

St. Paul's Catholic Primary School



Student name: _____

Date of commencement: _____

Year level in which student is enrolling: _____

Does your child have additional needs?

No

Yes

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Section 1 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 non-refundable.

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/Enrol

Section 2. DOCUMENTS REQUIRED

The following information must be submitted with the enrolment application:

Birth Certificate

Baptismal Certificate (if applicable)

Immunisation Record

Most recent report

Custody/Guardianship (relevant documentation - see enrolment form)

Completed Authorisation to Release Confidential Information form (if coming from another school)

Non-refundable enrolment fee of \$100

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

Education adjustment plan.

Vision assessment and/or Behavioural Optometrist report (no more than 2 years old)

Hearing assessment. (No more than 2 years old)

Psychological assessment

Speech Pathology report

Occupational Therapist reports

Paediatrician report

Involvement in special programmes and associated reports:

e.g. Special Education Units, Literacy Support.

Portfolios or examples of work.

Copies of Case Conferences held with Student Services.

A list of all previous schools attended.

Is your child on the waitlist to see a clinician? (Please tick):

Paediatrician

Occupational Therapist

Psychologist

Speech Therapist

Section 3 STUDENT DETAILS

Legal surname on birth certificate:

Preferred surname (if different from above)

Previous surname: (if applicable)

Given names:

Preferred first name:

Gender: Male Female

Date of birth:

Country of birth:

Nationality:

Student's residential address:

Suburb/town/community:

Postcode:

Residential Status:

Australian Citizen

Resident

Overseas

(Please ensure evidence is attached).

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?

Yes

No

Date of entry into Australia:

Does the student speak a language other than English at home?

English only

English and other – please specify:

Religion:

Sacraments:

Baptism

Date:

Parish:

Communion

Date:

Parish:

Confirmation

Date:

Parish:

We value cultural and linguistic diversity within our school. So that we can best support your child learning Standard Australian English (SAE) please provide us with the following information.

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Aboriginal / Torres Strait Islander Students:

Yes

Parental permission is given for tutorial assistance as per funding guidelines

No

Year Level in which student is enrolling:

TRANSITION 1 2 3 4 5 6

Has the student ever attended an NT school/Preschool?

Yes

No

What was the last school/preschool the student attended?

State/Territory:

Country:

Year/grade/level attained :

Date of leaving

Is this student residing in the NT due to an Australian Defence Force posting?

Yes

No

If yes:

Army

Air Force

Navy

Proof of identity attached (e.g. birth certificate, passport)

Yes

No

Does your child have an existing Operoo profile?

Yes

No

Section 4 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?

Yes

No

Section 5 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?**

Sibling's given names

Surname

Date of birth

1

2

3

Section 6 PARENT/GARDIAN INFORMATION

	Parent/guardian 1		Parent/guardian 2	
Title: (Mr/Ms/Mrs/Miss etc.)				
Surname:				
Given names:				
Relationship to student: (e.g. father, grandmother)				
Responsible for parenting*	Yes	No	Yes	No
Lives with student*	Yes	No	Yes	No
Receive School Correspondence*	Yes	No	Yes	No
Contact this person in an emergency? *	Yes	No	Yes	No
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:				
Postal Address:				

Section 7 ALTERNATE FAMILY DETAILS – Other parent not residing at the same address as the student

This information is also required if the student resides at times with an alternative family during school terms

	Alternate Parent / Guardian 1	Alternate Parent / Guardian 1
Title: (Mr/Ms/Mrs/Miss etc.)		
Surname:		
Given names:		
Relationship to student: (e.g., father, grandmother)		
Home phone:		
Business or another phone:		
Mobile:		
Email:		
Residential address:		
Postal Address:		

Section 8 ADDITIONAL EMERGENCY CONTACTS

For an emergency where the parent/guardian cannot be contacted, please provide alternative contacts.

	Contact 1	Contact 2
Name:		
Relationship to student:		
Phone 1:		
Phone 2:		

Section 9 OUTSIDE SCHOOL HOURS CARE (OSHC)

We require **EVERY** family to complete the Outside School Hours Care (OSHC) form, even if you do not intend to use the service.

