St Ambrose Primary School
Pottsville

ADDRESS: 1 Charles Street, PO Box 326, Pottsville NSW 2489
PHONE: 02 6676 0099
FAX: 02 6674 4309
EMAIL: sapot@lism.catholic.edu.au
WEBSITE: www.sapotism.catholic.edu.au

Enrolment Application

Student Name: ____________________

Academic Year: ____________________

For the Year: ____________________

Information regarding our school (i.e. School Policies, Newsletters, Canteen Menu, Curriculum, Sport) can be located on our school website www.sapotism.catholic.edu.au

This form is to be completed by parents seeking to enrol their child at St. Ambrose Primary School. However, completion of this form in no way guarantees enrolment.

**Please note: This form will not be accepted unless accompanied by all relevant documentation

<table>
<thead>
<tr>
<th>Office use only</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family code:</td>
<td>Student No:</td>
</tr>
<tr>
<td>Birth position</td>
<td>Application rec’d</td>
</tr>
<tr>
<td>Interview date/time</td>
<td>Attended</td>
</tr>
<tr>
<td>Certificates sighted</td>
<td>Offer sent</td>
</tr>
<tr>
<td>Offer accepted</td>
<td>Enrolment Fee paid</td>
</tr>
<tr>
<td>Enrolment date</td>
<td>Residency status</td>
</tr>
<tr>
<td>Year level</td>
<td>House group</td>
</tr>
<tr>
<td>Roll class</td>
<td>Visa Class no.</td>
</tr>
</tbody>
</table>

Fee Flag (Building Levy or Non Building Levy)

In addition, for students who are not Australian citizens

<table>
<thead>
<tr>
<th>Passport or travel documentation no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Issue:</td>
</tr>
</tbody>
</table>
ENROLMENT POLICY

In considering enrolments of students at St Ambrose Primary Pottsville, the following will be taken into consideration:

- To enter kindergarten the child must turn five before the 31st July in that year of school.
- Priority for enrolments will be given in the following order:
  2. Siblings of those already enrolled in the school.
  3. Children of Catholic families yet to be baptised.
  5. Other applications may be considered after discussions with the Principal and Parish Priest.

The Diocese of Lismore offers two local colleges into which Year 6 students can transition: Mt St Patrick College, Murwillumbah and St Joseph’s College, Banora Point. Places for these colleges are competitive and St Ambrose Primary School can give your child an opportunity to be considered for these colleges.

For enrolling students:

2015 Enrolment Form (including revised Standard Collection Notice, Photograph/Video Permission Form and Agreement)

For current students (to be sent to parents/guardians each year of enrolment)

Standard Collection Notice, Photograph/Video Permission Form

ENROLLING YOUR CHILD INTO KINDERGARTEN

- Fill out and return the application form to the school including copies of birth, baptism and immunisation certificates.
- Enrolment interviews for prospective kinder enrolments are held with the Principal. The school will contact the family to organise an appropriate meeting time.
- Orientation days will occur during the final school term prior to the commencement of Kindergarten when you will be notified of arrangements for the start of the new school year.
- Parents of kindergarten students will be sent a letter with information about “Best Start Kindergarten” at the end of Term 4.

ENROLLING Yr. 1 – Yr. 6

- Enrolments for children in other grades may be accepted throughout the year dependent upon class vacancies. Fill out and return the application form to the school including copies of birth, baptism, immunisation certificates and most recent report cards.
## FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Surname:</td>
<td></td>
</tr>
<tr>
<td>Mail to (eg Mr &amp; Mrs A Smith):</td>
<td></td>
</tr>
<tr>
<td>Parent/s Christian Name/s:</td>
<td></td>
</tr>
<tr>
<td>Residential Address:</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Postal address: (if different to residential):</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
</tr>
</tbody>
</table>

