APPLICATION FOR ENROLMENT
IN SCHOOLS OF THE BATHURST DIOCESE

James Sheahan Catholic High School
PO Box 146, Orange NSW 2800
Ph:(02) 6362 1422 Fax: (02) 6362 0776
Email: jshadmin@netwit.net.au
Website: http://www.jschs.nsw.edu.au

STUDENT DETAILS

Student’s Name: _______________________________________________________________________
(First Name/s) (Surname)

Enrolment for Year:       7      8      9      10      11      12
(Please circle) Calendar Year for Enrolment:   2 0 _ _

Date of Birth: ________________     Gender:     Male ☐     Female ☐

(Student’s original Birth Certificate must be provided when lodging this application. A copy will be retained by the school)

Country of Birth: ___________________________________________________________________
Nationality: _______________________________________________________________________

Residential Status (if not born in Australia): Permanent Resident ☐ Temporary Resident ☐
Foreign National / Overseas Student ☐ (Visa must be attached) Other ☐ (Please specify) __________
(Original documents are to be sighted and copies retained by the school)

Previous School: ___________________________________________________________________

Reason for choosing this Catholic school for enrolment: _____________________________________

Does the student speak a language other than English at home?
Please tick appropriate box (If more than one language, indicate the one that is spoken most often).

No, English only ☐ Yes, Other ____________________________________________

(please specify)

Is the student of Aboriginal or Torres Strait Islander Origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

☐ No ☐ Aboriginal ☐ Torres Strait Islander

Student Lives With / In Custody of:

☐ Mother & Father ☐ Mother ☐ Father

☐ Mother & Stepfather ☐ Father & Stepmother ☐ Other ______________________

Student lives at the Family Address: ☐ Yes ☐ No

If No, please state the student’s boarding address _______________________________________

____________________________________________________________________________________

STUDENT’S RELIGION: ____________________________________________

Baptism Date: ________________ Parish: ______________________________________ Yes ☐ No ☐

Confirmation Date:______________ Parish: ______________________________________ Yes ☐ No ☐

Eucharist Date: ________________ Parish: ______________________________________ Yes ☐ No ☐

Reconciliation Date: ________________ Parish: ______________________________________ Yes ☐ No ☐
MEDICAL INFORMATION

Student’s Doctor’s Name: _____________________  Doctor’s Phone Number: ________________

Medicare Number: __________________________________________________________

Allergies/Medical History:  ____________________________________________________________

Medications Being Taken:  ____________________________________________________________

(The school should be advised in writing of any known medical condition and the medication which either you administer or your child needs to administer)

Has the student been diagnosed as being at risk of anaphylaxis?  Yes □  No □
If yes, does the student have an EpiPen? Yes □  No □
Is the student permitted to have an anaesthetic?  Yes □  No □

Accident Permission: If in the event of an accident or serious illness I cannot be contacted, I give permission for the Principal (or representative) to seek medical attention for my child as required.

Parent1/Carer1 Signature: ________________________________  Date: ______________________
Parent2/Carer2 Signature: ________________________________  Date: ______________________

IMMUNISATION
Please indicate if the student has been immunised against the following:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Please circle Yes or No</th>
<th>Date of Immunisation</th>
<th>Copy of Record Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Yes / No</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Diptheria-Tetanus-Whooping Cough</td>
<td>Yes / No</td>
<td></td>
<td>□</td>
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<tr>
<td>Haemophilus Influenzae type b (Hib)</td>
<td>Yes / No</td>
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<td>□</td>
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<tr>
<td>Polio</td>
<td>Yes / No</td>
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<tr>
<td>Pneumococcal disease</td>
<td>Yes / No</td>
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<td>□</td>
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<tr>
<td>Rotavirus</td>
<td>Yes / No</td>
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<td>□</td>
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<tr>
<td>Measles-Mumps-Rubella</td>
<td>Yes / No</td>
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<td>□</td>
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<td>Meningococcal C disease</td>
<td>Yes / No</td>
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<td>□</td>
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<tr>
<td>Chickenpox</td>
<td>Yes / No</td>
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<td>□</td>
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<tr>
<td>Human Papillomavirus (HPV) (12–18 yrs)</td>
<td>Yes / No</td>
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</table>

Not Immunised □
SPECIAL NEEDS

Does your child have, or has your child been assessed for:

- autism
- behaviour disorders
- a hearing impairment
- an intellectual disability
- a language disorder
- mental health issues
- a physical disability
- a vision impairment
- ADD / ADHD
- giftedness
- difficulties in the basic areas of learning
- ESL
- acquired brain injury
- other (please specify) _______________________________________________
- none of the above

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

- alternative teaching and learning strategies
- signing
- braille
- a reader or scribe
- access to technology
- aide time
- modifications to equipment, furniture and learning spaces
- personal carer support
- other (please specify) _______________________________________________

Is there anything that you do or modify at home that may help us at school to meet your child’s special needs?
_____________________________________________________________________________________

Please include CEO transition form if applicable

HEALTH AND SAFETY (Catholic Education Requirement)

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:

Name: ___________________________  Phone: ___________________________
Name: ___________________________  Phone: ___________________________

Does your child have any history of violent behaviour?  Yes ☐  No ☐

Does your child have any history of behavioural problems (including verbal bullying)?  Yes ☐  No ☐

Has your child ever been suspended or expelled from any previous school?  Yes ☐  No ☐

If Yes, was this for

- Actual violence to any person?  Yes ☐  No ☐
- Possession of a weapon or any item used to cause an injury?  Yes ☐  No ☐
- Intimidation, bullying or harassment of students or staff at a school?  Yes ☐  No ☐
- Threats of violence?  Yes ☐  No ☐
- Illegal drugs?  Yes ☐  No ☐
- Other (please specify) _______________________________________________

