



St Francis of Assisi Catholic Primary School

Early Learning Centre and Outside School Hours Care

56 Challoner Circuit
PO Box 921
Humpty Doo NT 0836

Email: admin.sfas@nt.catholic.edu.au
Web Site: www.sfasnt.catholic.edu.au
Ph: 8988 1212 Fax: 8988 1514

SCHOOL ENROLMENT APPLICATION FORM

Please complete and return to:

The Principal
St Francis of Assisi Catholic Primary School
PO Box 921
Humpty Doo NT 0836

This enrolment application **cannot** be accepted without the following attached:

	Parent Use	School Use
<u>Essential:</u>		
1. Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
2. Passport and Visa (for overseas students)	<input type="checkbox"/>	<input type="checkbox"/>
3. Baptismal Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4. Immunisation Record	<input type="checkbox"/>	<input type="checkbox"/>
5. Previous two full semester reports (not interim reports)	<input type="checkbox"/>	<input type="checkbox"/>
6. Copies from previous school of most recent National Testing Report	<input type="checkbox"/>	<input type="checkbox"/>
7. Custody/Guardianship (relevant documentation – see enrolment form)	<input type="checkbox"/>	<input type="checkbox"/>
8. Enrolment deposit of \$50 non-refundable (will offset Term fees)	<input type="checkbox"/>	<input type="checkbox"/>

As a condition of enrolment the following information MUST also be provided if applicable:

9. Portfolios or examples of schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>
10. A list of all previous schools attended.	<input type="checkbox"/>	<input type="checkbox"/>
11. Copies of Case Conferences held with Student Services.	<input type="checkbox"/>	<input type="checkbox"/>
12. Hearing assessment.	<input type="checkbox"/>	<input type="checkbox"/>
13. Psychological assessment.	<input type="checkbox"/>	<input type="checkbox"/>
14. Speech Pathology report.	<input type="checkbox"/>	<input type="checkbox"/>
15. Occupational Therapist report.	<input type="checkbox"/>	<input type="checkbox"/>
16. Paediatrician report.	<input type="checkbox"/>	<input type="checkbox"/>
17. Involvement in special programmes and associated reports:	<input type="checkbox"/>	<input type="checkbox"/>

eg Special Education Units, Reading Recovery, Literacy Support,
Gifted and Talented Programme.

OFFICE USE ONLY:	Interviewed by:	Date Interviewed:
Date of Application:	Enrolment: Approved / Declined	Date Approved / Declined:
Date of Commencement:	Student Key:	Family Key:
Enrolment Fee Receipt No:	Status:	Alternative Family Key:
Academic Year:	Roll Group:	House:

Information about the Student

1. Student's legal name

Legal surname or family name

Legal first given name

Legal second given name

Preferred given name

Leave blank if same as first given name

2. Student's email address

3. Sex

Male Female

4. Date of Birth

Day Month Year

5. Place of Birth

6. In which country was the student born?

Australia

Other – please specify

7. Residential Status

Australian Citizen (Go to Nationality)

Resident

Overseas Date of Arrival: _____

Copy of Visa Attached: _____

Nationality: _____

8. Student's Indigenous Status

Is the student of Aboriginal or Torres Strait Islander origin?

(for persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

9. Does the student speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often).

No, English only

Yes, Other – Please Specify: _____

10. Year Level in which student is enrolling

Has student attended St Francis previously?

No Yes

If yes - Dates/ year/ s attended

Primary

Trans 1 2 3 4 5 6 7

11. Previous School/ Preschool

1.

2.

3.

12. Special Needs Assistance

- Has the child received extra assistance at school?
- Has any Specialists assessments been performed?
- Have there been any Specialists Reports written?

Yes No

Yes No

Yes No

If Yes, are the reports attached? Yes No

Student Enrolment Application Form

13. Other family currently enrolled or enrolling at this School:	Surname	Given Names	Year level
14. Are there any special family circumstances <i>eg single parent, dual custody, foster care, access restrictions</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes; does the school require supporting legal documents	<input type="checkbox"/> Yes; attached with application. <input type="checkbox"/> No		
15. Religion			
16. Sacraments	Baptism Date _____ Parish _____ Communion Date _____ Parish _____ Confirmation Date _____ Parish _____		