## RESIDENTIAL STRUCTURE

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>☐</td>
</tr>
<tr>
<td>Defacto</td>
<td>☐</td>
</tr>
<tr>
<td>Divorced</td>
<td>☐</td>
</tr>
<tr>
<td>Partner</td>
<td>☐</td>
</tr>
<tr>
<td>Separated</td>
<td>☐</td>
</tr>
<tr>
<td>Single parent</td>
<td>☐</td>
</tr>
<tr>
<td>Widow</td>
<td>☐</td>
</tr>
<tr>
<td>Widower</td>
<td>☐</td>
</tr>
<tr>
<td>Number of Children:</td>
<td>☐ Boys: ☐ Girls: ☐</td>
</tr>
<tr>
<td>Parish: (eg St Ambrose)</td>
<td></td>
</tr>
<tr>
<td>Main language spoken at home:</td>
<td>Other language:</td>
</tr>
</tbody>
</table>

## STUDENT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name/s:</td>
<td>Preferred First Name:</td>
</tr>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>Male ☐ Female ☐</td>
</tr>
<tr>
<td>Religion:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
</tr>
<tr>
<td>Commencement Year (eg 2009):</td>
<td>20____ Entry Level e.g. Year 5:</td>
</tr>
</tbody>
</table>

## NATIONALITY

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Nationality:</td>
<td>................................</td>
</tr>
<tr>
<td>Country of Birth:</td>
<td>Australia ☐ Other, please specify: ..................................................</td>
</tr>
<tr>
<td>Is the student of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐</td>
<td>(If “Yes” tick one box below)</td>
</tr>
<tr>
<td>Aboriginal but not Torres Strait Islander origin</td>
<td>☐</td>
</tr>
<tr>
<td>Torres Strait Islander but not Aboriginal origin</td>
<td>☐</td>
</tr>
<tr>
<td>Both Aboriginal and Torres Strait Islander</td>
<td>☐</td>
</tr>
<tr>
<td>Does the student speak a language other than English at home? Yes ☐ No ☐</td>
<td>If yes, please specify……………………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOVERNMENT REQUIREMENT</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>(this section must be completed in full prior to acceptance).</td>
<td></td>
</tr>
</tbody>
</table>
RESIDENTIAL STATUS
(original documents to be sighted and copies to be retained by school)

Australian citizen (Naturalisation Certificate or Australian passport if country of birth is not Australia) ☐
Permanent resident (passport if country of birth is not Australia) ☐
Temporary resident (passport and visa) ☐
Foreign National without residential status (passport and visa) ☐
Other/Visitor/Student/Passport/Other/Visa (passport and visa) ☐

VISA STUDENT

Is the student a Visa student? Yes ☐ No ☐
If yes, date of arrival in Australia: ………/……/………
First Australian school: ……………………………..First Australian school year:…………………
Former name (if applicable):………………………………………………………………………………

Office Use Only

Passport number: Visa number:
Passport nationality: Visa type:
Passport expiry date: Visa expiry date:
OSHC number: OSHC expiry date:

Confirmation of Enrolment

Course code:
Course description: Confirmation of enrolment number:
Confirmation of enrolment start date: Confirmation of enrolment end date:

PREVIOUS SCHOOL/PRE-SCHOOL

Please provide details of any school where the student has previously enrolled (State, Interstate or Overseas) starting with the most recent:

<table>
<thead>
<tr>
<th>Name of School(s) attended (start with most recent)</th>
<th>Location of School(s)</th>
<th>Dates of Attendance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From: To:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From: To:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From: To:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From: To:</td>
</tr>
</tbody>
</table>

I/We give permission for school to contact previous school/pre-school Yes ☐ No ☐

SACRAMENTAL INFORMATION

Baptism Date:……/……/……… Parish: Town:
Confirmation Date:……/……/……… Parish: Town:
Reconciliation Date:……/……/……… Parish: Town:
Communion Date:……/……/……… Parish: Town:
### MEDICAL INFORMATION

**Doctor’s Name:**

**Phone:**

**Medicare No.** ☐☐☐☐-☐☐☐☐☐-☐

**Ref No.** ☐

**Exp: __ __ / __ __**

**Health Fund:**

**Fund Number:**

**Exp: _____ / _____**

It is essential you inform the school before your child starts school if he or she has any allergies/medical alerts, particularly ANAPHALAXIS, or other medical conditions (e.g.: Allergies to nuts, penicillin, bee stings, asthma, diabetes etc). You must also advise the school as soon as you are aware of any new allergies or other medical conditions.