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

Does your child play a musical instrument?  
Yes ☐  No ☐

If Yes, please provide details: ______________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Is your child interested in participating in any of the following?
School Band ☐  Choir ☐  School Instrument Program ☐
School Production ☐

SPORT

Please list your child's previous Sporting Achievements: ____________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

SPECIAL CIRCUMSTANCES

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?  
Yes ☐  No ☐

If Yes, please provide a description of these circumstances.
______________________________________________________________________________________
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FAMILY DETAILS

Family Surname: __________________________________________________________

Address (street): __________________________________ Address (postal): ____________

__________________________________________

Phone (home): ___________________________ Phone (alternate): ______________________

Email Address: ________________________________________________________________

Emergency Contact Details (name, relationship to student & phone number):

_____________________________________________________________________________________

SIBLING DETAILS

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Current School</th>
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COMPLETE FOR CAREGIVER NOT LIVING AT STUDENT’S RESIDENTIAL ADDRESS

First Name: ________________________________ Surname: ____________________________

Address: __________________________________________________________________________

Phone (home): ___________________________ Phone (alternate): _______________________ 

Relationship to Student: __________________________________________________________

Custody Details (if applicable):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

May this person have access to the student if they visit the school? Yes ☐ No ☐

May this person be given information about the student if they contact the school? Yes ☐ No ☐

May this person receive copies of correspondence relating to the student? Yes ☐ No ☐

May this person receive copies of school reports relating to the student? Yes ☐ No ☐

Are there any current court orders relating to the student? Yes ☐ No ☐

If Yes, current court orders eg AVOs, Family Court, Federal Magistrate Court orders or other relevant court orders must be provided when lodging this application. A copy will be retained by the school.
### PARENTS/CARERS PLEASE COMPLETE THE SECTION BELOW

<table>
<thead>
<tr>
<th>Parent1/Carer1</th>
<th>Parent2/Carer2</th>
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<tbody>
<tr>
<td><strong>Title:</strong></td>
<td><strong>Title:</strong></td>
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<tr>
<td>Mr    Mrs    Ms    Miss    Dr</td>
<td>Mr    Mrs    Ms    Miss    Dr</td>
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<tr>
<td><strong>First Name:</strong></td>
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<td><strong>Relationship to Student:</strong></td>
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<tr>
<td><strong>Custody:</strong></td>
<td><strong>Custody:</strong></td>
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<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
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<td><strong>Phone (home):</strong></td>
<td><strong>Phone (home):</strong></td>
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<td><strong>Language spoken at home:</strong></td>
<td><strong>Language spoken at home:</strong></td>
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<td><strong>Employer:</strong></td>
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<td><strong>Occupation:</strong></td>
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- If not currently in paid work but have had a job in the last 12 months or have retired in the last 12 months, please write your last occupation.
- If not in paid work in the last 12 months, write ‘NIL’ on the line above.

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**What is the highest level of primary or secondary school the parents/carers have completed?**

(for persons who have never attended school, mark ‘Year 9 or equivalent or below’)

*Mark one box only in each column*

<table>
<thead>
<tr>
<th>Parent1/Carer1</th>
<th>Parent2/Carer2</th>
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</thead>
<tbody>
<tr>
<td>Year 12 or equivalent ☐</td>
<td>☐</td>
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<tr>
<td>Year 11 or equivalent ☐</td>
<td>☐</td>
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<tr>
<td>Year 10 or equivalent ☐</td>
<td>☐</td>
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<tr>
<td>Year 9 or equivalent or below ☐</td>
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</tbody>
</table>

**What is the level of the highest qualification the parents/carers have completed?**

*Mark one box only in each column*

<table>
<thead>
<tr>
<th>Parent1/Carer1</th>
<th>Parent2/Carer2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor degree or above ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diploma/Advanced Diploma ☐</td>
<td>☐</td>
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<tr>
<td>Certificate I to IV (including trade certificate) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>No non-school qualification ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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 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, government agencies, statutory boards [Catholic Education Office, the Catholic Education Commission, your local Diocese and the parish, Schools within other Catholic Dioceses. Also government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA)]* 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 information about current or prospective students in accordance with the Education Act or child protection legislation.* Information may also be collected and exchanged for the purposes of the NSW Board of Studies and ACARA. Information provided to the NSW Board of Studies and ACARA may be published in accordance with government requirements on the MySchool website.

8. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions, information (which may include photographs) such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website.

9. 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.

10. 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.

11. We may include your contact details in a class list and School directory

12. 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, so that they can access that information if they wish and that the School does not usually disclose the information to third parties.

* If appropriate
1. I/We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.

2. I/We give permission for the school to contact my child's previous school. Yes ☐ No ☐

3. 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 (attached).

4. 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.

5. 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).

6. I/We give permission for my/our child’s photograph to be used in publications eg school website, newspaper publications. Yes ☐ No ☐

7. If, in time of emergencies, accidents or serious illness, I/we cannot be contacted I/we give permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle.

8. 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.

9. I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.

10. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

11. I/We enclose the $150.00 Application Fee which I/we understand is non-refundable and is in addition to the school fees.

I declare that the information provided in this application to enrol is, to the best of my knowledge and belief, accurate and complete

Signature: ___________________________ Signature: ___________________________
Parent1/Carer1 Parent2/Carer2

Date: ______________________________ Date: ________________________________

Please Note:
Acceptance of this application for enrolment is subject to the approval of the school’s Principal

OFFICE USE ONLY
DateReceived: ______________________ Receipt Number: ______________________
Interview Date: ______________________ Interviewed By: ______________________
Comments: ___________________________________________________________________
Result: _____________________________________________________________________

Revised February 2011