



# All Saints Parish School

## Enrolment Agreement

Student Name:

<b>Office Use Only</b>	
Year of Entry:	
Year Level:	
Split Fees	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Immunisation	<input type="checkbox"/>
Baptism	<input type="checkbox"/>
Visa Student	<input type="checkbox"/>
Bus	<input type="checkbox"/>
Indigenous	<input type="checkbox"/>
CSEF	<input type="checkbox"/>
NCCD	<input type="checkbox"/>

**Please return this form to  
All Saints Parish School Reception**

Form to be lodged at the school office prior  
to student commencing at the School.

## Student Details

Full Name \_\_\_\_\_

Preferred Name (if applicable) \_\_\_\_\_

Gender Male  Female  Date of Birth \_\_\_\_\_

Proposed year of entry \_\_\_\_\_ Year Level \_\_\_\_\_

Previous Kinder/School \_\_\_\_\_ Kinder Group \_\_\_\_\_ /Year level \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religious Denomination (if applicable) \_\_\_\_\_

Is there a language other than English spoken at home? \_\_\_\_\_

Is the student of Indigenous Origin? Aboriginal  Torres Strait  Neither

Student lives with:

Both parents  Mother  Father  Guardian

If student does not live with both parents, please indicate family situation:

Parents separated  Single Parent Family  Mother/Father deceased

Other  \_\_\_\_\_

If separated, correspondence goes to:

Mother  Father  Both

Copies of relevant Court Orders provided  (If applicable, please attach to this form)

Will child be travelling to school by bus? Yes  No

If Yes collect bus form from office

If born overseas are they an Australian citizen Yes  No

If No please provide copy of student passport and visa documentation

## Fee Payment Details

Mother's Full Name \_\_\_\_\_

Percentage of school fees responsible for: 100%  50%  Signed \_\_\_\_\_

Email (required) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Percentage of school fees responsible for: 100%  50%  Signed \_\_\_\_\_

Email (required) \_\_\_\_\_

Is there a Health Care/Pension Card: Yes  No

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

## Medical Information

Medicare Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Ambulance Cover Yes  No

- |  |       |   |
|--|-------|---|
| <input type="checkbox"/> Asthma                | _____ | <input type="checkbox"/> Management plan attached |
| <input type="checkbox"/> Epi Pen (Anaphylaxis) | _____ | <input type="checkbox"/> Management plan attached |
| <input type="checkbox"/> ADHD                  | _____ |   |
| <input type="checkbox"/> Autism Spectrum (ASD) | _____ |   |
| <input type="checkbox"/> Diabetes              | _____ |   |
| <input type="checkbox"/> Migraine              | _____ |   |
| <input type="checkbox"/> Hearing               | _____ |   |
| <input type="checkbox"/> Poor eyesight         | _____ |   |
| <input type="checkbox"/> Travel Sickness       | _____ |   |
| <input type="checkbox"/> Allergies             | _____ |   |
| <input type="checkbox"/> Epilepsy              | _____ |   |
| <input type="checkbox"/> Heart Condition       | _____ |   |

**Please Note:** Management plans for Asthma and Anaphylaxis are to be attached to this form and are required to be updated annually. Documentation needed for management of any other medical issue should be provided with enrolment form.

**Has student been immunised?** Yes  No  (official documents must be provided)

Name of preferred Doctor

\_\_\_\_\_

Clinic Name & Address

\_\_\_\_\_

Phone Number of Doctor

\_\_\_\_\_

### Confidential Special Needs Information

The school is committed to best practice for the care of its students. We need your assistance by way of full disclosure to help us understand any special needs your son/daughter may have. Please help us by ticking all boxes that apply.

Physical Needs  Medical Needs  Educational Needs

Behavioural Needs  Allergies  Any other special needs

If you have ticked yes to any of the above, please provide full details of those needs and any assessment/intervention/support that he/she may be currently receiving (Supporting documentation must be provided).

**Mother/Guardian (Residing at the student address.)**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Business \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religion (If applicable) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Occupational Group(Refer to List of Parental Occupations on page 11)

Group A     Group B     Group C     Group D     Not in paid work in the last 12 months

Highest Year of School Education

Level of Highest Qualification

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

- Bachelor degree or above
- Advanced Diploma/Diploma
- Certificate I to IV
- No non-school qualification

**Father/Guardian (Residing at the student address.)**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home phone \_\_\_\_\_ Business \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religion (If applicable) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Occupational Group(Refer to List of Parental Occupations on page 11)

Group A     Group B     Group C     Group D     Not in paid work in the last 12 months

Highest Year of School Education

Level of Highest Qualification

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

- Bachelor degree or above
- Advanced Diploma/Diploma
- Certificate I to IV
- No non-school qualification

## Non-Residential Parent

(Please only complete if there is a Parent who **does not** reside at the Student's Home Address)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home Address \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupational Group (Refer to List of Parental Occupations on page 11)

Group A     Group B     Group C     Group D     Not in paid work in the last 12 months

Highest Year of School Education

Level of Highest Qualification

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

- Bachelor degree or above
- Advanced Diploma/Diploma
- Certificate I to IV
- No non-school qualification

**Is this parent authorised to collect the student from school?**

Yes

No

**Duplicates of School Reports**

Yes

No

Comments \_\_\_\_\_

## Emergency Contact

(Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

**Is this emergency contact authorised to collect the student from school?**

Yes

No

## Enrolment Agreement for Non-Catholic Students

I, the undersigned, am aware of the School's aims and expectations and I undertake to respect the nature, life and identity of the School. My child/children will take part in Religious Education activities as well as liturgical celebrations.

Mothers signature: \_\_\_\_\_ Fathers signature: \_\_\_\_\_

## Parent Agreement

In the event of my child being enrolled at All Saints Parish School, Portland.

1. My child will accept and observe the rules and the uniform regulations of the school
2. My child will take part in an active and enthusiastic way, in the academic, cultural and sporting life of the School
3. My child will participate in the Religious Education Program - and its associated activities in a positive and respectful way.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

## Enrolment Contract

We/I **hereby make application** for our/my child/children to attend All Saints Parish School. We/I agree to the conditions of attendance and support the School Policies.

I / we understand that payment of my/our account is my/our responsibility. If I /we do not commence payment of the account in term 1 of our enrolment year, or organise a mutually acceptable payment arrangement with the School, I /we understand that the full year's school fees become due and payable immediately. Should my/our account be placed in the hands of debt recovery consultants, then I/we agree to pay all expenses relating to the recovery of my/our account, and any default debt may be reported to a credit reporting agency.

We/I hereby give permission for my child/children to take part in all school activities including local excursions. In the event of any illness or accident we/I authorise the obtaining on my/our behalf such medical assistance as my child may require.

We/I accept all operation, blood transfusion and/or anaesthetic risks involved and the responsibility for payment of any such expenses this incurred. This permission is given providing every effort will be made to contact me personally before any decision is taken to anaesthetise and operate.

We/I hereby declare that the above particulars are true in every respect and acknowledge that information found to be incorrect in this Enrolment Form may result in rejection of the application and/or cancellation of enrolment.

**I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT:**

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

**This Enrolment Contract is to be signed by each parent/guardian named on the form.**

## **General Permission**

**To cover all excursions where students leave the school grounds during the year for low risk, local activities (for all other activities, separate permission is sought).**

There are occasions when local excursions/events take place within the town boundary in which students participate (eg: Church masses, cultural events, social justice programs, athletics events).

Any such excursions/events are adequately staffed, carefully planned and relevant risk management documents submitted as required. All Saints Parish School is committed to the safety and wellbeing of children and all staff adhere to a Child Safe Code of Conduct when working with students.

Students are transported to local venues by bus or by a vehicle driven by a member of the school staff.

## **Aquatic Activities Permission**

**To cover all Aquatic Activities where students leave the school grounds during the year to use the Portland Leisure Aquatic Centre facilities for the Swimming Program, as well as aquatic activities such as surfing at Bridgewater Bay.**

These programs are carefully planned and adequately supervised by staff with the appropriate water qualifications.

## **General Permission & Aquatic Activities Declaration**

**Having read and understood the information given within this form concerning General Permission and Aquatic Permission:**

The student enrolled on this form:

- has permission to participate in Aquatic Activities
- has permission to participate in local school excursions/events
- In the event of accident or illness, I authorise the teacher-in-charge of the excursion/event/activity to consent, where it is impractical to communicate with me, to the above student receiving such medical or surgical treatment as may be deemed necessary. I also agree to meet the expense of such treatment and any associated expenses incurred (such as ambulance transportation).
- It is understood that if, in the opinion of the teacher-in-charge, there is non-cooperation of any description by a student while off-site, their parent/guardian is required to collect the student from the activity or meet the expense of him/her being returned to school.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

# Authorisation Statements

## Publication of Photos Taken During School Year

It is understood that while enrolled at All Saints Parish School students may be photographed individually and in groups either by school staff or local photographers. These photos may be used for, but not limited to:

- displaying around the school
- promotion on the school Facebook page
- school website
- school newsletter
- school apps requiring parent login (inc. but not limited to PAM, Class DoJo, Seesaw)
- newspapers
- Catholic Education promotional material
- Catholic Diocesan magazines.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Third Party Photo Publication

It is understood that while enrolled at All Saints Parish School students will attend excursions / events where the event organisers (eg: local council) will take photos which may be used for their own publication. These publications may include but not be limited to:

- promotional material
- website
- social media sites such as Facebook
- newspapers

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Student Contact / Medical Details

Permission is given for contact/medical details and class lists to be held as hard copy as well as uploaded to Google Docs (online access for staff). The purpose of this is to allow staff to discharge its duty of care to your child in being able to contact parents/carers as and when needed.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Learning Assessments

It is understood that while enrolled at All Saints Parish School, my child may require the following screening assessments to determine if a formal referral for a language or speech therapist is required.