**Medical Conditions:** (Specify any medical conditions the student suffers from, e.g. asthma, diabetes or any prescribed medication taken by student):

**Medication:** (please list any prescribed medication to be taken by the student):

**Operations:** (Specify any significant operations the student has had that the school should be aware of):

**Allergies:** (List any known allergies the student has, e.g. allergy to nuts, penicillin, bee stings including specific details):

**Has the student been diagnosed as being at risk of anaphylaxis?**

Yes ☐ No ☐

**If yes, does the student have an EpiPen?**

Yes ☐ No ☐

**Immunisation:** (Please indicate if the student has been immunised against the following):

- **Hepatitis B**
  - Yes ☐ No ☐
- **Diphtheria/Tetanus/Whooping Cough**
  - Yes ☐ No ☐
- **Haemophilus Influenza type b (Hib)**
  - Yes ☐ No ☐
- **Polio**
  - Yes ☐ No ☐
- **Pneumococcal disease**
  - Yes ☐ No ☐
- **Rotavirus**
  - Yes ☐ No ☐
- **Measles/Mumps/Rubella**
  - Yes ☐ No ☐
- **Meningoccal C disease**
  - Yes ☐ No ☐
- **Chickenpox**
  - Yes ☐ No ☐
- **Human Papillomavirus (HPV) (12-18 yrs)**
  - Yes ☐ No ☐

**Last Tetanus date:** ………………………………………

**Dentist’s name:**

**Phone:**

**Dental Conditions:** (please specify any significant conditions the student has had that the school should be aware of):

### SPECIAL NEEDS

**Does your child have:**

- **Autism**
- **An intellectual disability**
- **A physical disability**
- **Giftedness**
- **Acquired brain injury**
- **None of the above**

**A hearing impairment** ☐

**A language disorder** ☐

**A vision impairment** ☐

**ADD/ADHD** ☐

**Difficulties in the basic areas of learning** ☐

**Other please specify** ………………………………………

**What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/pre-school?**

- **Alternative teaching and learning strategies**
  - Signing ☐
- **A reader or scribe**
  - Access to technology ☐
- **Modifications to equipment, furniture and learning spaces**
  - Personal carer support ☐

**Other (please specify):**
### HEALTH AND SAFETY

To your knowledge, is there anything in your child’s history or circumstances (including medical history), which might pose a risk of any type to him or her, other students, or staff at this school?  
Yes ☐ No ☐  
If yes please provide a brief description: …………………………………………………………………………………………………………

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues  
…………………………………………………………………………………………  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have any history of violent behaviour?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your child have any history of behavioural problems (including verbal bullying)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Has your child ever been suspended or expelled from any previous school?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes, was this for</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Actual violence to any person?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Possession of a weapon or any item used to cause an injury?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Intimidation, bullying or harassment of students or staff at a school?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Threats of violence?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Illegal drugs?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

I/We will provide written consent to the school on request to contact health professionals or other relevant agencies  
Yes ☐ No ☐

### COURT ORDERS

Are there any current court orders relating to the student?  
Yes ☐ No ☐  
If yes, copies of court orders e.g. AVOs, Family Court/Federal Magistrate Court Orders or other relevant court orders must be provided  
…………………………………………………………………………………………

Is there other information you wish the school to be aware of?  
…………………………………………………………………………………………

### SPECIAL CIRCUMSTANCES

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (living apart from parental supervision, out of home care arranged by the state)  
Yes ☐ No ☐  
If yes, please provide a brief description of the circumstances  
…………………………………………………………………………………………

I/We declare that the information provided in this Enrolment Application is, to the best of my/our knowledge and belief, accurate and complete. I/we recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.
FEE BILLING

