

Student Name (office use only)



Catholic Education Diocese of Wagga Wagga

Application to Enrol at a Catholic Primary or Secondary School

Version 1.0.1



**Catholic
Education**

Diocese of Wagga Wagga

Catholic Education in the Diocese of Wagga Wagga

Catholic Education Diocese of Wagga Wagga (CEDWW) is united in the belief that Jesus Christ, our greatest teacher, calls us to share in his evangelising mission and give witness to our faith.

We do this by building inclusive, caring, Christ-centered communities delivering contemporary learning opportunities so that all may flourish.

CEDWW Schools:

- Share the good news of Jesus Christ.
- Educate with a Catholic perspective preparing the students to serve their communities with justice, integrity and a particular commitment to the poor.
- Create the conditions for students to be inspired with a love of learning and a heart of hope.



Vision and Purpose

**‘I came that they may have life, and have it to the full’
(John 10:10)**

Inspired by the message and actions of Jesus Christ we nurture excellence as a community of learners, so all may flourish in the fullness of their humanity.



Our System of Schools

- 8600 students enrolled in 24 Primary schools and 5 Secondary Colleges supported by 31 parishes across the Diocese
- A diversity of school sizes, from small rural setting to large regional schools across the Riverina and South West of NSW
- Boarding facilities in Wagga Wagga and Leeton supporting 3 Secondary Colleges

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Enrolment Application Process

1. APPLICATION TO ENROL

- Enrolments open early March in the year prior to commencement.
- Parent/Carer downloads or collects a hard copy of the Enrolment Package.
- Parent/Carer completes Application to Enrol, providing all required documentation in the parent checklist (see page 28) and submits application directly to first preference school.
- It must be understood that submission of the Application to Enrol and documentation does not guarantee an offer of enrolment.

2. PRINCIPAL/SCHOOL INTERVIEW WITH FAMILY

- Family interviews begin in Term 1 and continue through to Term 3, depending on school procedures.
- The interview focus will be to determine the needs of each student.
- When enrolling a student with a disability and additional needs, the Principal, in consultation with appropriate personnel, is required to follow the Ascertainment Process for the Enrolment of Students with Diverse Learning Needs.
- If a student or parent/carers is on a Visa, the school will liaise with the Attendance Officer at CEDWW prior to any enrolment offer being made.

3. CONFIRMATION OF OFFER AND ACCEPTANCE OF ENROLMENT

- Parents/Carers receive a written enrolment offer from the school.
- Parents/Carers need to confirm in writing their acceptance of this offer. Unsuccessful applicants will be notified in writing.
- All parents/guardians will be required to complete an 'Enrolment Agreement'. This will be supplied by each school after acceptance is received.
- Students may also be placed on a waiting list. Any formalised waiting list is to be prioritised and procedurally fair. Appeals against the decision shall be made firstly to the Principal and then to the Director of Catholic Education or delegate at CEDWW.

4. ORIENTATION SESSIONS FOR STUDENTS

- Orientation/Transition Programs for incoming students are usually held in Terms 3 or 4. The arrangements may vary depending on the school and the needs of the students.

Information and Guidelines for Enrolment

Your Privacy Protected

The information you provide will be used to process your child's application for enrolment, which may include a risk assessment. It will only be used or disclosed for general student administration, communication, state and national reporting purposes and other matters relating to the education and welfare of the student. All information will be stored securely. The school and Catholic Education Diocese of Wagga Wagga are subject to the CEDWW Privacy Policy, the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW). You may access or correct any personal information provided by contacting the school.

Information Required

The information you provide will assist the school to communicate with you and to care for your child while at school. We are required by law to ensure the health and safety of students, staff and visitors to the school.

It is therefore important to answer all questions on this form except those about your occupation and education. Should you choose to submit an incomplete form, processing your application may be delayed and the quality of service to you may be affected.

It is also important to indicate if your child has any physical, social/emotional, intellectual and/or health care needs which may affect learning, school activities or require specialised educational support or emergency attention at school. When applying for, and throughout the course of enrolment, parents/caregivers are required to disclose all relevant information related to their child's disability and additional needs. Failure to disclose at the point of enrolment, or during the course of enrolment, may result in revocation of the offer of enrolment.

Asking About Parental Occupation and Education

All parents across Australia, no matter which school their child attends, are asked to provide information about family background. The main purpose of collecting this information is to promote an education system fair for all Australian students regardless of their background. This information is used to evaluate whether education policies are effective and to ensure that no group is experiencing undue disadvantage because of their economic or social background. Providing information about your occupation and education is voluntary, but your information will ensure that all students are being well served by Australian schools.

The five groups listed on pages 26-27 are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past year please choose the group in which you used to work. You will need this table to answer the questions in Section 2.5 and 3.5.

Fees

Although Catholic Education Diocese of Wagga Wagga is supported by State and Federal Government subsidies, its continuing existence depends substantially on the contribution made by the payment of school fees. A schedule of fees is published annually. Parents who believe that they may have difficulty in meeting their obligations in respect to school fees, are requested to make an appointment with the principal of the school in which enrolment is sought to discuss their circumstances.

Return of Application

Return this completed Application to Enrol form and all required documentation (see page 28) to the school where the student is currently seeking enrolment.





**WE ARE
GREATER
TOGETHER**

APPLICATION TO ENROL IN A PRIMARY OR SECONDARY SCHOOL

**THANK YOU FOR YOUR INTEREST IN SEEKING ENROLMENT IN A
CEDWW SCHOOL.**

Before beginning to complete this form please refer to page 28 for details regarding documents that you are required to provide to the school to support your application. An explanation of the purpose and use of the information you provide is given on page 5.

Priorities

When the enrolment applications exceeds the school's intake capacity, the hierarchy of priorities will be followed.

Enrolments are to be made in accordance with the following criteria:

1. Baptised Catholic children of regularly worshipping Catholic families with strong demonstrable links to the designated Catholic parish or parishes. For secondary colleges, students currently enrolled in CEDWW Primary schools receive priority for enrolment in a secondary college.
2. Siblings of children already attending the school whose families have demonstrated ongoing support for the ethos and values of the Catholic Church.
3. Children of families who have 'special pastoral circumstances' as assessed by the Enrolment Committee or, where appropriate, the school Principal and/or the parish priest in conjunction with the Principal.
4. Children of Catholic families not covered above, or who are outside the local designated Catholic parish.
5. Children of regularly worshipping families from other Christian denominations.
6. Children of families from other faith traditions who are prepared to support the ethos and values of the Catholic Church.

In NSW, primary aged children are classified as having turned five (5) before 31 July however, age and readiness are considerations for enrolment.

Section 1.1

Student Details

First Name: Last Name:

Middle Name: Second Middle Name:

Preferred Name: Gender (please specify):

Date of Birth: (dd/mm/yyyy) / /

Which School are you seeking to enrol this student: (Number in order of preference)

Primary	<input type="checkbox"/> St Anne's Primary School, North Albury	<input type="checkbox"/> St Joseph's Primary School, Narrandera	<input type="checkbox"/> St Peter's Primary School, Coleambally
<input type="checkbox"/> All Saints Primary School, Tumbarumba	<input type="checkbox"/> St Brendan's Primary School, Ganmain	<input type="checkbox"/> St Joseph's Primary School, Wagga Wagga	Secondary
<input type="checkbox"/> Henschke Primary School, Wagga Wagga	<input type="checkbox"/> St Joseph's Primary School, Culcairn	<input type="checkbox"/> St Mary's Primary School, Corowa	<input type="checkbox"/> Kildare Catholic College, Wagga Wagga
<input type="checkbox"/> Holy Spirit Primary School, Lavington	<input type="checkbox"/> St Joseph's Primary School, Finley	<input type="checkbox"/> St Mary's Primary School, Yoogali	<input type="checkbox"/> Marian Catholic College, Griffith
<input type="checkbox"/> Holy Trinity Primary School, Wagga Wagga	<input type="checkbox"/> St Joseph's Primary School, Jerilderie	<input type="checkbox"/> St Michael's Primary School, Coolamon	<input type="checkbox"/> Mater Dei Catholic College, Wagga Wagga
<input type="checkbox"/> Mater Dei Primary School, Wagga Wagga	<input type="checkbox"/> St Joseph's Primary School, Junee	<input type="checkbox"/> St Patrick's Parish School, Albury	<input type="checkbox"/> St Francis De Sales Regional College, Leeton
<input type="checkbox"/> Sacred Heart Primary School, Tocumwal	<input type="checkbox"/> St Joseph's Primary School, Leeton	<input type="checkbox"/> St Patrick's Primary School, Griffith	<input type="checkbox"/> Xavier High School, North Albury
<input type="checkbox"/> Sacred Heart Primary School, Wagga Wagga	<input type="checkbox"/> St Joseph's Primary School, Lockhart	<input type="checkbox"/> St Patrick's Primary School, Holbrook	

Intended start date: (dd/mm/yyyy) / /

Year level on enrolment: (e.g. K, 7, 11)

Are you seeking boarding? ☐ Yes ☐ No If Boarding at Mt.Erin, please complete additional Enrolment form

Section 1.2

Student Address

Residential Property Address

Street No.: Street Name:

Suburb: State: Postcode:

Mailing address: (if different to residential address)

