



ST. PAUL'S CATHOLIC PRIMARY SCHOOL

*We walk together in faith
towards a future filled
with hope and love.*

Corner Trower Road & Francis Street NIGHTCLIFF, NT 0810

P.O. Box 40344, CASUARINA. NT. 0811

PH: 08 8985 1911 E: admin.stpauls@nt.catholic.edu.au

ABN: 75807963110

Enrolment Application

Student Name: _____

Date of Commencement: _____

Year level: _____ 2021

The following information is essential and is to be submitted with the enrolment application:

- ☐ Birth Certificate
- ☐ Baptismal Certificate (if applicable)
- ☐ Immunisation Record
- ☐ Previous two full semester reports (not interim reports)
- ☐ Copies, from previous school, of most recent Benchmark levels achieved
- ☐ Custody/Guardianship (relevant documentation - see enrolment form)
- ☐ Non-refundable enrolment fee of \$100

The following information should also be provided where/if appropriate:

- ☐ Vision assessment and/or Behavioural Optometrist report (if completed in the past two years)
- ☐ Hearing assessment. (if completed in the past two years)
- ☐ Psychological assessment
- ☐ Speech Pathology report
- ☐ Occupational Therapist reports
- ☐ Paediatrician report
- ☐ Involvement in special programmes and associated reports:
e.g. Special Education Units, Literacy Support, Gifted & Talented Programme.
- ☐ Portfolios or examples of work.
- ☐ Copies of Case Conferences held with Student Services.
- ☐ A list of all previous schools attended.

OFFICE USE ONLY:	Interviewed by:	Special Needs: Yes / No
Date of Application:	Enrolment: Approved / Declined	Enrolment fee paid date:
Date of Commencement:	Academic Year:	Entered: CES <input type="checkbox"/> Operoo <input type="checkbox"/>
Student Key:	Roll Group:	Sent enrolment confirmation:
Student No:	House:	Emailed teacher + Finance:

Section 1 Student Details

Legal surname on birth certificate:		
Preferred surname (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Religion:		
Sacraments:	Baptism Date: _____ Parish: _____ Communion Date: _____ Parish: _____ Confirmation Date: _____ Parish: _____	
Date of birth:		
Student's residential address:		
Suburb/town/community:		Postcode:
Student's postal address: (if different from above)		
Suburb/town/community:		Postcode:
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	
Aboriginal / Torres Strait Islander Students: Parental permission is given for tutorial assistance as per funding guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In which country was the student born?	<input type="checkbox"/> Australia Other – please specify: _____	
If born overseas, on what date did the student arrive in Australia?	/ /	
Nationality:	_____	
First language:	_____	
What are the main languages spoken at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> English only English and other – please specify: _____	

Residential status	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Resident <input type="checkbox"/> Overseas	
If Overseas: If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	Visa Subclass number (e.g. 457, 676): _____ Copy of visa attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Nationality: _____	
Year Level in which student is enrolling:	Please circle: ELC TRANSITION 1 2 3 4 5 6	
Has the student ever attended an NT school/Preschool?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the last school/preschool the student attended?	School name:	
	State/Territory:	Country: (if not Australia)
	Year/grade/level attained:	Date of leaving: / /
Is this student residing in the NT due to an Australian Defence Force posting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy	
Proof of identity attached (e.g. birth certificate, passport)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Section 3 Parent/Guardian Information

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss etc.)		
Surname:		
First name:		
Middle name:		
Date of Birth:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive School Correspondence*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact this person in an emergency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure all of Section 3 is completed)
*Tick all boxes that apply		
Religion:		
Family Parish:		
Occupation:		
Nationality:		
Country of Birth:		
Language (please indicate all languages spoken at home):		
Employer:		
Home phone:		
Business or Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

Section 4 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?

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

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>

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

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

Parent/guardian 1	Parent/guardian 2
<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	<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 level of the **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification

What is the occupation group of the parent/guardian?

Please select the appropriate parental occupation group below (for more details refer to Appendix 2).