Fees will be billed to the father/guardian. If you wish to change the way your account is billed please indicate below (e.g. Mother 50% and Father 50%)

Fees to be billed to: □ Mother _____ %
Fees to be billed to: □ Father _____ %
Fees to be billed to: □ Other _____ % Please Provide details:

Please indicate how you would like to receive your bill:

Fees to be sent to: □ Mother □ Father □ Other
Sent via: □ Post □ Email

MOTHER/GUARDIAN

Title:(Mrs/Ms/Dr) First name/s: Surname:

Residential Address: (leave blank if same as student address)

Does the student reside at this address? Yes □ No □

Mobile: Work:

Email: Occupation:

Religion: Nationality:

Country of birth: Other, please specify:

GOVERNMENT REQUIREMENT (this section must be completed in full prior to acceptance).

What is the occupation group? (select from list of parental occupation groups on page 9) Group No.:_______

What is the highest year of primary or secondary school the mother/guardian has completed?

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

What is the level of the highest qualification the mother/guardian has completed? (mark one box only)

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

Main language spoken at home:

FATHER/GUARDIAN

Title:(Mrs/Ms/Dr) First name/s: Surname:

Residential Address: (leave blank if same as student address)

Does the student reside at this address? Yes □ No □

Mobile: Work:

Email: Occupation:

Religion: Nationality:

Country of birth: Australia □ Other, please specify:
| GOVERNMENT REQUIREMENT  
(this section must be completed in full prior to acceptance). |
| What is the occupation group?  
(select from list of parental occupation groups on page 9) | Group No.________ |
| What is the highest year of primary or secondary school the mother/guardian has completed?  
Year 9 or equivalent or below | Year 10 or equivalent |
| Year 11 or equivalent | Year 12 or equivalent |
| What is the level of the highest qualification the mother/guardian has completed?  
(mark one box only) | No non-school qualification |
| Advanced diploma/Diploma |
| Certificate I to IV (including trade certificate) | Bachelor degree or above |
| Main language spoken at home: |

**EMERGENCY CONTACT INFORMATION**  
(used in the event of an emergency if parents cannot be contacted, e.g. grandparent or friend)

<table>
<thead>
<tr>
<th>Contact 1:</th>
<th>Contact 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Home:</td>
<td>Home:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Work:</td>
<td>Work:</td>
</tr>
</tbody>
</table>

**SIBLINGS ATTENDING SCHOOL/PRE-SCHOOL**  
(List all children in family attending school or pre-school (oldest to youngest))

<table>
<thead>
<tr>
<th>Name</th>
<th>School/Pre-school</th>
<th>Year/Grade (current year)</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In dealing with this application, it may be necessary for the school, or any part of the Catholic Schools Office, to look at documents held by previous schools, health care professionals or other government agencies. This information will be collected, used and stored consistent with the Privacy and Personal Information Protection Act and Health Records and Privacy Act 2002. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

Consent to Access Documents
1. I/We consent to St Ambrose Primary School and the Catholic Schools Office gaining access to relevant information about the student to be enrolled held by previous schools, health care professionals or other government agencies.
2. I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
   - Full Birth Certificate *
   - Full Birth Certificate *
   - Sacramental Certificates to date
   - Passport, visa, citizenship documentation
   - Most recent previous school reports and external test results
   - Current Family Court Orders (if applicable) *
   - Relevant medical and/or special needs information (if applicable)
   - Immunisation Certificate
   - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable).

NOTE: * Originals will need to be produced during the enrolment process
3. I/We understand the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered above.

Declaration
4. I/We understand and support the Catholic ethos of the school and agree to abide by the rules and regulations of the school including those pertaining to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
5. If this enrolment application is successful I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
6. I/We understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment, eg change of address, court orders.
7. If this enrolment is accepted I/we agree to support our child’s participation in the religious life of the school (eg school liturgies, retreat programs).
8. I/We agree, if my child should require urgent medical treatment, the school staff are authorised to seek medical attention. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle and I/we agree to meet all costs.
9. I/We give permission for the publication of any school related material by or about our child, including photographs. It is acknowledged that such material is used regularly in publications by the school to communicate and promote events. Publications include school or diocesan publications, newsletters, prospectuses, magazines, media promotional materials, newspaper articles and the school website.
I/We have read all of the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful.

