



St. Brigid's Catholic Primary School – Officer

Application for Enrolment

PLEASE RETURN THIS APPLICATION WITH THE FOLLOWING:

- A non-refundable fee of \$50.00
- A copy of the student's Baptism Certificate
- A copy of the student's Birth Certificate
- A copy of the student's Immunisation Certificate (available from Medicare)
- A copy of the student's passport / Visa if born outside Australia

STUDENT DETAILS:

Year Level of Enrolment:	Date of application:										
VSN NUMBER: Please provide Victorian Student Register Number if known. For student commencing PREP this number will be allocated after commencement.											
STUDENT SURNAME:	STUDENT FIRST NAME:										
DATE OF BIRTH:	GENDER:										
COUNTRY OF BIRTH:	RELIGION:										
CURRENT YEAR LEVEL:	PARISH:										
CURRENT SCHOOL: (If applicable)	CURRENT YEAR LEVEL: (if applicable)										
SACRAMENTS RECEIVED: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">dd/mm/yyyy</td> <td style="width: 25%; border: none;">Baptism <input type="checkbox"/></td> <td style="width: 25%; border: none;">Reconciliation <input type="checkbox"/></td> <td style="width: 25%; border: none;">Eucharist <input type="checkbox"/></td> <td style="width: 25%; border: none;">Confirmation <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> </tr> </table>		dd/mm/yyyy	Baptism <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Confirmation <input type="checkbox"/>	/ /	/ /	/ /	/ /	/ /
dd/mm/yyyy	Baptism <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Confirmation <input type="checkbox"/>							
/ /	/ /	/ /	/ /	/ /							
Does the student speak another language at home? No English Only <input type="checkbox"/> Yes, Please specify <input type="checkbox"/> _____											
Is the student of Aboriginal or Torres Strait Islander Origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Position in family (eldest/youngest etc)										
Previous Kinder/School attended:											
Have you or will you be enrolling your child into any other primary schools? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify which school(s) _____											

List any other children who are currently attending or have previously attended this school.

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

FAMILY DETAILS

FAMILY ADDRESS:

FAMILY PHONE NUMBER:

Who resides at this address: Both Parents Father Mother Guardian Other
Please circle

MAIL TO:

Name and address of person to whom mail should be addressed

INVOICE TO:

Name and address of person responsible for payment of fees
(If different to above)

MOTHER/GUARDIAN DETAILS

Full Name:

Address:

Home Phone:

Mobile:

Business phone:

Email:

Religion:

Occupation:

Employer:

Country of Birth:

FATHER/GUARDIAN DETAILS

Full Name:

Address:

Home Phone:

Mobile:

Business phone:

Email:

Religion:

Occupation:

Employer:

Country of Birth:

EMERGENCY CONTACT DETAILS (Other than Parents/Guardians)

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

STUDENT MEDICAL DETAILS

Medicare Number:	Expiry:
Private Health Fund:	Fund Number:
Ambulance Cover : Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:
Doctors Name: Address:	Phone:
Does the student have any special needs eg: integration, ESL, Speech disorder, behavior difficulties) or is there any other information concerning your child of which the school should be made aware of? Please specify:	
Does the student suffer difficulty in any of the following areas?: <i>(please specify)</i> Hearing: Yes <input type="checkbox"/> No <input type="checkbox"/> Speech: Yes <input type="checkbox"/> No <input type="checkbox"/> Vision: Yes <input type="checkbox"/> No <input type="checkbox"/> Mobility: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	
Does the student suffer from Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please return the completed Asthma Management Plan endorsed by your doctor.	
Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
Is your child diagnosed by a Medical Practitioner as being at risk of Anaphylaxis? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please provide a completed Anaphylaxis Management Plan endorsed by your doctor.	
Does your child wear glasses? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, are they worn all the time? _____	
Does your child have any special dietary requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please list _____	

ST BRIGIDS CATHOLIC PRIMARY SCHOOL – OFFICER

PARENT / GUARDIAN SIGNATURES

In signing this document, parents/guardians acknowledge that:

- This application is a registration for a place at St Brigid's Catholic Primary School
- The school will contact the family if a place is available
- A formal offer of a place will be communicated in writing and will be conditional upon an interview with the Principal
- Upon acceptance of the place, parents/guardians and students agree and co-operate with the rules and policies of the school

Mothers/Guardian's
Signature: _____

Father's /Guardian's
Signature: _____

Date: _____

Date: _____

Privacy Collection Statement

This information is collected within the guidelines of the National Privacy Act. The School's Privacy Policy can be found at www.stbofficer.catholic.edu.au or by contacting the school office.

