

**OFFICE USE ONLY:**

INTERVIEWER: \_\_\_\_\_

DATE OF ENTRY: \_\_\_/\_\_\_/\_\_\_

FAMILY REF: \_\_\_\_\_

HOUSE: \_\_\_\_\_

**FORMS CHECKLIST:**

- Last Report
- CEO Media Consent
- Catholic Agreement
- Trans Ear/Eye Check Consent
- Y10-12 SACE Media Consent
- Birth Certificate/Passport
- Copy of Visa
- 2 Reports

**ICT AGREEMENT CHECK LIST**

- ICT/Internet Agreement
- BYOD Agreement
- Secondary Mobile Agreement



# INDIVIDUAL STUDENT CONFIDENTIAL ENROLMENT APPLICATION FORM

Generally, information on enrolment forms is made available to teaching staff and diocesan personnel upon request but not to others outside the College. If any information on this form is to be treated with greater confidentiality please attach a separate statement indicating what this is and the restrictions you would like to have placed on its accessibility and distribution.

**ENROLMENT FOR YEAR LEVEL \_\_\_\_\_, in 20\_\_\_\_\_**

To assist with appropriate placement I offer the following information based on my knowledge of my son/daughter and his/her schooling history.

## STUDENT DETAILS (Please Print)

Student's Surname: \_\_\_\_\_

Family Name (if different to the above): \_\_\_\_\_

Christian/Given Name: \_\_\_\_\_

Preferred Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

*(Copy of Birth Certificate must be attached)*

- Most recent school report
- NAPLAN results
- Immunization records
- Birth Certificate
- Copy of Visa and Passport (if not Australian Citizen)

**WHEN COMPLETED PLEASE RETURN TO:**  
 Ms Annette Scheffe  
 ST JOSEPH'S CATHOLIC COLLEGE  
 PO BOX 535 KATHERINE NT 0851  
 TELEPHONE: (08) 8972 3555 FAX: (08) 89723701  
 EMAIL: [admin.stjosephs@nt.catholic.edu.au](mailto:admin.stjosephs@nt.catholic.edu.au)

## Student Information

### 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. Gender

Male       Female

### 4. Date of Birth (DD/MM/YYYY)

/      /

### 5. Country of Birth

Australia  
 Other – please specify \_\_\_\_\_

### 6. Residential Status

Australian Citizen (C)  
 Permanent Resident (P), Visa Code: \_\_\_\_\_  
 Temporary Resident (R), Visa Code: \_\_\_\_\_  
 Overseas Student (O), Visa Code: \_\_\_\_\_

Nationality  
 \_\_\_\_\_

**Proof of Australian residency must be provided with each application.**

**Schools are required to check the residency status of all enrolling students as funding is not provided for some categories of temporary residents.**

**Permanent/Temporary Residents:** Please attach a copy of documentary evidence of residency to this enrolment form. *Copies must be certified.*

Australian Birth Certificate  
 Australian Passport  
 Australian Naturalisation Certificate  
 New Zealand Passport  
 New Zealand Birth Certificate  
 Foreign Passport  
 Permanent resident Visa document  
 Temporary resident Visa document  
 Permanent stamp on a refugee document

Date of arrival in Australia:    /    /

First Date attended Australian school:    /    /

### 7. Does the student speak a language/dialect other than standard English at home? (EALD)

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

No, English only  
 Yes, Other – Please Specify \_\_\_\_\_  
 (If yes an interview with the Learning Support Teacher is required)

<b>8. Student's Indigenous Status</b>		Is the student of Aboriginal or Torres Strait Islander origin? <i>(for persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		
<b>9. Year Level in which student is enrolling</b>		<b>Primary</b> Trans 1      2      3      4      5      6  <b>Secondary</b> 7      8      9      10      11      12		
<b>10. Previous School / Early Learning Centre / Preschool Attended</b>		Date of Leaving _____ School Name _____ State _____ Year Level _____ Number of years at this school _____		
<b>11. Siblings and Position in Family</b>				
Position in Family	Tick for student being enrolled	Name	School	Year Level
Eldest	<input type="checkbox"/>			
2 <sup>nd</sup> Eldest	<input type="checkbox"/>			
3 <sup>rd</sup> Eldest	<input type="checkbox"/>			
4 <sup>th</sup> Eldest	<input type="checkbox"/>			
5 <sup>th</sup> Eldest	<input type="checkbox"/>			
<b>12. Are there any special family circumstances</b> <i>e.g. single parent, dual custody, foster care, access restrictions</i>		<input type="checkbox"/> Yes Supporting legal documents are required by the school. Attached <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> No		
<b>13. Religion</b>				
<b>14. Sacraments</b> <i>(Copies of Baptism certificate must be attached)</i>		Baptism      Date _____ Parish _____ Eucharist      Date _____ Parish _____ Confirmation      Date _____ Parish _____		
<b>15. Has this student previously enrolled at St Joseph's Catholic College</b>		<input type="checkbox"/> Yes If yes, what year _____ <input type="checkbox"/> No		