I/We understand that if the information provided in this Enrolment Application is, to the best of my/our knowledge and belief, accurate and complete. I/we recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Mother/Guardian signature __________________________ Date ___________________

Father/Guardian signature __________________________ Date ___________________

Please note: Acceptance of this application for enrolment is subject to the approval of the school’s Enrolment Committee. Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information is incomplete or misleading, any decision made as to enrolment may be reversed.
**Government requirement**

**PARENTAL OCCUPATION DEFINITION**

Parental Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.

**If the person has not been in paid work in the last 12 months, enter ‘8’ in the appropriate box.**

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.


**Business** management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer.

**Air/sea transport** aircraft/ship’s captain/office/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.


**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, and 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/refuge/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, 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, 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 classifier, 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.
STANDARD COLLECTION NOTICE

1. The school (the Diocese both independently and through its schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’s enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include public health and child protection laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.

5. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

6. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, the Catholic Schools Office, the Catholic Education Commission of New South Wales, your local diocese and the parish, schools within other dioceses/other dioceses, medical practitioners and people providing services to the school, including specialist visiting teachers, (sports) coaches, volunteers and counsellors.

7. The school from time to time may also collect and disclose personal and sensitive information about current or prospective students to others if it is required to satisfy the school’s legal obligations under Part 5A of the Education Act 1990 (NSW).

8. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions personal information disclosed to a school counsellor may be disclosed to others if the school considers it appropriate for the well being or development of the pupil who is counselled or other pupils at the school.

9. Schools may also disclose information under public health and child protection laws or in circumstances where there is a serious threat to an individual's life, health or safety.

10. On occasion’s information such as academic and sporting achievements, pupil activities and other news is published in media articles, school newsletters, magazines and on our website.

11. Parents may seek access to personal information collected about them and their son/daughter by contacting the school principal. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the pupil or where pupils have provided information in confidence.

12. As you may know the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

13. We may include your contact details in a class list and school directory unless specifically requested (in writing) not to do so.

14. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.
Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school’s newsletter or website and social media, to promote the school in newspapers and other media.

The Catholic Education Commission of New South Wales (CECNSW) and the Catholic Schools Office Lismore (CSO) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child’s photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

Student’s Name: ____________________________ Year Level: ___________

• I give permission for my child’s photograph/video and name to be published in/on:
  - The school website
  - Social media
  - Promotional materials
  - Newspapers and other media

• I authorise the CECNSW/CSO Lismore to use the photograph/video in material available free of charge to schools and education departments around Australia for the CECNSW/CSO’s promotional, marketing, media and educational purposes.

• I give permission for a photograph/video of my child to be used by the CECNSW/CSO in the agreed publications without acknowledgement, remuneration or compensation.

• I understand and agree that if I do not wish to consent to my child’s photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

Licensed under NEALS: The photograph/video 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.

I/we agree not to communicate, or engage in social media activity, including, but not limited to Facebook, Myspace, Twitter, YouTube, Linkedin, Wikipedia or Second Life, and to appropriately supervise our children to ensure they do not communicate or engage in the above described social media which in any manner whatsoever is negative of the school, its administration, its teachers, the Catholic Schools Office, Parish Priest or his advisors, or The Trustees of the Roman Catholic Church for the Diocese of Lismore or bring any, or part, or all the above into disrepute.

In the event that this condition of the agreement is breached in any manner whatsoever, it shall be regarded as an essential term and condition and at the sole discretion of the school, or the other parties mentioned above, I/we acknowledge our child/children may be suspended or expelled from the school.

Mother/Guardian: ____________________________ Father/Guardian: ____________________________
(please circle) (please circle)

Signed: ____________________________________ Signed: ______________________________

Date: __________________________ Date: __________________________

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012.