



APPLICATION FOR ENROLMENT
IN SCHOOLS OF THE BATHURST DIOCESE



James Sheahan Catholic High School

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STUDENT DETAILS

Student's Name: _____
(First Name/s) (Surname)

Enrolment for Year: 7 8 9 10 11 12 Calendar Year for Enrolment: 20__
(Please circle)

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: _____

Copy of Record Attached

Baptism Date: _____ Parish: _____ Yes No

Confirmation Date: _____ Parish: _____ Yes No

Eucharist 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:

	<i>Please circle Yes or No</i>	<i>Date of Immunisation</i>	<i>Copy of Record Attached</i>
Hepatitis B	Yes / No	<input type="checkbox"/>
Diphtheria-Tetanus-Whooping Cough	Yes / No	<input type="checkbox"/>
<i>Haemophilus Influenzae</i> type b (Hib)	Yes / No	<input type="checkbox"/>
Polio	Yes / No	<input type="checkbox"/>
Pneumococcal disease	Yes / No	<input type="checkbox"/>
Rotavirus	Yes / No	<input type="checkbox"/>
Measles-Mumps-Rubella	Yes / No	<input type="checkbox"/>
Meningococcal C disease	Yes / No	<input type="checkbox"/>
Chickenpox	Yes / No	<input type="checkbox"/>
Human Papillomavirus (HPV) (12–18 yrs)	Yes / No	<input type="checkbox"/>

Not Immunised

SPECIAL NEEDS

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

- | | | | | | |
|----------------------------|--------------------------|---|--------------------------|----------------------|--------------------------|
| autism | <input type="checkbox"/> | behaviour disorders | <input type="checkbox"/> | a hearing impairment | <input type="checkbox"/> |
| an intellectual disability | <input type="checkbox"/> | a language disorder | <input type="checkbox"/> | mental health issues | <input type="checkbox"/> |
| a physical disability | <input type="checkbox"/> | a vision impairment | <input type="checkbox"/> | ADD / ADHD | <input type="checkbox"/> |
| giftedness | <input type="checkbox"/> | difficulties in the basic areas of learning | <input type="checkbox"/> | ESL | <input type="checkbox"/> |
| acquired brain injury | <input type="checkbox"/> | other (please specify) _____ | | | |

If you have selected any of the above, please provide copies of all current documents relating to your child's assessment.

These copies will be retained by the school

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

- | | | | | | |
|---|--------------------------|------------------------|--------------------------|-----------|--------------------------|
| alternative teaching and learning strategies | <input type="checkbox"/> | signing | <input type="checkbox"/> | braille | <input type="checkbox"/> |
| a reader or scribe | <input type="checkbox"/> | access to technology | <input type="checkbox"/> | aide time | <input type="checkbox"/> |
| modifications to equipment, furniture and learning spaces | <input type="checkbox"/> | personal carer support | <input type="checkbox"/> | | |
| 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.

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

Name	Date of Birth	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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 to the pupil and to enable them to take part in all activities of the School.
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. Laws governing or relating to the operation of schools require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may 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, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, the Catholic Education Office, the Catholic Education commission, the school's local Diocese and the Parish, schools within other Dioceses, medical practitioners and people providing services to the school, including specialist visiting teachers, sports coaches, volunteers and counsellors.
 - 5a. In addition to the agencies and purposes cited at 6 above, personal information relating to students and parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain school information relating to the circumstances of parents and students on the MySchool website.
6. 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 print media and on school administered social media sites and on our website.
7. The school may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
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. The school Privacy Policy also sets out how you may complain about a breach of privacy and how the school will deal with such a complaint.
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. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in school newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters and magazines and on our website.
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 advise them that the School does not usually disclose the information to third parties.
13. Our school may utilise service providers to provide certain services including data storage to the school and its staff and students. The school may provide your personal information to such service providers in connection with the provision of these services. The school's email and data service provider stores, transfers and processes data outside Australia.

PARENT/CARER ENROLMENT AGREEMENT

1. I/We accept that the Principal, as custodian of the traditions, policies, rules and expectations of the school, is responsible for determining what is appropriate and acceptable in all matters and acknowledge that the Principal or Assistant Principal will make the final decision in any given case.

Signature: _____ Signature: _____
Parent1/Carer1 *Parent2/Carer2*

2. I/We agree to support school policies in relation to programs of studies, sport, pastoral care, school uniform and appearance, discipline and the general operation of the school.
3. I/We understand that, if required, the school will contact our child's previous school.
4. 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.
5. 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.
6. 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).
7. I/We understand that our child's photograph will be used in school-based activities and publications eg school website, newspaper publications, promotional displays.
8. 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.
9. 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.
10. I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form.
11. I/We understand that in order for my child to have a school issued personal email that some of this data may be stored offshore.
12. 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.
13. I acknowledge that I have read and understand the reasons the school and Catholic Education Office, Bathurst, collect information about students and their families and the way in which information is stored and will be used by the school.
14. 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

Date Received: _____ Receipt Number: _____

Interview Date: _____ Interviewed By: _____

Comment: _____

Result: _____