Student's Medical Details

17. Doctor's Name			
18. Doctor's Phone No.			
19. Medical Conditions <i>(advise if your child receives daily medication)</i>	Eg: medical/ physical/ allergy		
20. Special Needs	Eg: psychological/ cognitive/ sensory/ behavioural		
21. Medic Alert Required?	<input type="checkbox"/> Yes (Please supply details of alert) _____ <input type="checkbox"/> No		
22. Immunisation Record <i>Please Note: A copy of student's immunisation record is to be supplied with this application.</i>	MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	MEN (Meningococcal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pertussis (whooping cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Polio (OPV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hepatitis B (HEB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hib (Haemophilus Influenza Type B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BCG (TB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23. Consent to Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>In the event of illness or injury requiring urgent medical treatment I consent for medical and /or hospital attention to be sought. Parents / Emergency Contact will be contacted immediately in these events.</p> <p>If prescription / other medication is sent to school with the student a note giving details of dosage and permission for St Francis staff to administer medication must accompany the student.</p> <p>Give consent to the School Health Program for your child-Health Screening applicable to Transition and Year 1 students only.</p> <p style="color: red;">Give consent to St Francis staff to inspect child/ren for Head lice.</p>			

24. Emergency Contacts – The first and second parent or guardian stated on page 5 will be the school's first and second priority contacts. Please provide at least one other emergency contact.

	Contact Name	Relationship to student	Work Phone	Home Phone	Mobile
3					
4					
5					

25. Consent for publication of photographs and student work

From time to time, photographs or videotapes of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/ images/ videos may be used in class activities or could be published by the School and Catholic Education Office (CEO), school magazines, newsletters, displays, journals, professional development materials for teachers, or on the internet and/or intranet. In addition, student work is also published from time to time.

Publications:

I give consent for my child's **photos / images / videos** taken during school activities to be published by the school and CEO, school magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.

Parents/guardian to sign Signature _____ Signature _____

Websites

I give consent for my child's **photos / images / videos** taken during school activities to be published on the school and/ or CEO web site. The images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites.

Parents/guardian to sign Signature _____ Signature _____

AGREEMENT

- I/ we understand and accept that St Francis of Assisi School (herein known as the school) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concerns for others. The School's philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of each one's potential. The School provides an environment where gospel values are lived out, thus allowing students to experience the hope and optimism of the Gospel message of Jesus Christ. I/ we agree to support in every possible way this religious dimension of the School.
- I/ we accept and agree to support the standards of behaviour, uniform, which the School requires.
- I/ we realise that in sending my child to St Francis of Assisi School, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined by the Principal, will be paid on receipt of Invoice. I also understand that pro-rata fees are payable for students commencing or leaving during term. If at any time and for any reason I should find myself unable to meet my financial obligations in full, I agree to contact the Finance officer or Principal to make special interim arrangements. For the recovery of fees a debt collection agency will be used and you will be liable for the debt recovery commission.
- I/ we understand the importance of parental involvement with the education of my child. I agree to assist in some capacity and I understand that some commitment will be expected of me.
- I/ we understand and accept that the completion of this enrolment form does not guarantee enrolment.
- I/ we understand and accept that attendance at an enrolment interview does not guarantee an enrolment offer being made.
- I/ we have completed this application form fully and to the best of my/ our knowledge. Further, I/ we acknowledge and accept that if it can be demonstrated that I/ we have withheld information relevant to the application/ enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/ or Parenting Orders, then the enrolment may be refused or terminated on this ground.

SIGNATURES OF PARENT (S) / GUARDIAN (S)

Parent or Guardian _____ Date / / 20__

Parent or Guardian _____ Date / / 20__

Family Information

This information refers to Parents residing at the same address as the student.

For parent/ guardian not residing at the same address please complete the section 'Alternative Family Details'.

Female Parent / Guardian 1.	Male Parent / Guardian 2.
26. Relationship to Student <input style="width: 100%;" type="text"/>	Relationship to Student <input style="width: 100%;" type="text"/>
27. Title (eg Mr, Mrs, Miss, Ms, Dr) <input style="width: 100%;" type="text"/> Given names <input style="width: 100%;" type="text"/> Surname or Family Name <input style="width: 100%;" type="text"/> Occupation <input style="width: 100%;" type="text"/> Nationality <input style="width: 100%;" type="text"/> Country of Birth <input style="width: 100%;" type="text"/>	Title (eg Mr, Mrs, Miss, Ms, Dr) <input style="width: 100%;" type="text"/> Given names <input style="width: 100%;" type="text"/> Surname or Family Name <input style="width: 100%;" type="text"/> Occupation <input style="width: 100%;" type="text"/> Nationality <input style="width: 100%;" type="text"/> Country of Birth <input style="width: 100%;" type="text"/>
28. Does parent/guardian 1 speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input style="width: 100%;" type="text"/>	Does parent/guardian 2 speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input style="width: 100%;" type="text"/>
29. Employer <input style="width: 100%;" type="text"/>	Employer <input style="width: 100%;" type="text"/>
30. Religion <input style="width: 100%;" type="text"/>	Religion <input style="width: 100%;" type="text"/>
31. Business Phone 32. Mobile Phone <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>	Business Phone Mobile Phone <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
33. Email <input style="width: 100%;" type="text"/> Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email <input style="width: 100%;" type="text"/> Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Australian Defence Family <input type="checkbox"/> No <input type="checkbox"/> Yes please specify <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force	
36. Family Parish	
37. Family Medicare Number	
38. Health Care Card	<input type="checkbox"/> No <input type="checkbox"/> Yes Expiry Date: _____

Family Address Details

Does the Child live at this address: Permanently / Occasionally (Please Circle).