PO Box/RMB No.: Street/Road Name (if RMB):

Suburb: State: Postcode:

Proof of address attached? (e.g. rates notice or utility bill) ☐ Yes ☐ No

Section 2.1 Parent/Legal Guardian 1 Details

Title: (e.g. Mr/Ms/Mrs/Dr) First Name:

Last Name: Middle Name:

Name for Correspondence: (e.g. Mr and Mrs Smith)

Email Address: Gender (please specify):

Home Phone No.: Mobile Phone No.:

Business Phone No.: Business Hours:

Date of Birth: (dd/mm/yyyy) / / Religion:

Is this parent/guardian paying school fees fully or partially? ☐ Fully ☐ Partially

If partially, what is the percentage of fees they are paying? %

Section 2.2 Address

Residential Property Address

Street No.: Street Name:

Suburb: State: Postcode:

Mailing address (if different to residential address)

PO Box/RMB No.: Street/Road Name: (if RMB)

Suburb: State: Postcode:

Section 2.3 Country of Birth and Residency Status

Country of Birth:

Residency Status: ☐ Australian Citizen ☐ New Zealand Citizen ☐ Norfolk Islander
☐ Permanent Visa ☐ Temporary Visa ☐ Bridging Visa

If born overseas, what date did parent/legal guardian 1 arrive in Australia? (dd/mm/yyyy) / /

If parent/legal Guardian 2 is a Permanent or Temporary Visa holder, please provide the following

Current Visa Sub-Class: Temporary Visa expiry date: / /
(dd/mm/yyyy)

Passport No.: Passport expiry date: / /
(dd/mm/yyyy)

Section 2.4 Language Background Other Than English

Is English the main language spoken by the parent/guardian at home? ☐ Yes ☐ No (EAL/D)

If **YES**, is/are there any language(s) other than English spoken at home:

Please write the actual language(s) used: e.g. Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

If **NO**, what is the main language other than English spoken at home:

Any other language(s) spoken at home:

Section 2.5 Occupation Group

Please choose the group that best describes your occupation.

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See pages 29 - 30 for more information and examples.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Group 8 | Have not been in paid work in the last 12 months |
| <input type="checkbox"/> Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers |
| <input type="checkbox"/> Group 3 | Tradespeople, clerks and skilled office, sales and service staff |
| <input type="checkbox"/> Group 2 | Other business managers, arts/media/sports persons and associate professionals |
| <input type="checkbox"/> Group 1 | Senior management in large business organisations, government administration and defence, and qualified professionals. |

Occupation:

Employer:

Section 2.6 School Education

Highest level of schooling completed:

Mark one box only, for persons who never attended school, mark 'Year 9 or equivalent or below'

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below |
|--|--|--|--|

What is the highest qualification completed?

- | | |
|---|--|
| <input type="checkbox"/> No non-school qualifications | <input type="checkbox"/> Certificate I to IV (including trade certificate) |
| <input type="checkbox"/> Advanced Diploma/Diploma | <input type="checkbox"/> Bachelor Degree or above |

Section 3.1 Parent/Legal Guardian 2 Details

Title: (e.g. Mr/Ms/Mrs/Dr) First Name:

Last Name: Middle Name:

Name for Correspondence: (e.g. Mr and Mrs Smith)

Email Address: Gender (please specify):

Home Phone No.: Mobile Phone No.:

Business Phone No.: Business Hours:

Date of Birth: (dd/mm/yyyy) / / Religion:

Is this parent/guardian paying school fees fully or partially? ☐ Fully ☐ Partially

If partially, what is the percentage of fees they are paying? %

Section 3.2 Address

Residential Property Address

Street No.: Street Name:

Suburb: State: Postcode:

Mailing address (if different to residential address)

PO Box/RMB No.: Street/Road Name: (if RMB)

Suburb: State: Postcode:

Section 3.3 Country of Birth and Residency Status

Country of Birth:

Residency Status: ☐ Australian Citizen ☐ New Zealand Citizen ☐ Norfolk Islander
☐ Permanent Visa ☐ Temporary Visa ☐ Bridging Visa

If born overseas, what date did parent/legal Guardian 2 arrive in Australia? (dd/mm/yyyy) / /

If parent/legal Guardian 2 is a Permanent or Temporary Visa holder, please provide the following

Current Visa Sub-Class: Temporary Visa expiry date: / /
(dd/mm/yyyy)

Passport No.: Passport expiry date: / /
(dd/mm/yyyy)

Section 3.4 Language Background Other Than English

Is English the main language spoken by the parent/guardian at home? ☐ Yes ☐ No (EAL/D)

If **YES**, is/are there any language(s) other than English spoken at home:

Please write the actual language(s) used: e.g. Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

If **NO**, what is the main language other than English spoken at home:

Any other language(s) spoken at home:

Section 3.5 Occupation Group

Please choose the group that best describes your occupation.

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See pages 29 - 30 for more information and examples.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Group 8 | Have not been in paid work in the last 12 months |
| <input type="checkbox"/> Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers |
| <input type="checkbox"/> Group 3 | Tradespeople, clerks and skilled office, sales and service staff |
| <input type="checkbox"/> Group 2 | Other business managers, arts/media/sports persons and associate professionals |
| <input type="checkbox"/> Group 1 | Senior management in large business organisations, government administration and defence, and qualified professionals. |

Occupation:

Employer:

Section 3.6 School Education

What is the highest level of schooling completed?

Mark one box only, for persons who never attended school, mark 'Year 9 or equivalent or below':

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below |
|--|--|--|--|

What is the highest qualification completed?

- | | |
|---|--|
| <input type="checkbox"/> No non-school qualifications | <input type="checkbox"/> Certificate I to IV (including trade certificate) |
| <input type="checkbox"/> Advanced Diploma/Diploma | <input type="checkbox"/> Bachelor Degree or above |

Section 4.1 Carer 1 Details (if applicable)

Title: (e.g. Mr/Ms/Mrs/Dr) First Name:

Last Name: Middle Name:

Email Address: Gender (please specify):

Home Phone No.: Mobile Phone No.:

Business Phone No.: Business Hours:

Date of Birth:(dd/mm/yyyy) // Religion:

Is this carer paying school fees fully or partially? ☐ Fully ☐ Partially

Section 4.2 Carer 2 Details (if applicable)

Title: (e.g. Mr/Ms/Mrs/Dr) First Name:

Last Name: Middle Name:

Email Address: Gender (please specify):

Home Phone No.: Mobile Phone No.:

Business Phone No.: Business Hours:

Date of Birth: (dd/mm/yyyy) // Religion:

Is this carer paying school fees fully or partially? ☐ Fully ☐ Partially

Section 5 Student Living Arrangements

Section 5.1 Student Living Arrangements

Please provide a brief description of the student's living arrangements which may include percentage of time living with each parent/carers:

Section 6.1 Emergency Contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed in Section 2 - 4. Ideally each contact should be someone who lives near the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.

CONTACT DETAILS (First Preference)

Family Name: Given Name:
 Relationship to Student: (e.g. neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (e.g. Mondays and Tuesdays only).

Mobile Number: Comments:
 Home Phone: Comments:
 Work Phone: Comments:

CONTACT DETAILS (Second Preference)

Family Name: Given Name:
 Relationship to Student: (e.g. neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (e.g. Mondays and Tuesdays only).

Mobile Number: Comments:
 Home Phone: Comments:
 Work Phone: Comments:

Section 7

Sibling Information

Section 7.1 Sibling Information

Does this student have any siblings? ☐ Yes ☐ No

If **YES**, please indicate the following:

Name of Student	Gender	Date of Birth (dd/mm/yyyy)	Year Level (If attending)	Name of School and Address (If attending)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 8.1 Student Demographic Information

Nationality: (the first/primary country listed on this student's passport):

Country of Birth:

Residency Status: ☐ Australian Citizen ☐ New Zealand Citizen ☐ Norfolk Islander
☐ Permanent Visa ☐ Temporary Visa Holder ☐ Bridging Visa

A student born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the student was born.

If born overseas, on what date did the student arrive in Australia?

/ /
 (dd/mm/yyyy)

If the student is a permanent or temporary visa holder, please provide the following:

Current Visa Sub-Class:

Temporary Visa expiry date:

/ /
 (dd/mm/yyyy)

Passport No.:

Passport expiry date:

/ /
 (dd/mm/yyyy)

If this is not the student's first enrolment at an Australian school, what was the student's first date of enrolment at an Australian school?

/ /
 (dd/mm/yyyy)

Defence Force Family: ☐ Yes ☐ No

Section 8.2 Language Background Other Than English

Is English the main language spoken by the student at home:

☐ Yes ☐ No (EAL/D)

If **YES**, is/are there any language(s) other than English spoken at home:

Please write the actual language(s) used: (e.g. Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole).

If **NO**, what is the main language other than English spoken at home?

Any other language(s) spoken at home:

Section 8.3 Indigenous Identification

Is the student of Aboriginal or Torres Strait Islander origin?

☐

No

☐

Torres Strait Islander

☐

Aboriginal

☐

Both Aboriginal and Torres Strait Islander

Section 8.4 Student Religion

Student's Religion:

Sacraments Received (Please enter details below and attach copies of certificate where possible)

Sacrament	Date Received (dd/mm/yyyy)	Name of Parish Where Received	Copy of Certificate Attached (Y/N)
Baptism	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reconciliation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communion	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirmation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 8.5 Student Transport

Student's usual form of transport to and from school:



Section 8.6 Early Childcare Information

In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs? ☐ Yes ☐ No

If **YES**, indicate any of the following that apply and tick if this was part-time (less than 15 hours per week) or full-time (15 hours or more per week).

	Part- time	Full-time
<input type="checkbox"/> Preschool	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Day Care (with a preschool program)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Day Care (without a preschool program)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Day Care	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grandparent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other formal or informal care	<input type="checkbox"/>	<input type="checkbox"/>

e.g. occasional care, playgroup, other relative, nanny, friend, neighbour). If other, please describe in the space provided below

Preschools usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

Long day care services offer all-day care for most of the year for children aged 0 - 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

Name of Preschool/Long Day Care service:



Section 8.7 Previous School

Please provide details for any previous schools that the student has attended.

Name of School	Location (suburb/town/state/country)	Year Level at Finish	Start Date	Finish Date

Does the student have a history of any of the following?

☐ Suspension/Expulsion ☐ Behavioural Problems ☐ Violent Behaviour ☐ Drug Use

If **YES**, please provide additional information below. If required, attach an additional document.



Section 9.1 Medical History

It is essential that you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Please list below the name, address and phone number of doctors or medical specialists who are currently treating your child for any allergy or other medical condition. Attach an additional page if required.

Allergy/Medical Condition	Doctor's Name	Address	Telephone

Does your child have a documented plan to support any health or medical needs from a previous school or organisation? (e.g. preschool, occasional care, etc) ☐ Yes ☐ No

If YES, is this form attached? ☐ Yes ☐ No



Section 9.2 Allergy Information

Does the student have any allergies? ☐ Yes ☐ No

If **YES**, please fill in the following information:

Allergy to:

Has a doctor diagnosed this allergy? ☐ Yes ☐ No

Is this a severe allergy (Anaphylaxis)? ☐ Yes ☐ No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

Has your child been hospitalised with a severe allergic reaction (Anaphylaxis) or any other allergy?

☐ Yes ☐ No

If **YES**, which hospital?

Does your child have an ASCIA Action Plan for **Anaphylaxis**?

☐ Yes ☐ No

If **YES**, is a copy of the ASCIA plan attached?

☐ Yes ☐ No

Has your child been prescribed an adrenaline auto injector (i.e. EpiPen)?

☐ Yes ☐ No

If your child has been prescribed an adrenaline auto injector, you will need to provide the school with one and replace prior to expiry date.

What is the expiry date of the adrenaline auto injector that will be provided to the school?

/
(mm/yyyy)

If not known at the time of completing this form, the school will require this information on enrolment.

Does your child have an ASCIA Action Plan for **Allergic Reactions**?

☐ Yes ☐ No

If **YES**, is this plan attached?

☐ Yes ☐ No

If **YES**, what is the date of expiry for the current ASCIA Action Plan? (dd/mm/yyyy)

/ /

The school requires an up-to-date plan prior to enrolment and any future updates whilst the student is enrolled, are also required to be provided to the school.

Please list any other medications prescribed for this allergy:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The school will require further details in relation to prescribed medication on enrolment.

Section 9.3 Other Medical Conditions

Medical Conditions other than Allergies and Anaphylaxis (e.g. Asthma, Diabetes, Epilepsy).

Please identify and provide details below of any other medical conditions for which your child is being treated. If more than one condition or insufficient space, please attach additional pages and include answers to all seven questions that follow.

Medical Condition:

Has a doctor diagnosed this condition? ☐ Yes ☐ No

Has your child been hospitalised with this condition? ☐ Yes ☐ No

If YES, which hospital?

Does your child have a documented action plan from a doctor (e.g. asthma action plan)?

☐ Yes ☐ No

If YES, is this plan attached? ☐ Yes ☐ No

The school requires an up-to-date plan prior to enrolment and any future updates, whilst the student is enrolled, are also required to be provided to the school.

Is your child taking prescribed medication for this condition? ☐ Yes ☐ No

If YES, what is the prescribed medication?

The school will require further details in relation to prescribed medication on enrolment.

Section 9.4 Immunisation Information

Are the student's immunisations up to date? ☐ Yes ☐ No

If NO, the student will be considered at risk and may be excluded if there is an outbreak of an infectious disease in line with the CEDWW School Childhood Infectious Diseases Policy.

Mark the boxes to indicate the immunisations the student has received
(Attach History Statement.)

Childhood Vaccinations

- | | |
|---|--|
| <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> Diptheria, Tetanus, Pertussis (Whooping Cough) |
| <input type="checkbox"/> Haemophilus Influenza Type B (HIB) | <input type="checkbox"/> Measles, Mumps, Rubella, Varicella (Chickenpox) |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Hepatits A (ATSI) |

Adolescent Vaccinations (12 - 15 Years)

- ☐ Human Papillomavirus (HPV)
- ☐ Diptheria, Tetanus, Pertussis (Whooping Cough)

Adolescent Vaccinations (15 - 19 Years)

- ☐ Meningicoccal

Section 10.1 Learning Needs

Does the student require support for learning because of disability?

☐

Yes

☐

No

Legislation recognises that adjustments may be required for students with special needs, including students with a disability so that they can participate at school. School personnel, families and relevant professionals work together to identify the adjustment that may be needed to meet the student's learning and support needs.

Is there anything that you do or modify at home that may help us at school to meet the student's educational needs?

☐

Yes

☐

No

If **YES**, please specify:

Indicate whether the student applying for enrolment has any known or emerging special needs. **(Attach supporting documentation)**

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behaviour disorders |
| <input type="checkbox"/> A hearing impairment | <input type="checkbox"/> An intellectual disability |
| <input type="checkbox"/> A language disorder | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> A physical disability | <input type="checkbox"/> A vision impairment |
| <input type="checkbox"/> Difficulties in the basic area of learning | <input type="checkbox"/> Acquired brain injury |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Has your child had any specialist assessment or reports from the following:

	Name of Centre/Specialist	Date of first visit	Still attending?	
Audiology Clinic	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Therapist	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialist Clinic	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Pathologist	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paediatrician	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please specify below)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note, if this application is successful it is an essential part of the enrolment contract that the school be furnished with any specialist assessments or reports relevant to special needs of the student. The school should be advised promptly of any changes to the needs of the student over the full course of his/her enrolment. Staff associated with personalised planning will also regularly re-evaluate the student's needs in order to make all reasonable adjustments to best provide for his/her overall needs within the capacity of the school.

Section 11.1 Special Circumstances

Are there circumstances about the student seeking enrolment that the school should know prior to enrolment e.g. mature age, pregnancy, living apart from parental supervision, subject of a court order, out of home care arranged by state, AVO.

☐

Yes

☐

No

If **YES**, please provide a brief description of the circumstances:

Student's History Relevant to Risk Assessment

Catholic Education Diocese of Wagga Wagga has a responsibility to assess and manage any risk of harm to its staff and students. The information you provide will help us to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school?

☐

Yes

☐

No

If **YES**, provide a brief description of the student's medical or other history which might pose a risk of any type to him or her, other students or staff:

Please provide contact details of health professionals or other relevant bodies that have knowledge of these issues:

Does your child have any history of violent behaviour?

☐

Yes

☐

No

If **YES**, please provide details:

Has your child ever been suspended or expelled from any previous school?

☐

Yes

☐

No

If **YES**, was this for:

☐

actual violence to any person

☐

illegal drugs

☐

possession of weapon or any item used to cause harm or injury

☐

threats of violence or intimidation of staff, students, or others at the school

Are you aware of any other incidents of the kind listed above that involved the student outside of the school setting?

☐

Yes

☐

No

If **YES**, please provide a brief outline of these matters:

Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?

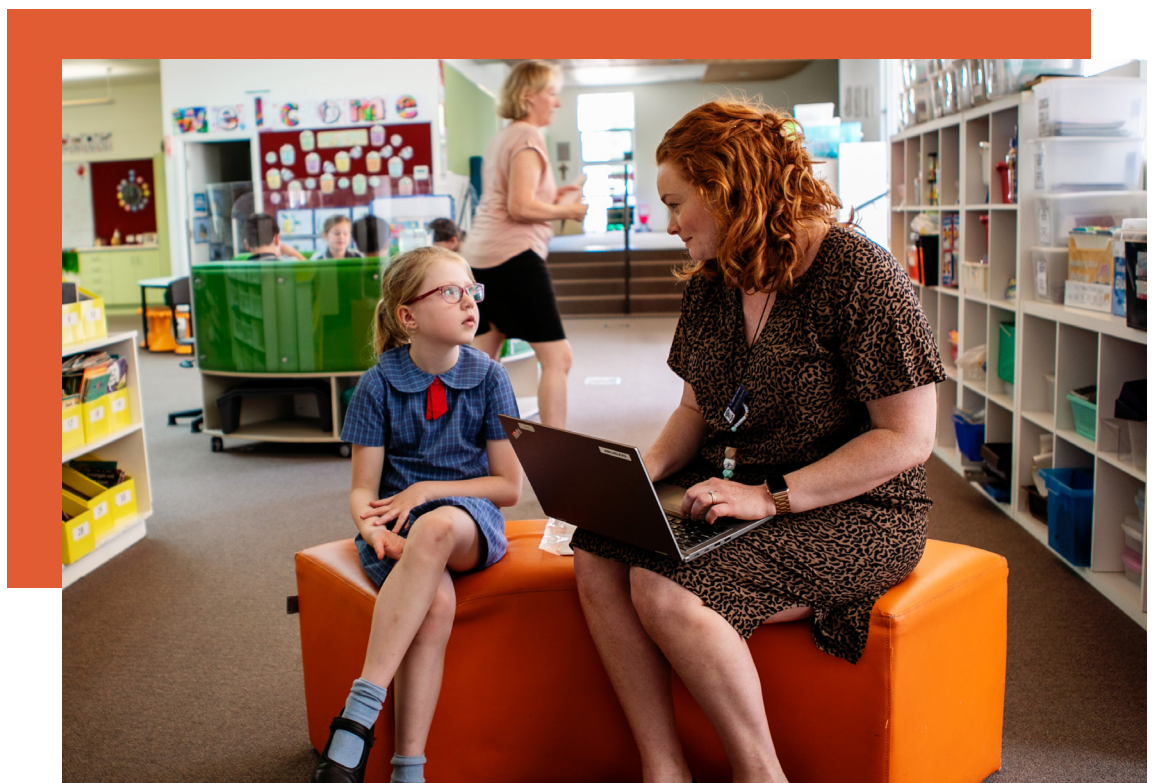
☐

Yes

☐

No

If **YES**, please provide a brief outline of these matters:



1. Catholic Education Diocese of Wagga Wagga (CEDWW), both independently and through its schools, collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the school. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the school to provide schooling to students enrolled at the school, exercise its duty of care and perform necessary associated administrative activities which will enable students to take part in all the activities of the school.
2. Some of the information we collect is to satisfy CEDWW's and the school's legal obligations, particularly to enable CEDWW and the school to discharge its duty of care.
3. Laws governing or relating to the operation of a school require that certain information is collected. These include the *Education Act 1990* (NSW), *Health Records and Information Privacy Act 2002* (NSW) and *Children and Young Persons (Care and Protection) Act 1998* (NSW).
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APP) under the *Privacy Act 1988* (NSW). We may ask you to provide medical reports about students from time to time.
5. CEDWW and the school from time to time discloses personal and sensitive information to others for administrative, educational and support purposes. This may include:
 - other schools and teachers at those schools
 - government departments
 - the Catholic Education Council, the school's local diocese and the parish, other related church agencies/entities and schools within other dioceses
 - medical practitioners
 - people providing educational, support and health services to the school including specialist visiting teachers, sport coaches, volunteers and counsellors
 - providers of learning and assessment tools
 - assessment and educational authorities including the Australian Curriculum, Assessment and Reporting Authority (ACARA), NSW Education Standards Authority (NESA) and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN).
 - people providing administrative and financial services to CEDWW and the school
 - anyone you authorise CEDWW and the school to disclose information to
 - anyone to whom CEDWW and the school is required or authorised to disclose the information to by law including child protection agencies.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. CEDWW and the school may use online or 'cloud' service providers to store personal information and to provide services to the school that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the school's use of online or 'cloud' service providers is contained in CEDWW's Privacy Policy.
8. [CEDWW's Privacy Policy](https://www.catholic.edu.au/policy/privacy/), accessible on CEDWW's website (<https://www.catholic.edu.au/policy/privacy/>), sets out how parents or students may seek access to and correction of their personal information which the school has collected and holds. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, where access may result in a breach of CEDWW or school's duty of care to the student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
9. CEDWW's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APP and how the complaint will be handled.
10. The school may engage 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, student activities and similar news is published in school newsletters and magazines, on our intranet and on our website. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The school will obtain permissions annually from the student's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos or other identifying material in our promotional material or otherwise make this material available to the public such as on the internet.
12. If you provide CEDWW or 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 and why.

Section 13 Agreements and Declarations

☐ I/We understand that if any misleading information has been provided, or any omission of significant, relevant information has been made in this Application to Enrol, an enrolment offer will not be made, or if discovered after acceptance of the enrolment offer, Catholic Education Diocese of Wagga Wagga reserves its rights to withdraw the offer.

☐ I/We agree to notify the school and/or Catholic Education Diocese of Wagga Wagga of any change in circumstances including parental circumstances, care arrangements, financial circumstances, Visa status and special needs of the student applying to enrol, that require amendment/s to the information provided in this Application to Enrol.