Screening Assessments include:

- **Raven's Progressive Matrices**
- **CELF-4 and CELF-5**

Parents will be contacted to sign referral forms if any further assessments are necessary.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Declaration

In cases of emergency and where it is impracticable to communicate with me beforehand, I authorise the Principal/Teacher in Charge/Staff Member to seek such medical or surgical treatment (anaesthetic included) as may be deemed necessary for the student enrolled on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian



## Sacramental Details

Sacrament	Date Received	Parish of reception
Baptism:		
Confirmation:		
Eucharist:		
Reconciliation		

## Possible Future Siblings attending

Please note that a separate Application for Enrolment form is to be completed for each sibling as they enrol, and this should be done 6 months prior to the year they commence.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Possible year of enrolment: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Possible year of enrolment: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Possible year of enrolment: \_\_\_\_\_

## National School Chaplaincy Program (NSCP) Parent/Guardian Permission for Inclusion in CLASSROOM OR GROUP WELLBEING PROGRAMS

I authorise and consent to my child participating in classroom or group wellbeing programs and discussions facilitated by the school counsellor/pastoral care worker.

**This permission form is not for one-on-one counselling services.**

I confirm that I have read the permission form documentation available on the school website/Skooolbag and understand:

- that personal information will be collected and managed by the counsellor/pastoral care worker as per privacy legislation
- that my consent will continue whilst my child is enrolled in All Saints Parish School
- that I may withdraw my consent at any time by writing to the school Principal
- that if the counsellor/pastoral care worker determines that my child's participation in the wellbeing program/s is no longer required, their attendance will cease.

Name of student		
Name of parent/guardian		
Signature of parent/guardian		Date

## Privacy Statement

### **The Act**

#### **1.1 Commonwealth Privacy Act 1998**

The Privacy Act 1998 is a Commonwealth Act that regulates the collection, storage, use and disclosure of different types of personal information by:

- Commonwealth and Australian Capital Territory government agencies;
- Credit providers
- Credit reporting agencies, and
- Organizations that use tax file numbers.

#### ***Privacy Amendment (Private Sector) Act 2000***

This amendment to the Act in 2000 will also regulate the way private sector organizations, including non-government schools and systems, handle personal information of individuals. This amendment came into effect on 21 December 2001, with organizations having till end of 2002 to become compliant.

### **The Privacy Collection Statement**

Your privacy is important to All Saints, the following statement is provided to you by the school and specifically itemises the reasons for collecting information about students and their families and the way in which that information will be used by the school.

- 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.
- 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.
- Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
- 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.
- 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, Schools within other Dioceses/other Dioceses medical practitioners, and people providing services to the School, including specialist visiting teachers, volunteers and counsellors.
- 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.
- 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.
- Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may 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.
- 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 organizations 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.
- We may include your contact details in a class list and School directory.
- 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.

*I have read the information provided to me regarding the Privacy Statement*

*Name:* \_\_\_\_\_ *Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## List of Parental Occupation Groups

### **GROUP A: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND DEFENCE, AND QUALIFIED PROFESSIONALS**

**Senior Executive/Manager/Department Head** in industry, commerce, media or another 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.

**Health, Education, Law, Social Welfare, Engineering, Science**, Computing professional

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

**Air/Sea Transport** (aircraft/ship's captain/officer/pilot/flight officer, flying instructor, air traffic controller)

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### **GROUP B: 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.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**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

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### **GROUP C: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES & 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, customs agent, customer services clerk, 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/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

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### **GROUP D: 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 classer, 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, care park attendant, crossing supervisor)

## IMPORTANT CHECKLIST

### Before you return your enrolment form, have you:

- Ensured both parents/guardians have signed the relevant sections
- Signed the bottom of the *Enrolment Contract* section (paying particular attention to the understanding that families are responsible for school fees until they are fully paid, even if student no longer attending All Saints).
- Signed all *Permission* statements on pages 7, 8 and 9
- Read and sign the *Privacy Statement*
- Provided all documentation/information relating to medical / educational / behavioral needs your child has

### Have you included copies of:

- Child's Birth Certificate
- Immunisation History Statement  
(approved certificate from Australian Childhood Immunisation Register  
• phone 1800 653 809 or online via Medicate online account )
- Copy of your Baptism/Sacrament Certificates if any
- Copy of Health Care or Pension Card –  
(must be presented to receive fee discounts)
- Completed Camps, Sports and Excursions Fund form if eligible
- Completed Bus Form if you live outside the town boundary and your child is travelling to and from school by bus