If the Child resides at times with another family please provide details in Alternative Family section of this form.

39. Residential Address

Mailing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	
Home Telephone Number	

40. Postal Address Leave Blank if same as Residential Address

Street Number and Name or Post Office Box	
Town	
State and Postcode	

41. Billing Address Leave Blank if same as Residential Address

Billing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	

42. The following information is to be supplied if the Payment of School Fees is shared or from an alternative source. This information will be used in the Billing for the Fees.

Billing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	
Telephone	Home _____ Mobile _____

Alternative Family Details – Other Parent not residing at the same address as the student

This information is also required if the student resides at times with an alternative family during school terms

Alternative Female Parent / Guardian	Alternative Male Parent / Guardian
<p>43.</p> <p>Relationship to Student <input style="width: 150px; height: 20px;" type="text"/></p>	<p>Relationship to Student <input style="width: 150px; height: 20px;" type="text"/></p>
<p>44.</p> <p>Title (eg. Mr, Mrs, Miss, Ms, Dr) <input style="width: 150px; height: 20px;" type="text"/></p> <p>Given names <input style="width: 200px; height: 25px;" type="text"/></p>	<p>Title (eg. Mr, Mrs, Miss, Ms, Dr) <input style="width: 150px; height: 20px;" type="text"/></p> <p>Given names <input style="width: 200px; height: 25px;" type="text"/></p>

Surname / Family Name	<input type="text"/>	Surname / Family Name	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Country of Birth	<input type="text"/>	Country of Birth	<input type="text"/>

45. Does parent/guardian speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input type="text"/>	Does parent/guardian speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input type="text"/>
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46. Employer <input type="text"/>	Employer <input type="text"/>
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47. Religion <input type="text"/>	Religion <input type="text"/>
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48. Business Phone <input type="text"/>	Business Phone <input type="text"/>
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49. Mobile Phone <input type="text"/>	Mobile Phone <input type="text"/>
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50. Copy of Student Reports <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Student Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
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51. Email <input type="text"/>	Email <input type="text"/>
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Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Alternative Family Address Details	
52. Residential Address	
Mailing Title eg. Mr and Mrs D Smith	<input type="text"/>
Street Number and Name	<input type="text"/>
Town	<input type="text"/>
State and Postcode	<input type="text"/>
Home Telephone Number	<input type="text"/>
53. Postal Address ♦ Leave Blank if same as Residential Address	
Street Number and Name or Post Office Box	<input type="text"/>
Town	<input type="text"/>
State and Postcode	<input type="text"/>

Parent/ Guardian Background Information

The following information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

54. What is the highest year of primary or secondary school the parents / guardians have completed? <i>(for persons who have never attended school, mark 'Year 9 or equivalent or below')</i>			
Mother/ Parent1 / Guardian 1 one box	Mark only	Father/ Parent2 / Guardian2	Mark only one box
Year 12 or equivalent	<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	Year 9 or equivalent or below	<input type="checkbox"/>

55. What is the level of the <i>highest</i> qualification the parents / guardians have completed?			
Mother/ Parent1/ Guardian 1 one box	Mark only	Father/ Parent2 / Guardian2	Mark only one box
Bachelor degree or above	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>
Advanced diploma/Diploma	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>

The following questions refer to the parental occupation group. Please select from the appropriate parental occupation from the attached List:

- *If the 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 person's last occupation.*
- *If the person has not been in paid work in the last 12 months, enter '8' in the box above.*

<p>56. What is the occupation group of the Mother/ Parent 1/ Guardian1? **Group _____</p> <p>What is the occupation group of the Father/ Parent 2/ Guardian2? **Group _____</p> <p>** see below</p>

****List of Parental Occupation Groups**

<p><u>Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals</u></p> <p>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]</p>
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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/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]

PROTECTING YOUR PRIVACY

Saint Francis of Assisi Catholic Primary School

1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. 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. 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 from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, government agencies, statutory boards [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Catholic Dioceses. Also government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA)]* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
 - 6a. In addition to the agencies and purposes cited at 6 above personal information relating to students and parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain school information relating to the circumstances of parents and students on the MySchool website.
7. 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.*
8. 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].
9. 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.
10. 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.
11. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines [and on our website]
12. 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.