☐ I/We understand that I/we or another person may be requested to complete a new Application to Enrol and associated documents if additional or new information is required by the school

☐ I/We consent to the school and/or Catholic Education Diocese of Wagga Wagga gaining access to relevant information about the student on whose behalf this application for enrolment is made. This information may be held by previous educational institutions, healthcare professionals or other agencies as required and may be used for the purposes of determining whether or not to accept this Application to Enrol. I/We understand that this may include communications with visits to preschools or prior educational settings.

☐ I/We have read and AGREE with the Standard Collection Notice on page 24. Where personal information about people has been given, it has been done so with their authorisation.

☐ I/We understand that the information sought may include information related to any of the questions I/we have answered in this Application to Enrol.

☐ Upon an enrolment offer being formally accepted, I/We understand that I/We will be liable for school published school fees invoiced and to be paid in full for a given calendar year. All terms and conditions will be made available within the Enrolment Agreement. Completion of the Enrolment Agreement by all parents or legal guardians is a condition of enrolment.

Signature of Parent(s)/Legal Guardian(s):

Both parents and/or legal guardians must sign this Application to Enrol or alternatively provide evidence of holding sole parental responsibility in accordance with applicable legislation.

Print Name:

Date: (dd/mm/yyyy)

/ /

Signature of Second Parent/Legal Guardian:

Print Name:

Date: (dd/mm/yyyy)

/ /

Parent Occupation Groups

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool.

You will need to use this table to complete the 'Occupation Group' section 2.5 on page 9 and Section 3.5 on page 11.

The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, 4 or 8) that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

Group 8	<ul style="list-style-type: none"> You have not been in paid work in the last 12 months 	
Group 4 <ul style="list-style-type: none"> Machine operators Hospitality staff Assistants Labourers and related workers. 	<ul style="list-style-type: none"> Drivers, mobile plant, production/processing machinery and other machinery operators Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, 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, 	<ul style="list-style-type: none"> 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 below Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand) Other worker (labourer, factory hand, store man, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)
Group 3 <ul style="list-style-type: none"> Tradespeople Clerks and skilled office Sales and service staff 	<ul style="list-style-type: none"> Tradespeople generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradespeople 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) 	<ul style="list-style-type: none"> 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)

Parent Occupation Groups

<div><div>Group 2</div><div><ul style="list-style-type: none">Other business managersArts/media/sports personsAssociate professionals</div></div>	<div><ul style="list-style-type: none">Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate businessSpecialist 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,</div>	<div><ul style="list-style-type: none">proof reader, sportsman/woman, coach, trainer, sports official)Associate professionals generally have diploma/technical qualifications and support managers and professionalsHealth, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professionalBusiness/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</div>
<div><div>Group 1</div><div><ul style="list-style-type: none">Senior management in large business organisationGovernment administration and defenceQualified professionals</div></div>	<div><ul style="list-style-type: none">Senior executive/manager/department head in industry, commerce, media or other large organisationPublic service manager (section head or above), regional director, health/education/police/fire services administratorOther administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)Defence Forces Commissioned OfficerProfessionals generally have</div>	<div><ul style="list-style-type: none">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 othersHealth, education, law, social welfare, engineering, science, computing professionalBusiness (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)</div>



Application to Enrol Checklist

Are you seeking application to Mt Erin boarding house?

- Complete Boarding Form

Have you provided proof of student residential address?
(e.g. rates notice, utility bill)

Has the student received any Sacraments?

If **yes** have you attached any of the following:

- Baptism Certificate
- First Holy Communion Certificate
- First Reconciliation Certificate
- Confirmation Certificate

Have you provided the student's birth certificate?

- Original/Certified Birth Certificate

If the student is not born in Australia, have you provided proof of Australian residency or Visa status?

- Citizenship Certificate or
- Visa and Passport

Have you provided previous school records?

- Most recent School Report
- Most recent NAPLAN results

Have you provided Parent/Legal Guardian 1 and 2 residency status? (if not born in Australia)

- Citizenship Certificate(s) or
- Visa(s) and Passport(s)

Have you provided medical details?

- Medicare number. Card or certified copy of card to be sighted at interview.
- Most recent Immunisation History Statement

Have you provided plans for additional medical needs? (if applicable)

- Individual Health Care Plan from previous schools or other organisations (e.g. Diabetes, Epilepsy, Mental Health Care Plan)
- ASCIA Action Plan for Anaphylaxis or Allergic Reactions (e.g. red, orange, green forms)
- Asthma Action Plan

Have you provided additional documentation for learning support needs including disabilities? (if applicable)

- Specialist Assessments, Reports and any other relevant documentation

Have you provided documentation regarding student special circumstances/risk assessment history? (if applicable)

- Relevant documentation regarding student Risk of Harm Assessment
- Family Court Order/Parenting Plan
- Violence Orders (APVO, ADVO, FVIO)