ENROLMENT FORM
DIOCESE OF BROKEN BAY SYSTEMIC SCHOOLS

SACRED HEART CATHOLIC SCHOOL
Cnr Waratah & Keenan Sts Mona Vale NSW 2103
Ph: 9999 3264 Fax: 9979 8603
e-mail: shmv@dbb.catholic.edu.au website: www.shmvdbb.catholic.edu.au

Office Use only
Family Code
Student ID

Mail from school to be sent to

Address (please circle) Mr & Mrs Mr Mrs Ms Dr Prof
Surname ................................................................. Given Name .................................................................
Address ..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
Postcode ........................................................................
Contact tel. ................................................. e-mail address ............................................................

Student Details

Surname ................................................................. Entry Year (eg 2012) .................................................................
Given name(s) ................................................................. Entry Level (eg Yr 3) .................................................................
Preferred given name ................................................................. Date of Birth .................................................................
Religion ................................................................. Sex Male ☐ Female ☐
Address (if different from above mailing address)
..........................................................................................................................................................
..........................................................................................................................................................
Postcode ........................................................................
Contact tel. ................................................. e-mail address ............................................................

Sacramental Information

Baptism Date ................................................................. Parish .................................................................
Confirmation Date ................................................................. Parish .................................................................
Reconciliation Date ................................................................. Parish .................................................................
Communion Date ................................................................. Parish .................................................................
Current Parish ........................................................................................................................................

Kindergarten Enrolments only

What type(s) of care outside of the home did this student have prior to enrolling at school? (choose the type accessed in the year prior to school)
Long Day Care ☐ Family Day Care ☐ Occasional Care ☐ Pre-school ☐ Playgroup ☐
Other care ☐ (please specify) ........................................................................................................................
Extent of prior to school care Up to 6 hrs/week ☐ Up to 12 hours/week ☐ 12 hrs to fulltime each week ☐
Name of prior to school care service ........................................................................................................................
I/We give permission to the school to contact this service provider Yes ☐ No ☐
Student Details (cont’d)

Previous School
Name ..............................................................................................................................................................................

I/We give permission to the school to contact this previous school  Yes ☐ No ☐

Nationality ...........................................................................................................................................................................

In which country was the student born?
 Australia ☐ Other (please specify) ........................................................................................................................................

Is the student of Aboriginal or Torres Strait Islander origin?
 No ☐ Aboriginal  Yes ☐ Torres Strait Islander  Yes ☐ (for persons of both Aboriginal and Torres Strait Islander origin, tick both Yes boxes)

Residential Status
Australian Citizen (Naturalisation Certificate or Australian Passport if country of birth is not Australia) ☐
Permanent resident (Passport if country of birth is not Australia) ☐
Temporary resident (Passport or Visa) ☐
Foreign National without residential status (Passport and Visa) ☐

Visa No. ........................................ Passort No. ........................................ Visa expiry date ...........................................

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Mother/Guardian</th>
<th>Father/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>No - English only</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

(If yes, specify language spoken most often) ...................................................................................................................................

Medical Information
Name of Doctor ...........................................................................................................................................................................

Address .......................................................................................................................................................................................

.................................................. Postcode ..................... Contact tel. ..............................................................

Medicare No. .................................................... Private Health Fund ...............................................................

Medical Condition(s) (Please list any medical condition(s) the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student)

........................................................................................................................................................................................................

Medical Condition(s) (Please list any medical condition(s) the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student)

........................................................................................................................................................................................................

Allergies (Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings, etc. Include specific details)

........................................................................................................................................................................................................

........................................................................................................................................................................................................

Has the student been diagnosed as being at risk of anaphylaxis? Yes ☐ No ☐
If yes, does the student have an EpiPen? Yes ☐ No ☐
Student Details:  
Surname .............................................................. First Name ..............................................................

Student Details (cont’d)

Immunisation *(Please indicate if the student has been immunised against the following:)*  

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Yes</th>
<th>No</th>
<th>Date of immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria - Tetanus - Whooping cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B (Hib)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles - Mumps - Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal C Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
<td></td>
<td></td>
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</tbody>
</table>

Students with Special Needs

Your application provides an opportunity to gather information that will support the learning needs of your child. Our school seeks to promote the spiritual, educational and social development of all our students. We work in partnership with families to collaboratively plan for students with additional needs.