This is needed in order to be prepared for the rare event that casual or emergency care is required.

Please see the link below to fill out our online enrolment form.

https://prodadmin.myxplor.com/enrollment_v2/centre/3mlPueRkKQjgK0ecbNUVoA

Section 10 SCHOOL FEES – Responsibility for payment

	Parent/Guardian 1	Parent/Guardian 2
Name:		
Email:		
Phone:		
Percentage each party is responsible for payment. Must total 100%		

Are there any court orders in place regarding payment of fees No Yes (*attach copy*)

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 fees:

Upfront

Per term (4 x equal payments at the start of each term)

Monthly

Weekly

- **Direct Debit Request form:** If you wish to opt for automatic debits to be made by St Paul's on your behalf, please complete and return the Direct Debit Request form on page 15.
- **Payment Option** 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.

This must be signed by both parties responsible for payment.

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

Parent/Guardian 1

Date:

Parent/Guardian 2

Date:

Section 11 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*.

What is the main language spoken at home?
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
English	English
Other – please specify	Other – please specify

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
Year 12 or equivalent	Year 12 or equivalent
Year 11 or equivalent	Year 11 or equivalent
Year 10 or equivalent	Year 10 or equivalent
Year 9 or equivalent or below	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
Bachelor Degree or above	Bachelor degree or above
Advanced diploma/Diploma	Advanced Diploma/Diploma
Certificate I to IV (including trade certificate)	Certificate I to IV (including trade certificate)
No non-school qualification	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
<p>Group 1 Senior management in large business organisation, government administration, and qualified professionals</p> <p>Group 2 Other business managers, arts/media/sportspersons, and associate professionals</p> <p>Group 3 Tradesmen/women, clerks and skilled office, sales and service staff</p> <p>Group 4 Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Other Not in paid work in the last 12 months</p>	<p>Group 1 Senior management in large business organisation government administration, and qualified professionals</p> <p>Group 2 Other business managers, arts/media/sportspersons, and associate professionals</p> <p>Group 3 Tradesmen/women, clerks and skilled office, sales and service staff</p> <p>Group 4 Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Other Not in paid work in the last 12 months</p>

Section 12 MEDICAL DETAILS

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

Allergies

Asthma

Diabetes

Seizure disorder (e.g. epilepsy)

Speech impairment

Visual impairment

Physical disability

Hearing impairment

Acquired Brain Impairment

Mental health or behaviour issue (e.g. depression, ADHD)

Intellectual/learning impairment (e.g. dyslexia)

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:

Yes

No, not required

Immunisation certificate/record provided:

Yes

No

Doctor's Name:

Doctor's Phone number:

Section 13 CONSENTS

Medical Attention:

In the event of 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 is sent to school with the student a note giving details of dosage and permission for College Staff to administer medication must accompany the student.

Yes

No

Excursion Permission

Travel may be required for curriculum-based activities i.e., swimming, class excursion etc.

Yes

No

Head lice prevention

Do you consent to head lice surveillance of your child?

Yes

No

Back to school Vouchers (BTSV)

The NT Government issues all Parents/Guardians with a 'Back-to-School' voucher per school-aged child at the beginning of each school year. This voucher can be used to purchase uniforms and/or pay for fees etc.

Vouchers must be used by the end of Term One.

I consent to have any unused amount on voucher used towards fees and levies at the end of Term 1.

Yes

No

Consent for publication of photographs and student work

From time to time, photographs or videos of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the School and Catholic Education Office (CEO), school magazines, newsletters, displays, journals, professional development materials for teachers, or on the school and/or CEO web site. In addition, student work is also published from time to time. (Please tick)

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

Websites I/We give consent for my child's photos / images / videos taken during School activities to be published on the School and/or CEO web site. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites.

Social Media I/We give consent for my child's photos / images / videos taken during School activities to be published on the School Facebook Page.

