



**St Vincent's Primary School**

PO Box 6574  
 GCMC QLD 9726

Confidential

**APPLICATION OF ENROLMENT**

For

<b>STUDENT NAME</b>	
<b>YEAR LEVEL</b>	
<b>START DATE</b>	

**Please nominate the criteria under which you are applying:**

- |  |  |
|--|--|
|  | The child is a sibling of student/s who is/are enrolled at and attending St Vincent's.<br><b>or</b><br>The child is a baptised Catholic whose family can demonstrate ongoing involvement in the life, worship and service of the Surfers Paradise Catholic Parish.   |
|  | The child is a baptised Catholic whose family can demonstrate ongoing involvement in the life, worship, service of another parish and now seeks to participate actively in the life, worship and service of this parish.   |
|  | The child is a baptised Catholic whose family resides in Surfers Paradise Catholic Parish and whose family is committed to and guided by the values of the gospel and the traditions of the Catholic Church.   |
|  | The child is baptised Catholic, his/her family is committed to and guided by the values of the gospel and the traditions of the Catholic Church and has appropriate reasons for not enrolling the child in their own parish school.                                  |
|  | The child, though not baptised as a Catholic, belongs to a family that can demonstrate some meaningful relationship with a Christian tradition and is committed to and guided by the values of the Gospel and accepting of the traditions of the Catholic Community. |
|  | The child, though not Christian, belongs to a family that shares our values and wishes to join our community.  |

OFFICE USE ONLY							
APPLICATION INFORMATION		INTERVIEW INFORMATION			ENROLMENT CONFIRMATION		
Lodgement Date		Date		Time	Date Received		
Application Fee Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer Signature				Start Date	
Receipt No.		Outcome				Confirmation Fee Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date				Receipt No.	





# APPLICATION FOR ENROLMENT



This form is to be completed in conjunction with the Notes Booklet.  
When completing this form, please PRINT CLEARLY in blue or black pen.

Name of School:

School Suburb:

Please circle the Year Level and indicate the Year for which the enrolment is required.

Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12
------	------	------	------	------	------	------	------	------	------	-------	-------	-------

Start Date:

Student's current Year Level is: Yr \_\_\_\_\_ or Not Applicable

## STUDENT INFORMATION

### Section 1: Student Personal Details



A legible copy of the student's **Birth Certificate** (and **Change of Name Certificate**, if applicable) must be attached.

Legal Surname:

Preferred Surname: *(to be used only with Principal's approval)*

Legal First Name:

Preferred First Name: *(If different from Legal First Name)*

Other Given Name(s):

Date of Birth:

BCE Student Id: *(If known)*:

Gender\*:

- Male  
 Female

### Section 2: Student Cultural Background

Country of Birth\*:

In which country was the student born?

- Australia  
 Other *(Please specify)* \_\_\_\_\_

First Language Spoken:

What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

- English  
 Other *(Please specify)* \_\_\_\_\_

Indigenous Status\*:

Is the student of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, Both Aboriginal and Torres Strait Islander

Main Language Spoken at Home\*:

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only  
 Yes, Other *(Please specify)* \_\_\_\_\_

Other Language Spoken at Home:

Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

- No  
 Yes, Other *(Please specify)* \_\_\_\_\_

### Section 3: Student Citizenship

**Country of Citizenship:**

In which country does the student currently hold citizenship?

- Australia *(If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)*

**Proceed to Section 5: Current/Previous Schooling**

- Other Country *(Please specify)* \_\_\_\_\_

**Proceed to Section 4: International Details**



### Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student's **Visa, Passport (including passport number) and Health Care** documentation must be attached (Health care details only required for those on Student Visas).

**Country of Passport Issue:**

**Date of Entry to Australia:**

**Visa Sub-Class Number:**

**Health Care Number:**

**Visa Expiry Date:**

**Health Care Expiry Date:**

### Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any **Transfer Documentation** should be attached *(if applicable)*.



School Name	Suburb/Town	State	Contact Number <i>(if known)</i>	Year Level(s)	Attended From <i>(Date)</i>	Attended To <i>(Date)</i>
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY

*If more space is required, please attach a separate page.*

### Section 6: Student Religious Background

**Is the Student Catholic ?**

- Yes.  A legible copy of the student's **Baptismal Certificate** is attached and details of any **Sacraments Received** are provided below

- No. Other Religion *(Please specify)* \_\_\_\_\_

**Sacraments Received:**

- Baptism      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Reconciliation      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Eucharist      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Confirmation      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_



# RELATED PERSONS' INFORMATION

## Section 7: Related Persons' Personal Details

### Parent/Legal Guardian/Caregiver 1

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Surname)*

Preferred First Name: *(If different from Legal First Name)*

Title:

- Mr  Mrs  Miss  Ms  Dr  
 Fr  Sr  Br  Rev  Prof

Gender:

- Male  
 Female

Date of Birth:

### Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Surname)*

Preferred First Name: *(If different from Legal First Name)*

Title:

- Mr  Mrs  Miss  Ms  Dr  
 Fr  Sr  Br  Rev  Prof

Gender:

- Male  
 Female

Date of Birth:

## Section 8: Related Persons' Cultural Background

### Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

- Australia  
 Other *(Please specify)* \_\_\_\_\_

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home\*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only  
 Yes, Other *(Please specify)* \_\_\_\_\_

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No  
 Yes, Other *(Please specify)* \_\_\_\_\_

Religion:

Parish of Worship: *(If applicable)*

### Parent/Legal Guardian/Caregiver 2

Country of Birth:

Where was this person born?