## 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.
18. Relationship to Student <input style="width: 150px;" type="text"/>	Relationship to Student <input style="width: 150px;" type="text"/>
19. Title ( Mr., Mrs., Miss, Ms, Dr) <input style="width: 150px;" type="text"/>	Title (Mr., Mrs., Miss, Ms, Dr) <input style="width: 150px;" type="text"/>
Given names <input style="width: 150px;" type="text"/>	Given names <input style="width: 150px;" type="text"/>
Surname or Family Name <input style="width: 150px;" type="text"/>	Surname or Family Name <input style="width: 150px;" type="text"/>
Occupation <input style="width: 150px;" type="text"/>	Occupation <input style="width: 150px;" type="text"/>
Nationality <input style="width: 150px;" type="text"/>	Nationality <input style="width: 150px;" type="text"/>
Country of Birth <input style="width: 150px;" type="text"/>	Country of Birth <input style="width: 150px;" type="text"/>
<b>20. Language other than English at home?</b> <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: 100px;" type="text"/>	<b>Language other than English at home?</b> <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: 100px;" type="text"/>
21. Employer <input style="width: 150px;" type="text"/>	Employer <input style="width: 150px;" type="text"/>
22. Religion <input style="width: 150px;" type="text"/>	Religion <input style="width: 150px;" type="text"/>
23. Business Phone <input style="width: 150px;" type="text"/>	Business Phone <input style="width: 150px;" type="text"/>
24. Mobile Phone <input style="width: 150px;" type="text"/>	Mobile Phone <input style="width: 150px;" type="text"/>
Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Email <input style="width: 150px;" type="text"/>	Email <input style="width: 150px;" type="text"/>
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
26. Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Australian Defence Family <input type="checkbox"/> Yes <input type="checkbox"/> No Defence Unit : _____	<b>Please specify</b> Army <input type="checkbox"/> Navy <input type="checkbox"/> RAAF <input type="checkbox"/>
28. Family Parish <input style="width: 150px;" type="text"/>	

## 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.

### 29. Residential Address

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

### 30. Postal Address ♦ Leave Blank if same as Residential Address

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

### 31. Billing Address ♦ Leave Blank if same as Residential Address

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

### 32. 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 e.g. Mr. and Mrs. D Smith		
Street Number and Name		
Town		
State and Postcode		
Telephone	Home: _____	Mobile: _____
What percentage of fees is this person responsible for:		
Further Comments:		

## 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
<b>33.</b> Relationship to Student <input style="width: 100%;" type="text"/>	Relationship to Student <input style="width: 100%;" type="text"/>
<b>34.</b> Title (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 (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"/>
<b>35.</b> 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"/>	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"/>
<b>36. Employer</b> <input style="width: 100%;" type="text"/>  <b>37. Religion</b> <input style="width: 100%;" type="text"/>  <b>38. Business Phone</b> <input style="width: 100%;" type="text"/>  <b>39. Mobile Phone</b> <input style="width: 100%;" type="text"/>	<b>36. Employer</b> <input style="width: 100%;" type="text"/>  <b>37. Religion</b> <input style="width: 100%;" type="text"/>  <b>38. Business Phone</b> <input style="width: 100%;" type="text"/>  <b>39. Mobile Phone</b> <input style="width: 100%;" type="text"/>
Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>40. Provide a copy of Student Reports:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Provide a copy of Student Reports</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>41. Do you wish to be contacted by email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Email:</b> <input style="width: 100%;" type="text"/>	<b>Do you wish to be contacted by email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Email:</b> <input style="width: 100%;" type="text"/>

<b>42. Residential Address</b>	
<b>Mailing Title e.g. Mr. and Mrs. D Smith</b>	
<b>Street Number and Name</b>	
<b>Town</b>	
<b>State and Postcode</b>	
<b>Home Telephone Number</b>	

**43. Postal Address** ♦ Leave Blank if same as Residential Address

<b>Street Number and Name or Post Office Box</b>	
<b>Town</b>	
<b>State and Postcode</b>	

**Family Court Orders and Other Family Protection Orders**

If parents/carers are separated or divorced, is a Family Court Parenting Order or any other order in place in relation to this student?  Yes  No

Are there any Protection Orders in place in relation to this student?  Yes  No

If the answer is **YES** to any of the above questions, briefly state conditions (**a copy must be attached**)

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If parents/carers are separated or divorced but no Family Court Order are in place, are there arrangements/conditions concerning this student of which the school should be aware?

Yes  No  Not applicable

If **YES** briefly state conditions \_\_\_\_\_

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Do both parents have joint parental responsibility?  Yes  No

If **YES** is there joint consensus to enroll this student at St Joseph's Catholic College?  Yes  No

Do Court Orders exist stating the school correspondence should be sent to an alternative address?  Yes  No

If **YES** please give details of name(s) and postal address:

Title and Name(s): \_\_\_\_\_ Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

### Media and Communications Consent Form

**Student details (compulsory)**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

As the parent/guardian of the above child, I understand that from time to time *photos, audio and video / film* ('the material') may be taken of my child to be **used for various promotional purposes** by:

- My child's school
- Professional development materials for teachers
- Catholic Education Office (the central administration office of Catholic Schools in the Northern Territory)
- The Catholic Diocese of the Northern Territory
- Related Catholic educational organizations, e.g. National Catholic Education Commission, The Federation of Parents & Friends Associations, etc.
- Katherine Times
- Tindal Times
- NT News

Such promotional uses by the above organizations may include:

- Newsletters
- Promotional products (e.g. brochures, publications, videos, print and television advertisements)
- Media releases to print and electronic media
- Websites of the above organisations

I understand that, **in consultation with me and with my consent prior to the occurrence**, my child may be **identified by name** in positive promotional news stories in my child's school newsletter, the Catholic Education Offices' newsletter/publications and media releases. Otherwise, **in no circumstances will my child be identified by name on websites or in any other promotional material.**

I understand that my child's school has my child's best interests at heart and will manage media access, reserving the right to refuse media access where it would, in the opinion of the principal, interfere with the student's well-being or the operation of the school.

I acknowledge that I and my child have **no rights in the material** taken of my child or the production presentation in which it appears. However, at the discretion of my child's school, Catholic Education Office copies may be made available to me upon my request.

I acknowledge that the material my **continue to be used** for a number of years, even once my child has left his or her current school, and that some of the products in which the material is used may have extended longevity.

Signature of student's parent or guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ PA/PB

Full name of student's parent or guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Excursion Permission

As parent/guardian I give my consent of him/her to participate in and travel to:

- A. School Swimming Program Yes  PC No
- B. Any Local Excursion (20km radius) Yes  PD No

I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the above mentioned activities. I understand that in the event of serious misbehaviour, my child will be excluded from the activity and I will be asked to come and collect him/her from the venue. I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the student. I am aware that students will be travelling in the College Bus, Staff / Parent Car or Charter Bus.

**Parents/Guardians to sign** .....  
Parent/ Guardian Signature Date

**Parents/Guardians to sign** .....  
Parent/ Guardian Signature Date

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### Student's Medical Details

<b>44. Doctor's Name</b>																												
<b>45. Doctor's Phone No.</b>																												
<b>46. Medical Conditions</b> (advise if your child receives daily medication)  Medication: _____ Dosage: _____	e.g. medical/physical/allergy/asthma/other																											
<b>47. Please list any of the student's disabilities, disorders, syndromes, recurring illnesses or other medical conditions of which the school needs to be aware College.</b>																												
<b>48. Medic Alert Required?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please supply details of alert) _____																											
<b>49. Immunisation Record</b>  <i>Please Note: A copy of student's immunisation record is to be supplied with this application.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">MMR (Measles, Mumps, Rubella)</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 20%;"><input type="checkbox"/> No</td> </tr> <tr> <td>MEN (Meningococcal)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Tetanus</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Pertussis (whooping cough)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Diphtheria</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Polio (OPV)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Hepatitis B (HEB)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Hib (Haemophilus Influenza Type B)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>BCG (TB)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	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
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
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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																										
<b>50. Consent to Medical Attention:</b>																												
In the event of illness or injury requiring urgent medical treatment I consent for medical and /or hospital attention to be sought. (If Ambulance travel is required the cost is covered by the College Ambulance Cover) Parents / Emergency Contact will be contacted immediately in these events.																												
If prescription / other medication is sent to the College: <ul style="list-style-type: none"> <li>a note giving details of dosage and permission must be given to Admin staff to administer medication</li> <li>the medication must be kept in the First Aid Room</li> </ul>																												
Do you give permission for the school to: <table style="margin-left: 100px; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">Head Lice Check.....<input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	Head Lice Check..... <input type="checkbox"/>	<input type="checkbox"/>																							
YES	NO																											
Head Lice Check..... <input type="checkbox"/>	<input type="checkbox"/>																											
<b>Parents/Guardians to sign</b> _____ <i>Parent/ Guardian Signature</i>	Date: _____																											
_____ <i>Parent/ Guardian Signature</i>	Date: _____																											

**51. Emergency Contacts** – The first and second parent or guardian stated on page 4 will be the College's first and second priority contacts. You may wish to provide other names below.

	Contact Name	Relationship to student	Work Phone	Home Phone	Mobile
1					
2					

### Student's Interests and Abilities

To assist the College in providing for your son/daughter's education, it would be useful to have the following information:

Sport	Vocal	Speech and Drama
Art	Instrumental	Other

Does your son/daughter show extra potential, abilities or strengths in any specific areas?

\_\_\_\_\_

\_\_\_\_\_

### General Information

As a parent/care giver my special contribution to the College will be in the form of:

\_\_\_\_\_

\_\_\_\_\_

I/We can support the school with:

- |   |   |                                       |
|---|---|---------------------------------------|
| Classroom Assistance <input type="checkbox"/> | P & F Activities <input type="checkbox"/> | School Board <input type="checkbox"/> |
| Library Assistance <input type="checkbox"/>   | Working Bee <input type="checkbox"/>      |                                       |

### 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.*

<b>52. What is the highest year of primary or secondary school the parents / guardians have completed?</b> <i>(for persons who have never attended school, mark 'Year 9 or equivalent or below')</i>			
Mother/ Parent1 / Guardian 1	Mark only one box	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"/>

<b>53. What is the level of the <i>highest</i> qualification the parents / guardians have completed?</b>			
Mother / Parent / Guardian 1	Mark only one box	Father / Parent / Guardian 2	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 on the last page of the application form. 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.*

<b>54. What is the occupation group of the Mother / Parent / Guardian 1.</b> Group _____	<b>What is the occupation group of the Father / Parent / Guardian 2.</b> Group _____
<b>55. Aboriginal/Torres Strait Islander Students</b>	Parental permission is given for tutorial assistance as per funding guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No

## Special Needs/ Learner Support Information

Has your son/daughter had any learning support in the past?     Yes     No

Give details: \_\_\_\_\_

**Tables A & B should only be completed if YES was answered to the question above. An interview with the Learning Support Teacher will be required for further information gathering.**

Our enrolment policy requires that we identify the Specials Needs and assessment or support by specialist services of our students in order to provide learning support where appropriate. Please tick the boxes where relevant.

TABLE A Support Area	Tick	TABLE B Centre or Practitioner	Tick
Has your son/daughter been formally diagnosed with one or more of the following?		Guidance Officer/Counsellor/Psychologist	
Autistic Spectrum Disorder ( including Asperger's Syndrome)		Youth and Community Mental Health	
Physical Impairment		Psychiatrist	
Intellectual Impairment		Pediatrician	
Hearing Impairment		Occupational Therapist	
Speech Language Impairment			
Visual Impairment		Physiotherapist	
Social/ Emotional Impairment			
Other Impairment		Speech Language Pathologist (Therapist)	
Does your son/daughter suffer from any chronic illnesses that may affect learning? (e.g. chronic fatigue syndrome, glandular fever, diabetes, cystic fibroses, epilepsy)		Audiologist	
Has your son/daughter experienced any emotional difficulties that may affect his/her learning?		Specialist Clinic (private or public hospital)	
Has your son/daughter had a traumatic experience that may have affected his/her learning? ( death in the family, etc)		Advisory Visiting Teacher Service	
Has your son/daughter been diagnosed as having a condition which affects learning? (e.g. ADHD/ADD, Auditory Processing Difficulty)		Special education Unit OR Early Childhood Development Unit	
Is a language other than English spoken in the home?		Community Health	
Does your son/daughter require "English as a Second Language" support?		Department of Child Safety	