Section 14 SCHOOL AGREEMENT

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

PRIVACY ACT (Please refer to final page)

- I/we have read and agree / disagree (please circle) with the provisions listed in the Privacy Act (refer to last page) for children enrolment at St Paul's Catholic Primary 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.
- 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.
- I/We agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
- **I/we understand and accept that I must give notification one term in advance of ceasing enrolment and if this is not given charges will apply.**

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

AUTHORISATION TO RELEASE CONFIDENTIAL INFORMATION

I _____ (Name of parent/caregiver) authorise

_____ (Name of previous school)

to release information about my child's learning needs such as:

- NAPLAN results (most recent)
- Most recent school reports.
- Speech reports
- Hearing reports
- Vision Reports
- Occupational therapy reports
- Reading assessments
- Behavioural management plans
- Psychological assessments
- Recent PAT test results or other school based assessments
- EAP (Education Adjustment Plan) reports

Any other information you think will help his/her schooling needs.

Student Name:

Date of Birth:

To: St Paul's Catholic Primary School
PO Box 40344
Casuarina, NT 0811
admin.stpauls@nt.catholic.edu.au

Signature of Parent/ Caregiver:

Name of Parent/ Caregiver:

Contact Number:

Date:



SCHOOL FEES & CHARGES 2024

SCHOOL FEES PER YEAR

If there are multiple children enrolled at St Paul's or other NT Catholic Schools, there is a sibling discount. See the following table.

Number of students	1 child	2 children	3 children	4 Children
Tuition fee	1,450.00	2,900.00	4,350.00	5,800.00
Book & Resource Levy	599.00	1,198.00	1,797.00	2,396.00
Swimming Levy	120.00	240.00	360.00	480.00
Maintenance Levy Per Family	199.00	199.00	199.00	199.00
ICT Levy	250.00	500.00	500.00	500.00
Sibling discount	0.00	-136.80	-410.40	-1,805.76
Subtotal	2,618.00	4,892.00	6,771.00	7,461.00
If paid up front, 5% disc on fees if paid prior to the end of term 1	-72.50	-145.00	-217.50	-290.00
Total	2,545.50	4,747.00	6,553.50	7,171.00
Building Fund Voluntary	200.00	200.00	200.00	200.00

ELC/OSHC/Vacation Care Fees include meals provided.

EARLY LEARNING CENTRE FEES (ELC)		AFTER SCHOOL CARE FEES (OSHC)		VACATION CARE FEES	
Full time	\$525 per week (\$105 per day)	Full Time	\$140 week per (\$28 per day)	Full Time	\$340 per week (\$68 per day)
Permanent Part Time/casual	\$110 per day	Permanent Part Time	\$140 week per (\$28 per day)	Permanent Part Time/casual	\$78 per day
		Casual Rate	\$33 per day		
Late pick-up fee	\$50 + \$1 per min after 5.45pm	Late pick-up fee	\$50 + \$1 per min after 5.45pm	Late pick-up fee	\$50 + \$1 per min after 5.45pm



DIRECT DEBIT REQUEST

1. Request & Authority

I request and authorise St Paul's Catholic Primary School to arrange, through its own financial institution, a debit to my nominated account any amount St Paul's Catholic Primary School has deemed payable by myself (including to keep my ELC and/or OSHC accounts in credit by the equivalent amount of two weeks of fees). This debit or charge will be taken from my account held at the financial institution I have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement

Your surname:

Your given names:

Childs full name

OSHC

ELC

SCHOOL FEES

2. Account to be debited

Financial Institution name & address:

Name/s on account:

BSB Number:

Account number:

Start date:

Amount to be deducted:

Frequency: Weekly

Fortnightly

Monthly

Termly

3. Acknowledgement

By signing and/or providing us with a valid instruction in respect to my Direct Debit Request, I have understood and agreed to the terms and conditions governing the debit arrangements between myself and St Paul's Catholic Primary School as set out in this Request and in my Direct Debit Request Agreement.

Your full name:

Signature

Date:

Address:

Full name of second signatory (if required):

Signature:

Date:

Address:

