

APPLICATION FOR ENROLMENT

CONFIDENTIAL



St Thomas of Villanova Parish School
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www.stthomasmareeba.qld.edu.au

NAME:
.....
D.O.B.:
.....
YEAR/LEVEL:
20

PRIVACY

Information we collect

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

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. This 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 Cairns Catholic Education Centre, other systemic schools, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants.

Our privacy position

Cairns Catholic Education is bound by the Privacy Amendment (Private Sector) Act 2000, and has adopted the ten (10) National Privacy Principles. A hard copy of the privacy statement detailing Cairns Catholic Education's practices and procedures for the use and management of the personal, sensitive and health information it collects and records may be provided on request.

Information required

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol or continue to enrol your son/daughter.

By completing and submitting this application for enrolment form you have confirmed your understanding of and agreement with the above.

PARENT CHECKLIST

Have you included:-

- Baptismal Certificate
- Birth Certificate (Certified)
- Specialist Records/Reports
- Passport/Visa Document (if applicable)
- Copies of Court Orders or Family Agreements etc
- Immunisation Verification

OFFICE USE ONLY

Letter of Offer (date)	Date of Application
Letter of Acceptance (date)	Interviewed By
Commencement Date	Date
Family Code	Approved By
Student Code	Date
House details	Enrolment No.
Application Fee Receipt No.	Special Circumstances YES/NO
Enrolment Deposit Receipt No.	Parish Member YES/NO
Birth Certificate YES/NO	Data Entered
Baptism Certificate YES/NO	



FAMILY DETAILS

	PARENT/GUARDIAN (a) Residing with Child	PARENT/GUARDIAN (b) Residing with Child Indicate if same as (a)	PARENT Not Residing with Child
Surname			
Other Name/s			
Home Address			
Medicare			
Home Phone No.			
Fax No.			
Relationship to child			
Parish			
Occupation			
Date of Birth			
Workplace / Employer			
Business Phone/Daytime Contact No.			
Mobile Phone No.			
Religion			
Country of Citizenship			
Driver's Licence No.			
Main Language Spoken at Home (eg, English, Italian, Creole, Vietnamese, French, Aboriginal English)			
Email Address			
Address for Correspondence			
Marital Status (e.g. married, divorced, separated, de facto, single)			
Birth Country			
Identifies as Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identifies as Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If main Language is not English do you require an Interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Language/s Spoken at Home (eg Vietnamese, English, French)			

STUDENT DETAILS

Surname		First Name
Second Name		Preferred Name
Email		Gender
Date of Birth (Documentary evidence required)		Place of Birth
Birth Country		Resident Status
Country of Citizenship		
Does the child identify as an Aboriginal	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal or Torres Strait Islander culture
	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander
Main Language Spoken at Home (eg, Italian, Creole, Vietnamese, French, Aboriginal English)		Is this child in Care of the State



STUDENT DETAILSContinued

This child's position in the family - Sibling Order (eg eldest of 3)			
Religion		Parish	
Arrival Date in Australia			
Visa Subclass Number(Documentary evidence required)			

PREVIOUS SCHOOL/S, PRESCHOOL/S or KINDERGARTEN

Year	Class	Date from	Date to	School	Town/Suburb

SACRAMENTS

(Documentary evidence required)	Date	Church	Town/Suburb
Baptism			
Penance / Reconciliation			
Confirmation			
Eucharist			

SIBLINGS *(Other Family Members) To identify eligibility for family fee concession*

If attending kindy, preschool, primary or secondary school please indicate school name, suburb and current year level.

Name	Gender	Birth date	Home/School/Work

TRANSPORT

Mode of Transport to School	
Mode of Transport from School	
Distance from Home to School	

EMERGENCY INFORMATION:

In a case of an emergency, we require contact names & phone numbers of those OTHER than parent/s or guardian/s:

	Emergency Contact (1)	Emergency Contact (2)	Student's Doctor	Student's Dentist
Name				
Relationship			Phone Number (Doctor)	Phone number (Dentist)
Telephone No.				



SPECIALIST ASSESSMENTS (Reports relevant to schooling should be provided)

	Yes/No	Name of Centre/Specialist	Date of First Visit	Is your child attending now?
Pediatrician				
Audiology Clinic				
Guidance Officer/ Psychologist/Counsellor				
Psychiatrist				
Occupational Therapist				
Physiotherapist				
Speech Pathologist Ascertainment				
Other:				

MEDICAL HISTORY

	Yes/No	Details of medication/treatment
Pre/Postnatal Concerns		
Birth Concerns		
Vision Concerns		
Hearing Concerns		
Head Injury		
Convulsions		
Diagnosed Disability		
Allergies		
Asthma		
Other: (Please specify)		

List any medication which your child is taking regularly: _____

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

IMMUNISATIONS - Has the student been immunised against:

Age	Disease	Vaccine	Yes/No
Birth	Hepatitis B	Hep B1	
2 months	Diphtheria, Tetanus, Pertussis, Hepatitis B Haemophilus Influenza type B, Poliomyelitis	DTPa – Hep B ^{2,3} Hib ^{1,2} IPV	
4 months	Diphtheria, Tetanus, Pertussis, Hepatitis B Haemophilus Influenza type B Poliomyelitis	DTPa – Hep B ^{2,3} Hib ^{1,2} IPV	
6 months	Diphtheria, Tetanus, Pertussis, Hepatitis B Haemophilus Influenza type B Poliomyelitis	DTPa – Hep B ² Hib ¹ IPV	
12 months	Hepatitis B Haemophilus Influenza type B Measles, Mumps, Rubella Meningococcal C conjugate	Hep B ³ Hib ^{1,2} MMR MenCCV	
4 years	Diphtheria, Tetanus, Pertussis Measles, Mumps, Rubella Poliomyelitis	DTPa MMR IPV	



OTHER INFORMATION

Indicate any social/emotional conditions or traumatic events experienced by the student which may affect learning, school activities or which may require additional or emergency attention at school:

Indicate legal matters of which the school should be aware (eg. custody orders/parental agreements/In Care of State):

Indicate educational matters of which the school should be aware (eg. repeating a year level, receiving additional classroom support in current school, etc.):

Indicate any other information which may assist with this enrolment application:

To assist with our marketing efforts, please indicate what factors influenced you to apply for enrolment of your child/children at this school?:

ACCOUNTING DETAILS (Please indicate the method by which accounts will be paid)

Direct Deposit (An information sheet giving the relevant school details will be forwarded to you for completion)

Eftpos

Mail: -----

Billing address: -----

Name/s (Parents, Guardians, Other): -----

Address: -----

ENROLMENT AGREEMENT

Between Roman Catholic Trust Corporation for the Diocese of Cairns trading as _____ (insert school name)

and _____
(Name/s of Parent/s or Legal Guardian/s)

of _____ Postcode _____
(Address)

Name of Student _____ Grade _____ Year _____
(hereinafter referred to as “my child”)

These terms constitute a contract with the School in respect of educational services.

1. GENERAL TERMS

- 1.1. The School is a Catholic School so my child will be educated in a faith environment and will participate in all aspects of the formal Religion Education programme, school liturgies and celebrations.
- 1.2. I will support school policies, behaviour expectations and education requirements and professional advice in the best interest of my child and other students.
- 1.3. I have fully and accurately disclosed any information required by the School in its enrolment process and understand that the commitment to keep the School informed about any changes that may affect my child’s school life is ongoing.
- 1.4. My child will travel on a school bus or on any form of public or private transport where such transport is reasonably deemed by the School to be necessary or desirable.
- 1.5. My child will attend school and participate in all activities organised or made available at school, including retreats, school camps, work experience programmes and all other outings, excursions and functions.
- 1.6. I consent to the School, through the Principal or staff, seeking medical or dental advice on behalf of my child as it sees fit in the event of accident or illness. While every effort will be made to contact parents or care givers, if they are not reasonably contactable, and if in the opinion of an attending medical or dental practitioner or medical officer, my child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, I consent to such medical or dental practitioner or medical officer giving such attention or treatment.
- 1.7. I certify that the consent which I have given in paragraph 1.6 is valid at all times while my child is in the custody of the School including but not limited to such times as my child is at school, is present at retreats, school camps or is attending or participating in a work experience programme, outing, excursion or function.
- 1.8. I certify that I understand that the School will take all reasonable care in the event of my child suffering accident or illness but that the School will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.
- 1.9. I accept that positive and supportive partnership between the School and we, the parents of the child, is a term of this contract.



2. FINANCIAL TERMS

- 2.1. This section records my financial obligations arising from my child's enrolment and attendance at the School.
- 2.2. I agree to pay, as a debt due and owing to the School, school fees, levies and building fund contributions invoiced by the School to me at the prevailing rates set by the School from time to time.
- 2.3. Except where a direct debit facility acceptable to the School is in place, I will pay the school fees, levies and building fund contributions within 14 days from the date of the School's invoice.
- 2.4. If any payment is not made by the due date, the School will be entitled, in its absolute discretion, to charge interest on the overdue balance at the rate of 10% per annum from the due date of the School's invoice to the date of payment.
- 2.5. Interest will: (a) accrue from day-to-day; (b) be calculated from the due date for payment of the invoice until payment; and (c) be calculated using a simple interest method.
- 2.6. I acknowledge that my obligation to pay school fees, levies and building fund contributions is without deduction, set-off or counterclaim.
- 2.7. In the event that the School takes legal action (including court action) to recover school fees, levies or building fund contributions, I agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the School.
- 2.8. I acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I submit to the non-exclusive jurisdiction of courts at Cairns, Queensland and waive any right I may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
- 2.9. Where another parent/guardian signs this enrolment agreement, I agree that I am jointly and severally liable with that person.
- 2.10. By signing this agreement, I consent and agree to the School:
- (a) accessing and using information about my credit worthiness from a credit reporting agency in order to assess my application for enrolment;
 - (b) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
 - (c) in the event of non-payment of school fees, levies and building fund contributions, entering my name with and disclosing my personal information to a credit reporting agency to record the overdue payment, and I release and discharge the School from any liability or claim arising out of or in connection with any such dealings with a credit reporting agency.
- 2.11. I acknowledge that the School has informed me that my personal information may be disclosed to a credit reporting agency.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ Principal: _____



MEDIA AND COMMUNICATIONS CONSENT FORM

CONSENT GIVEN

I give permission for photos, video/audio and samples of work created or contributed to by the person below to be used without remuneration or compensation in publications (print, websites, DVDs, CD ROMs) and/or presentations sanctioned by the school or Catholic Education Services – Diocese of Cairns (CES).

PURPOSE

This consent applies to any use, recording or disclosure of the individual's name, recording or image, individual work and personal information, including but not limited to:

- any activities engaged in during the ordinary course of the provision of education and training by the school or Catholic Education Services, Diocese of Cairns.
- assessment of students and other purposes associated with the provision of education;
- public relations, promotion, advertising, media and commercial activities;
- use by the media in relation to activities that show the Individual in a positive light, e.g., drama and musical performances, sports and prize giving;
- any other activities as sanctioned by the school or CES.

DURATION

I acknowledge that the material may *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.

UNDERSTANDINGS

- 'Use' includes:
 - ◆ to create, make copies of or reproduce or retain in any form, including by camera, video, webcam, closed circuit television, mobile phone or any other form of digital recorder or device, including still or motion; and
 - ◆ to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet, in whole or in part, and to permit other persons to do so.
- **Licensed under NEALS** The photos, video/audio and samples of work 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 licensed material wholly and freely for educational purposes.

Name of Person: _____

Address: _____

School: _____

Tel: _____ Email: _____

Signature (optional, if person is a minor): _____ Date: _____

If the person is under 18, the form must be signed by a parent or guardian.

Name of Parent/Guardian: _____

Address: _____

Tel: _____ Email: _____

Signature: _____ Date: _____

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

CONSENT NOT GIVEN