**If you have ticked any of the boxes in Table A or Table B, please attach copies of assessment reports and details of specialist services received (please hand these to the Office or to the Learning Support Teacher.)**

### UNDERTAKING

In the interest of my son/daughter being provided with appropriate learning opportunities at St Joseph's Catholic College, I have included all known information about my son/daughter. Also, I give permission for the previous school(s) or agencies to be contacted seeking reports and/or guidance. I nominate the following contact person at my son/daughter's previous school, who would be able to assist you in the collection of other relevant information.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ (Mother/Female Guardian/Care Giver) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ (Father/Male Guardian/Care Giver) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## AGREEMENT

- *I/we understand and accept that the St Joseph's Catholic College Katherine (herein known as the College) is a Catholic 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 College philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of each one's potential. The College 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 College.*
- *I/we accept and agree to support the standards for behaviour, dress, grooming and self-discipline which the College requires.*
- *I/we realise that in sending my child to the St Joseph's Catholic College Katherine, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined by the Principal and College Board, will be paid on receipt of invoice. 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 Business Manager or Principal to make special interim arrangements. I understand that failure to do this will jeopardise my child's ongoing enrolment in the College.*
- *I/we understand that a 2 weeks notice in writing must be given to the College Administration Office before withdrawal of a student. Failure to give such notice will involve payment of the fee for the relative billing period, irrespective of the date the student may leave during the term. Exceptions may be given in cases of transfers at short notice, or on compassionate grounds.*
- *Students exit from the College through an exit interview with the Principal. This is the approved exit date.*
- *Student absences should be understood it is a requirement that parent/carers advise the administration office of absences – whether planned or due to sickness or personal circumstances via phone or email. If after 10 consecutive unexplained school day absences, the College requires a re-entry interview with parent/carers and child before the child can rejoin their class.*
- *School fees will be sent home via post in Week 5 of each term. Payment of term school fees is required 21 days from the date of issue. Parents may negotiate periodic payments (weekly, fortnightly or monthly) rather than pay the fees in a lump sum. Any negotiations regarding the payment of fees are conducted with the Principal.*

**When a student enrolls at the College, these terms and conditions are agreed upon.**

- *I/we agree that my child will take an active part in the various activities, including retreats, camp and co-curricular, that are run as part of the College educational program, and that I will ensure their attendance at these activities.*
- *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.*

I/we \_\_\_\_\_ (PRINT YOUR NAME/S)

Have read and agree to the responsibilities stated above in 'GUIDELINES FOR PARENTS' and apply for enrolment of my/our son/daughter, subject to the above conditions, including the obligation to pay all school fees. I/we recognize that false information on this form may invalidate my son's / daughter's enrolment.

Mother/Female Parent or Guardian ..... Date / / 20

Father/Male Parent or Guardian ..... Date / / 20

**Enrolment Collection Notice**

**Information we collect**

Our College collects and records personal, sensitive and health information from students and parents/guardians before and during the course of the students' enrolment at our College.

**Purpose of collection**

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. The information may also be used for appropriate parish purposes.

**Disclosure of information**

This information may be disclosed by us for administrative and educational purposes to others including but not limited to, personnel within Catholic Education Office, other Catholic schools, medical practitioners and people providing services to schools, such as specialist visiting teachers and consultants.

**Our privacy position**

Catholic Education Office is bound by the *Privacy Amendment (Private Sector) Act 2000*, and has adopted the ten (10) National Privacy Principles. A privacy statement detailing Catholic Education 's practices and procedures for the use and management of the personal, sensitive and health information it collects and records can be accessed on the CEO Services website – with this enrolment form. Alternatively a hard copy of the statement may be provided with this enrolment form.

**Information required**

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enroll or continue to enroll your son/daughter. By completing and submitting the school enrolment form you have confirmed your understanding of and the agreement with the above.

I, \_\_\_\_\_ acknowledge that I have read and understood the 'Privacy Statement' and the 'Enrolment  
(parent / guardian)

Collection Notice' as outlined by St Joseph's Catholic College.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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/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]