

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

a) Has your child been assessed and diagnosed with a disability? No  Yes  *please complete the following information*

Physical disability Yes  No

Allergies  .....

Asthma  Diabetes  Epilepsy

Other  .....

Cognitive disability Yes  No

Intellectual disability  Language disorder  Learning disorder

Other  .....

Social, communication, emotional challenges Yes  No

Autism

Behavioural concerns for self or others

Mental health concerns eg anxiety, separation disorder, elective mutism, etc

Concerns regarding attention eg ADD/ADHD

Other  .....

Sensory impairment Yes  No

Hearing  Vision

Other  .....

<b>Student Details:</b> Surname .....	First Name .....
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**Student Details** *(cont'd)*

**Special Needs** *(cont'd)*

b) What supports are currently in place to support your child to access and participate in their current educational setting?

Adjustments to

- Learning
- Supervision
- Support for health care procedures
- Specialist furniture and/or equipment
- Mobility supports, equipment and/or personnel
- Communication supports (braille, signing, assistive technology, communication devices)
- Disability provisions for assessments
- Other *(please specify)*

.....  
 .....

c) Is your child receiving specialist therapy? Yes  No

Occupational therapy  Speech Pathology

Other  *(please specify)* .....

Please provide copies of all reports from a doctor or health professional relating to your child's special needs.

The school will contact you to begin the consultation process. Ongoing collaboration will assist the school to better understand your child's needs and to commence planning for required (reasonable) adjustments. If there are any changes to your child's special needs you must promptly notify the school.

**Health and Safety**

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/her, other students

No

and/or staff at this school?

Yes  *(provide details)*

.....  
 .....

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

.....  
 .....

Does your child have any history of violent behaviours: Yes  No

Does your child have any history of behavioural problems including verbal bullying? Yes  No

Has your child ever been suspended or expelled from any previous school? Yes  No

If yes, was this for

*Please tick any applicable box*

- Actual violence to any person

- Possession of a weapon or any item used to cause injury

- Intimidation, bullying or harassment of students/staff

- Threats of violence

- Illegal drugs

- Other *(please specify)*

.....  
 .....

**Student Details:**  
Surname ..... First Name .....

**Student Details (cont'd)**

**Health and Safety (cont'd)**

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

**Court Orders / Parenting Agreements (if applicable)**

Are there any current court orders or parenting agreements relating to the student? Yes  No

*If yes, copies of these court orders (eg. AVOs, Family Court/Federal Magistrate Court orders) or other relevant documents must be provided.*

Is there any other parenting information you wish the school to be aware of?

.....  
.....  
.....

**Family Details**

**Mother / Guardian** (please circle) Mrs Ms Dr Prof

Surname ..... First Name.....

Address .....

..... Postcode.....

Contact Nos Home ..... Work .....

Mobile..... email address.....

Occupation .....

**Government requirement:** What is the occupation group? (select from list on page 7)

Religion ..... Nationality.....

Country of birth Australia  Other (please specify) .....

What is the **highest** year of primary or secondary school completed?

*(Persons who have never attended school, tick 'Year 9 or equivalent or below' box)*

Year 9 or equivalent or below  Year 10 or equivalent

Year 11 or equivalent  Year 12 or equivalent

What is the level of the **highest** qualification the mother/guardian has completed?

Non-school qualification  Certificate I-IV (including Trade Certificate)

Advanced Diploma/Diploma  Bachelor Degree or above

**Father / Guardian** (please circle) Mr Dr Prof

Surname ..... First Name.....

Address .....

..... Postcode.....

**Student Details:**  
Surname ..... First Name .....

**Family Details (cont'd)**

**Father / Guardian (cont'd)**

Contact Nos Home ..... Work .....

Mobile ..... e-mail address .....

Occupation .....

What is the occupation group of the father/guardian? (select from list on page 7)

Religion ..... Nationality.....

Country of birth Australia  Other (please specify) .....