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

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months

Section 5 Alternative Parent/Guardian Information		
	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss etc.)		
Surname:		
First name:		
Date of Birth:		
Relationship to student: (e.g. father, grandmother, step parent, partner of parent)		
Responsible for parenting*	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Lives with student*	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Receive School Correspondence*	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Contact this person in an emergency?*	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/> (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Religion:		
Family Parish:		
Home phone:		
Business or Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

*Please note that BOTH legal guardians must sign in agreement, unless a court order/legal agreement is in place (if so, please complete section 2)

Section 6 Sibling Information			
Does the student have any brothers or sisters at St Paul's Catholic Primary School or any other Catholic Schools in the NT?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below		
	Sibling's given names	Surname	Date of birth
			/ /
			/ /
			/ /
			/ /

Section 7 Consent

Excursion Permission Travel may be required for curriculum based activities i.e. swimming, class excursion etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent to head lice surveillance of your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent to publish a student's photo and/or work publications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have an existing Operoo (formerly CareMonkey) profile	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 8 Additional Emergency Contacts

For an emergency where the parent/guardian cannot be contacted, please provide alternative contacts.
For independent students this is the 1st point of contact in an emergency.

	Contact 1	Contact 2
Title: (Mr/Ms/Mrs/Miss etc.)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

Section 9 Medical Details and Consent

Does your child suffer from any of the following?
(Tick all the boxes that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure disorder (e.g. epilepsy) | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Intellectual/learning impairment (e.g. dyslexia) |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Mental health or behaviour issue (e.g. depression, ADHD) | |
| <input type="checkbox"/> Other, please specify: _____ | | |

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by another school etc).

NOTE: School staff will administer first aid, seek medical assistance or call an ambulance for the student being enrolled if they judge this to be necessary.

Relevant medical consent forms completed and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No, not required
Immunisation certificate/record provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor's Name:	
Doctor's Phone Number:	
Medic Alert Required:	Please supply details of alert _____ _____ _____
	Attached Medical Form <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent to Medical Attention: In the event if illness or injury requiring urgent medical treatment I consent for medical and/or hospital attention to be sought. (If Ambulance travel is required the cost is covered by the school Ambulance Cover) Parents / Emergency Contact will be contacted immediately in these events If prescription / other medication are sent to school with the student a note giving details of dosage and permission for College Staff to administer medication must accompany the student.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10 School Fees

Person/ People responsible for payment of school fees

Name: _____	Name: _____
Signature: _____	Signature: _____
% of fee responsible for _____	% of fee responsible for _____

Once enrolment is complete, you will be sent an invoice for the applicable school fees payable.
Please indicate how you will be paying for the school fee's:

☐ Upfront ☐ Per term (4 x equal payments at the start of each term) ☐ Monthly ☐ Weekly

*If you have indicated periodic payments, a 'fees payment option form' will need to be completed.
This will be provided at the time of invoicing

Application Fee: In order to register a student for enrolment, an administration fee of \$100 (inclusive of GST) is payable for the first child enrolling at St Paul's. This fee is nonrefundable. This \$100 will then be deducted from the school fees if the application is successful.

Account Name: St Paul's School:

Bank NAB:

BSB: 085933

A/C No: 396860276

Ref: Family Name/EnrolF

SCHOOL AGREEMENT

- I/we understand and accept that St Paul's School (herein known as the School) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concerns for others. The School philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of each one's potential. The School provides an environment where gospel values are lived out, thus allowing students to experience the hope and optimism of the Gospel message of Jesus Christ. I/we agree to support in every possible way this religious dimension of the School.
- I/we accept and agree to support the school's approach to wellbeing and behavior management and adhere to the uniform requirements of the school.
- I/we realise that in sending my child to St Paul's School, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined by the Principal and School Board, will be paid on receipt of Invoice. I also understand that pro-rata fees are payable for students commencing or leaving during term. If at any time and for any reason I should find myself unable to meet my financial obligations in full, I agree to contact the Bursar or Principal to make special interim arrangements. I understand that failure to do this will jeopardise my child's ongoing enrolment in the School and that for the recovery of fees a debt collection agency will be used and I will be liable for the debt recovery commission.
- I/we agree that my child will take an active part in the various activities, including co-curricular, that are run as part of the School educational program, and that I will ensure their attendance at these activities.
- I/we understand the importance of parental involvement with the education of my child. I agree to assist in some capacity and I understand that some commitment will be expected of me.
- I/we understand and accept that the completion of this enrolment form does not guarantee enrolment.
- I/we understand and accept that attendance at an enrolment interview does not guarantee an enrolment offer being made.
- I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