FEES AGREEMENT

Account to be paid by: Both Parents Father Only Mother Only (Please tick)

I/We accept responsibility for the payment of fees and levies for _____

I/We agree that fees and levies as determined by St Brigid's Catholic Primary School will be paid within 30 days of account distribution. The fees are billed in four installments. These occur at the commencement of Terms 1, 2, 3, and 4 in the school year. (Weekly / Fortnightly/Monthly payments may be made by arrangement)

Name of Person(s) responsible for payment of fees:

1 _____ Signature _____

2 _____ Signature _____

(NB: ALL person(s) named as responsible for fee payment MUST sign this form as it will be considered legally binding)

ST BRIGID'S CATHOLIC PRIMARY SCHOOL - OFFICER

EMERGENCY MEDICAL AUTHORITY

In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require (including ambulance). I authorise all medical treatment, blood transfusions and/or anaesthetic and accept all risks involved and the responsibility for payment of any expenses thus incurred. Following notification by the school, I will promptly attend any location to which my child may be taken for treatment.

In the event of any illness or accident requiring medical assistance the school make all reasonable attempts to contact either parent.

Signature of Parent/Guardian: _____

Date: _____

PREVIOUS LEARNING DEVELOPMENT PROFILE

FOR STUDENTS ENTERING FOUNDATION/PREP LEVEL:

As part of the school enrolment procedure, we would like to gain further understanding of your child's development to date from their previous educational setting. This information will help us to provide appropriate learning programs for your child.

I consent for the kindergarten teacher at _____ Pre School to discuss the Prep Entry Profile and other matters relating to the learning development of my son/daughter with staff from St Brigid's Primary.

OR

FOR CHILDREN ENTERING ALL OTHER LEVELS

I consent for the staff at _____ School to discuss matters relating to the learning development of my son/daughter with staff from St. Brigid's Primary.

Signature of Parent/Guardian: _____

Date: _____

SCHOOL REGULATIONS

On the enrolment of my child _____ I accept that school regulations regarding conduct and uniform must be observed and I agree to support the school and teachers in its various programs and activities.

PUBLICITY PERMISSION

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

- I give permission for my child _____'s photo, name and examples of their work to be published in school publications, such as the school's newsletter, blog or website, or to promote the school in local newspapers.
- I understand and agree that if I wish to withdraw this authorisation, it is my responsibility to notify the school in writing.

Name of Parent / Guardian
(please circle) _____

Signed: Parent/Guardian _____

Date: _____

PARENTAL PERMISSION

SUPPLEMENTARY ENROLMENT - PARENT/GUARDIAN DETAILS

(Required under Government guidelines)

		Mother/ Guardian	Father/ Guardian
<p>Does the parent/guardian speak a language other than English at home? (If more than one language please indicate the one that is spoken most often.)</p>	No, English only	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, other - please specify	<input type="checkbox"/>	<input type="checkbox"/>
<p>What is the <i>highest</i> year of primary or secondary school the parent/guardian has completed? (For persons who have never attended school please mark 'Year 9 or equivalent or below')</p>	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
<p>What is the <i>highest</i> qualification the parent/guardians have completed?</p>	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate 1 to IV (including trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
<p>What is the occupation group of the parents/guardian? If a person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the persons last occupation. * If the person has not been in paid work in the last 12 months, enter "N",</p>	<p>(Please select the appropriate parental occupation group from the attached list).</p> <ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, please use the last occupation to select from the attached occupation group list. • If the person has not been in paid work for the last 12 months, enter 'N' 	<input type="checkbox"/>	<input type="checkbox"/>

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/sports persons 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/refugee/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]

STANDARD COLLECTION NOTICE

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
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. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches and volunteers.
6. 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.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

Please refer to St Brigid's Catholic Primary School Privacy Policy

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