What is the **highest** year of primary or secondary school completed?  
(Persons who have never attended school, tick 'Year 9 or equivalent or below' box)

Year 9 or equivalent or below  Year 10 or equivalent

Year 11 or equivalent  Year 12 or equivalent

What is the level of the **highest** qualification the father/guardian has completed?

Non-school qualification  Certificate I-IV (including Trade Certificate)

Diploma / Advanced Diploma  Bachelor Degree or above

**Emergency Contact - in addition to parent(s) / guardian(s)**

Name .....

Relationship to student .....

Contact tel. ....

**Sibling Details**

List all children in your family attending school or pre-school (from oldest to youngest including applicant)

Name	School/Pre-school	Year/Grade (Current calendar year)	Date of Birth (Pre-school only)

## List of parental Occupation Groups

<b>Group 1</b>	Senior management in large business organisation, government administration and defence and qualified professionals
	<ul style="list-style-type: none"> <li>• <b>Senior executive, manager, department head in industry, commerce, media or other large organisation</b></li> <li>• <b>Public service manager</b> (section head or above), regional director, health/education/police/fire services administrator</li> <li>• <b>Other administrator</b> (school principal, faculty head/dean, library/museum/gallery director, research facility director)</li> <li>• <b>Defence Forces</b> Commissioned Officer</li> <li>• <b>Professionals</b> 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; teach others</li> <li>• <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professionals</li> <li>• <b>Business</b> (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</li> <li>• <b>Air/Sea transport</b> (aircraft/ship's captain, officer, pilot, flight officer, flying instructor, air traffic controller)</li> </ul>
<b>Group 2</b>	Other business managers, arts/media/sportspersons and associate professionals
	<ul style="list-style-type: none"> <li>• <b>Owner / Manager</b> of farm, construction, import/export wholesale, manufacturing, transport, real estate business</li> <li>• <b>Specialist manager</b> (finance/engineering/production/personnel/industrial relations/sales/ marketing)</li> <li>• <b>Financial services manager</b> (bank branch manager, finance/investment/insurance broker, credit/loans officer)</li> <li>• <b>Retail sales/services manager</b> (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)</li> <li>• <b>Arts / media / sports</b> (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsperson, coach, trainer, sports official)</li> <li>• <b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</li> <li>• <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional</li> <li>• <b>Business / administration</b> (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)</li> <li>• <b>Defence Forces</b> senior Non-Commissioned Officer (NCO)</li> </ul>
<b>Group 3</b>	Tradespeople, clerks and skilled office, sales and service staff
	<ul style="list-style-type: none"> <li>• <b>Tradespeople</b> (generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group)</li> <li>• <b>Clerks</b> (bookkeeper, bank, PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/ filing clerk, betting clerk, stores/inventory clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)</li> <li>• <b>Skilled office, sales and service staff</b> <ul style="list-style-type: none"> <li>○ <b>Office</b> (secretary, personal assistant, desktop publishing operator, switchboard operator)</li> <li>○ <b>Sales</b> (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</li> <li>○ <b>Service</b> (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)</li> </ul> </li> </ul>
<b>Group 4</b>	Machine operators, hospitality staff, assistants, labourers and related workers
	<ul style="list-style-type: none"> <li>• <b>Drivers, mobile plant, production, processing machinery and other machinery operators</b></li> <li>• <b>Hospitality staff</b> (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)</li> <li>• <b>Office assistants, sales assistants and other assistants</b> <ul style="list-style-type: none"> <li>○ <b>Office</b> (typist, word processing/data entry/business machine operator, receptionist, office assistant)</li> <li>○ <b>Sales</b> (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)</li> <li>○ <b>Assistant/aide</b> (trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</li> </ul> </li> <li>• <b>Labourers and related workers</b></li> <li>• <b>Defence forces</b> ranks below senior NCO not included above.</li> <li>• <b>Agriculture, horticulture, forestry, fishing, mining worker</b> (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryperson, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/ fishing hand)</li> <li>• <b>Other worker</b> (labourer, factory hand, storeperson, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)</li> </ul>