- Australia  
 Other *(Please specify)* \_\_\_\_\_

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home\*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only  
 Yes, Other *(Please specify)* \_\_\_\_\_

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No  
 Yes, Other *(Please specify)* \_\_\_\_\_

Religion:

Parish of Worship: *(If applicable)*

## Section 9: Related Persons' General Information

### Parent/Legal Guardian/Caregiver 1

#### Occupation Group\*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in

Appendix 1 in the Notes Booklet, and write the number in the box at right.

- 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, 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.

#### Highest School Level\*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

#### Highest Qualification Level\*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

#### Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

#### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

#### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

#### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

### Parent/Legal Guardian/Caregiver 2

#### Occupation Group\*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in

Appendix 1 in the Notes Booklet, and write the number in the box at right.

- 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, 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.

#### Highest School Level\*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

#### Highest Qualification Level\*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

#### Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

#### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

#### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

#### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

## Section 10: Related Persons' Address Information

### Parent/Legal Guardian/Caregiver 1

#### Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Postal/Correspondence Address Details

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

#### Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

### Parent/Legal Guardian/Caregiver 2

#### Residential Address Details

Same as Parent/Legal Guardian/Caregiver 1

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Postal/Correspondence Address Details

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

#### Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

## Section 11: Related Persons' Contact Information

### Parent/Legal Guardian/Caregiver 1

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
<b>Home Telephone Number:</b>		
( ) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobile Telephone Number:</b>		
_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Email Address:</b>		
_____	<input type="checkbox"/>	
<b>Work Telephone Number:</b>		
( ) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Mobile Telephone Number:</b>		
_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Email Address:</b>		
_____	<input type="checkbox"/>	
<b>Comments:</b>		
_____		

### Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
<b>Home Telephone Number:</b>		
( ) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobile Telephone Number:</b>		
_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Email Address:</b>		
_____	<input type="checkbox"/>	
<b>Work Telephone Number:</b>		
( ) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Mobile Telephone Number:</b>		
_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Email Address:</b>		
_____	<input type="checkbox"/>	
<b>Comments:</b>		
_____		

## Section 12: Related Persons' Relationship to the Student

### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? (Tick one (1) only)

- |   |   |
|---|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister                               |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother                              |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew   |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin   |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Half Sister      | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Half Brother     | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Step Sister      | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Step Brother     | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Foster Sister    |   |
| <input type="checkbox"/> Foster Brother   |   |

### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? (Tick one (1) only)

- |   |   |
|---|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister                               |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother                              |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew   |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin   |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Half Sister      | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Half Brother     | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Step Sister      | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Step Brother     | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Foster Sister    |   |
| <input type="checkbox"/> Foster Brother   |   |



**Section 12: Related Persons' Relationship to the Student** *(continued...)*

**Parent/Legal Guardian/Caregiver 1**

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1<sup>st</sup>      2<sup>nd</sup>

No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  
 No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  
 No

**Main Contact:**

A student must have one (1) main contact.

- Yes  
 No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports:**     Yes     No  
**Newsletters:**                             Yes     No  
**Invitations:**                               Yes     No  
**School Portal Access:**                 Yes     No

Does this person reside with the student?

- Yes  
 No

Does this person require the assistance of an interpreter?

- Yes  
 No

**Parent/Legal Guardian/Caregiver 2**

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1<sup>st</sup>      2<sup>nd</sup>

No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  
 No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  
 No

**Main Contact:**

A student must have one (1) main contact.

- Yes  
 No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports:**     Yes     No  
**Newsletters:**                             Yes     No  
**Invitations:**                               Yes     No  
**School Portal Access:**                 Yes     No

Does this person reside with the student?

- Yes  
 No

Does this person require the assistance of an interpreter?

- Yes  
 No

# ADDITIONAL STUDENT INFORMATION

## Section 13: Student Address Information

### Residential Address Details

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

### Residential (Alternative) Details *(If required)*

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

## Section 14: Student Contact Information

### Contact Method Type

#### Order

Indicate best contact order for the student.

#### Silent

Is this number silent?

**Home Telephone Number:**




**Mobile Telephone Number:**




**Email Address:**



### Contact Method Type

*(If required)*

#### Order

Indicate best contact order for the student.

#### Silent

Is this number silent?

**Home (Alternative) Number:**

## Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?