Signatures of Parent (s) / Guardians (s):

Parent / Guardian 1 _____ Date: / /

Parent / Guardian 2 _____ Date: / /

PRIVACY ACT

1. The School collects personal information, including 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 ask you to provide medical reports about pupils from time to time.
5. 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, (Catholic Education Office, the Catholic Education Commission, your local diocese and the Parish)* medical practitioners, and people providing services to the School, including specialist visiting teachers, (sports) coaches and volunteers.
6. 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.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School Newsletters, Magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. 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.
9. 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.
10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
11. 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.

*if appropriate

GENERAL CONSENTS

EMERGENCY

In the event of any accident or illness, I authorize such medical or hospital treatment as my child may require and agree to meet any expenses attached thereto. In the case of emergency I agree for my child to be transported by private vehicle / ambulance. I agree to pay expenses incurred for medical treatment.

PROGRAM

I am willing for my child to participate in all activities offered. I agree it is my responsibility to familiarise myself with the program and to advise the school in writing if I do not wish my child to participate in a particular activity.

• St Paul's Catholic Primary School Nightcliff • Phone: (08) 8985 1911 • Email: admin.stpauls@nt.catholic.edu.au

• Cnr Trower Rd & Francis Street, Nightcliff NT 0810 • P O Box 40344, Casuarina NT 0811

LOCAL EXCURSIONS

I hereby give permission for my child to participate in excursions. I agree it is my responsibility to familiarise myself with the area and manner of the excursion and to advise the school in writing if I do not wish my child to participate in a particular excursion.

FEE PAYMENT

Fees may be paid to the School Office on a weekly or fortnightly basis by cash, credit card, Eftpos, Electronic Fund Transfer or Centrepay (see the school office for further details). Credit payments may be taken over the phone.

CEASING ENROLMENT

Written notification is required 2 weeks in advance. If not given charges will apply.

PRIVACY ACT (Please refer to final page)

I/we have read and agree / disagree (please delete) with the provisions listed in the Privacy Act (refer to last page) for children enrolment at St Paul's Early Learning Centre.

Please note that if you disagree with any of the provisions listed, written notification is required by the School.

I/We understand that in making this application that electronic data currently held at Catholic Schools and OSHC in the Northern Territory on students/families may be transferred to Catholic Education Office NT and the Northern Territory Government as requested.

I/We have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

CONSENT FOR PUBLICATION OF PHOTOGRAPHS AND CHILD'S WORK

From time to time, photographs, videotapes and voice recording of children and their play/learning are taken in the Centre or at places where the children are involved in an excursion or activity. These photos/images/videos/recordings may be used in activities or could be published by the school and Catholic Education Office (Catholic Education Office NT) in magazines, newsletters, displays, journals, professional development materials for teachers and OSHC staff, or on the School and/or Catholic Education Office NT web site.

PUBLICATIONS:

I/We give consent for my child's photos / images / videos, recordings taken during activities to be published by the school, OSHC and Catholic Education Office NT in magazines, newsletters, displays, journals, professional development materials. In addition, I consent to my child's work being published from time to time in these publications.

Signatures of Parent (s) / Guardians (s):

Parent / Guardian 1 _____ Date: / /

Parent / Guardian 2 _____ Date: / /

**We require every family to complete the Outside School Hours Care (OSHC) form, in the event that casual or emergency care is required.
Please find it attached.**