**Agreement - please tick appropriate boxes**

- 1 I/We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school
- 2 I/We have included copies of the following documents with this application for enrolment:
  - Birth Certificate \*
  - Sacramental Certificates to date \*
  - Parish Priest Reference Form - unless the priest has indicated he will forward the form directly to the school
  - 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 Certificates
  - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)

**\* Original documents will need to be produced during the enrolment process**

- 3 If this enrolment application is successful, I/We agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges
- 4 I/We understand that if this application is successful, the information that I/we have provided (eg of address, court orders, special needs etc) must be kept up to date throughout the period of enrolment.
- 5 If this enrolment is accepted, I/we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs)
- 6 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/our child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle Yes  No

I/We have read all the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful.

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.

**Signatures**

..... (Mother/Guardian) ..... (Date)

..... (Father/Guardian) ..... (Date)

**Note** Acceptance of this *Application for Enrolment* is subject to the approval of the school's Enrolment Committee. Acceptance to this school does not constitute acceptance into any other catholic primary or secondary school.



- 1 The school and the Diocese both independently and through its schools collect 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 students enrolled at the school, exercise its duty of care, and perform necessary associated administrative activities, which will enable students to take part in all the activities of the school.
- 2 Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.
- 3 Laws governing or relating to the operation of schools require certain information to be collected and disclosed. These include education, 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. We may ask you to provide medical reports about your child 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.
- 6 The school may disclose personal and sensitive information for educational, administrative and support purposes. This may include:
  - Other schools and teachers at those schools
  - government departments and agencies
  - the Catholic Schools Office
  - the Catholic Education Commission NSW
  - the Diocese of Broken Bay and its parishes
  - medical practitioners
  - people providing educational, support and health services to the school, including specialist visiting teachers, sports coaches, volunteers, counsellors and providers of learning and assessment tools
  - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority
  - people providing administrative and financial services to the school
  - anyone you authorise the school to disclose information to
  - anyone to whom the school is required or authorised to disclose the information to by law, including child protection laws
- 7 Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and similar news is published in school newsletters, magazines and on our website. This may include photographs and videos of pupil activities such as sporting events, school camps and school excursions. The school will obtain permissions annually from the pupil's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos (or other identifying material) in our promotional material or otherwise make this material available to the public such as on the internet.
- 8 Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Older students may also seek access to personal information about themselves. However, access may be refused in certain circumstances such as 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. Any refusal will be notified in writing with reasons, if appropriate.
- 9 The school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- 10 If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why.

- 11 The school may use online or 'Cloud' service providers to store personal information and to provide services to the school that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the school's use of online or 'cloud' service providers is contained in the school's Privacy Policy.
- 12 The Diocesan Schools System Privacy Policy sets out how to make a complaint about a breach of privacy and how the school will deal with such a complaint.

### **LOCAL AREA WALKING PERMISSION**

I give permission for my child to walk to locations in the Hornsby Shire local area for the purpose of School Sport, Education Activities and Athletics Carnivals for the duration of my child's Primary School years at St Patrick's Catholic School Asquith.

Name of Parent / Guardian \_\_\_\_\_  
(please circle)

Signed: Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOGRAPH/VIDEO PERMISSION FORM



Dear Parents

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

The Catholic Schools Office (CSO) Broken Bay may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

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

**STUDENT' NAME:** \_\_\_\_\_ **YEAR LEVEL:** \_\_\_\_\_

- I give permission for my child's photograph/video and name to be published in:
  - the school newsletter
  - the school intranet
  - the school website(s)
  - school year book
  - school promotional materials
  - newspapers
- I authorise the CSO to use the photograph/video in material available free of charge to schools and education departments around Australia and for the CSO's promotional, marketing, media and educational purposes.
- I give permission for a photograph/video of my child to be used by the CSO in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

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

Name of Parent / Guardian  
(please circle) \_\_\_\_\_

**Signed:** Parent / Guardian \_\_\_\_\_ **Date:** \_\_\_\_\_

*Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).*

**Entered into SAS**

**Date:**