- Yes. Provide details below.  
 No. **Proceed to Section 16: Student Specialist Assessments**

Condition	Requires Medication <sup>#</sup>	Has Medical Action Plan <sup>#</sup>	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other ( <i>Please specify</i> ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>#</sup> Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

## Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached. 
- No. **Proceed to Section 17: Educational Support Information**

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## Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

- Yes. Respond to the questions below.
- No. **Proceed to Section 18: Legal Information**

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

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Has the student been diagnosed with a disability? If so, provide details.

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Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

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If the student is from interstate or overseas, describe the educational support provided.

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## Section 18: Legal Information

Is the student in Care of the State?

- Yes
- No

Are there any legal issues concerning the student of which the school should be aware?

- Yes. Provide details below and ensure a legible copy of any relevant **legal document(s) is attached**.
- No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
<input type="checkbox"/> Parenting Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Parenting Agreement		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Domestic Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Apprehended Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Child Protection Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Other Caring Arrangement (Please specify)		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Legal Guardianship Documentation		DD / MM / YY	DD / MM / YY

## Section 19: Sibling Information

(a) Does the student have any school-aged siblings currently attending a BCE school ?

- Yes. Provide details below.  
 No. **Proceed to Section 20: Additional Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname				
Preferred Surname				
Legal First Name				
Relationship to Student				
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
School Name				
Class				
House				
Resides with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) Does the student have younger siblings not yet attending school?

- Yes. Please provide child/ren's names (Including date of birth)

*[Listing sibling details here is not regarded as an enrolment. An enrolment application is required for each student for any future enrolment.] Office Use Only: Younger siblings are not recorded in the Student Administration System.*

## Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

- Yes. Provide details below.  
 No. **Proceed to Check List**

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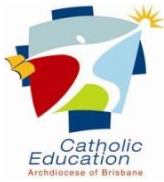
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# Brisbane Catholic Education (BCE) Information Collection Notice

**Information we collect:** Brisbane Catholic Education collects and records personal information, including sensitive information about students, parents/legal guardians and volunteers, before and during the course of a student's enrolment at our school. Laws governing or relating to the operation of schools require that certain information is collected. These may include Education, Public Health and Child Protection laws. We may ask you to provide medical reports about students from time to time. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the *Privacy Act (1988)*.

**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/legal 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 Brisbane Catholic Education Office, other Brisbane Catholic Education schools, other related church entities/agencies, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants, volunteers, providers of learning and assessment tools, assessment and educational authorities including the Australian Curriculum, Assessment and Reporting Authority and people providing administrative and financial services to the school. In addition, we may be required by law to disclose this information to government departments, both State and Federal.

The school may use online or 'cloud' service providers to store personal information and to provide services to the school that involves 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.

Personal information collected from students is regularly disclosed to their parents/legal guardians. On occasions, information such as academic and sporting achievements, student activities and other news may be published in newsletters, magazines, and on our website. Parents may seek access to personal information collected about them and their son/daughter by contacting the school.

Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the student or where students have provided information in confidence.

The School Privacy Policy sets out how parents or students may complain about a breach of privacy and how the school will deal with such a complaint.

The school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent. We may include your contact details in a class list and school directory.

If you provide the school with the personal information of others, such as the student's other parents, doctors or emergency contacts, we request you inform them that you are disclosing that information to all Brisbane Catholic Education schools and why. They should also be informed that they can access that information if they wish and that the school does not usually disclose the information to third parties.

**Our privacy position:** Brisbane Catholic Education is bound by the *Privacy Act (1988)* and has adopted the thirteen (13) Australian Privacy Principles. A privacy statement detailing Brisbane Catholic Education's practices and procedures for the use and management of the personal and sensitive information it collects and records can be accessed on the school's website or the Brisbane Catholic Education website <http://www.bne.catholic.edu.au>. Alternatively, a hard copy of the statement may be provided on request.

**Information required:** If we do not obtain the personal and sensitive information referred to above, we may not be able to enrol or continue to enrol your student.

**SIGNATURE**



**PRINT NAME**

**RELATIONSHIP to Student**

**DATE SIGNED**

**SIGNATURE**



**PRINT NAME**

**RELATIONSHIP to Student**

**DATE SIGNED**



# APPENDIX 1 – 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]

## **If the person is not currently working**

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, select 'Not in paid work in last 12 months'.

# CHECK LIST

Please complete before submitting the Application for Enrolment form

**Note that original documents will need to be sighted to finalise enrolment confirmation.**

Documents provided:

 Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
 Australian Citizenship Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Health Care Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current/Previous School Transfer Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Baptism Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Health or Medical Assessment Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Legal Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

## Signature(s)

**I declare that:**

- I have completed this form in conjunction with the Enrolment Notes Booklet which includes the BCE Collection Notice Form
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

**I understand that:**

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

**SIGNATURE** of Parent or Legal Guardian



**SIGNATURE** of Parent or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**RELATIONSHIP** to Student

**DATE SIGNED**

D D / M M / Y Y Y Y

**DATE SIGNED**

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