If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

a) Has your child been assessed and diagnosed with a disability?  
   No ☐ Yes ☐  
   Please complete the following information

   Physical disability  Yes ☐ No ☐
   Allergies ☐
   Asthma ☐
   Diabetes ☐
   Epilepsy ☐
   Other ☐

   Cognitive disability  Yes ☐ No ☐
   Intellectual disability ☐
   Language disorder ☐
   Learning disorder ☐
   Other ☐

   Social, communication, emotional challenges  Yes ☐ No ☐
   Autism ☐
   Behavioural concerns for self or others ☐
   Mental health concerns eg anxiety, separation disorder, elective mutism, etc ☐
   Concerns regarding attention eg ADD/ADHD ☐
   Other ☐

   Sensory impairment  Yes ☐ No ☐
   Hearing ☐
   Vision ☐
   Other ☐

Page 3  February 2016
Student Details (cont’d)

Special Needs (cont’d)

b) What supports are currently in place to support your child to access and participate in their current educational setting?

Adjustments to
- Learning
- Supervision
- Support for health care procedures
- Specialist furniture and/or equipment
- Mobility supports, equipment and/or personnel
- Communication supports (braille, signing, assistive technology, communication devices)
- Disability provisions for assessments
- Other (please specify)

.............................................................................................................................................................................................................................
.............................................................................................................................................................................................................................

c) Is your child receiving specialist therapy? Yes [ ] No [ ]

Occupational therapy [ ] Speech Pathology [ ]

Other [ ] (please specify) ..........................................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................................

Please provide copies of all reports from a doctor or health professional relating to your child’s special needs.

The school will contact you to begin the consultation process. Ongoing collaboration will assist the school to better understand your child’s needs and to commence planning for required (reasonable) adjustments. If there are any changes to your child’s special needs you must promptly notify the school.

Health and Safety
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/her, other students and/or staff at this school? Yes [ ] No [ ] (provide details)

..........................................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................................

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues

........................................................................................................................................................................................................................................................................

Does your child have any history of violent behaviours: 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 ________

Please tick any applicable box
- Actual violence to any person
- Possession of a weapon or any item used to cause injury
- Intimidation, bullying or harassment of students/staff
- Threats of violence
- Illegal drugs
- Other (please specify) ..........................................................................................................................................................................................................................................................

........................................................................................................................................................................................................................................................................

Page 4 February 2016
Student Details: 
Surname .......................................................... First Name .......................................................... 

Student Details (cont'd) 
Health and Safety (cont'd) 
Consent  I/We will provide written consent to the school on request to contact health professionals or other relevant agencies
Yes ☐ No ☐

Court Orders / Parenting Agreements (if applicable) 
Are there any current court orders or parenting agreements relating to the student? Yes ☐ No ☐
If yes, copies of these court orders (eg. AVOs, Family Court/Federal Magistrate Court orders) or other relevant documents must be provided.
Is there any other parenting information you wish the school to be aware of?

..........................................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................................

Family Details 
Mother / Guardian (please circle) Mrs Ms Dr Prof
Surname  .......................................................... First Name ..........................................................
Address  .......................................................................................................................................................... Postcode ..........................
Contact Nos  Home .......................................................... Work ..........................................................
 .......................................................... Mobile .......................................................... email address ..........................................................
Occupation ..........................................................

Government requirement:  What is the occupation group? (select from list on page 7)

Religion .......................................................... Nationality ..........................................................
Country of birth  Australia ☐ Other (please specify) ..........................................................

What is the highest year of primary or secondary school completed? (Persons who have never attended school, tick ‘Year 9 or equivalent or below’ box)

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

What is the level of the highest qualification the mother/guardian has completed?

Non-school qualification ☐ Certificate I-IV (including Trade Certificate) ☐
Advanced Diploma/Diploma ☐ Bachelor Degree or above ☐

Father / Guardian (please circle) Mr Dr Prof
Surname ..........................................................
Address  .......................................................................................................................................................... Postcode ..........................

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..........................................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................................
Family Details (cont'd)

Father / Guardian (cont’d)

Contact Nos  Home ................................................................. Work .................................................................

Mobile ................................................................. e-mail address .................................................................

Occupation .................................................................

What is the occupation group of the father/guardian? (select from list on page 7) 

Religion ................................................................. Nationality .................................................................

Country of birth  Australia  □ Other (please specify) .................................................................

What is the highest year of primary or secondary school completed?  
(Persons who have never attended school, tick ‘Year 9 or equivalent or below’ box)

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

What is the level of the highest qualification the father/guardian has completed?

Non-school qualification  □  Certificate I-IV (including Trade Certificate)  □
Diploma / Advanced Diploma  □  Bachelor Degree or above  □

Emergency Contact - in addition to parent(s) / guardian(s)

Name .................................................................

Relationship to student .................................................................

Contact tel. .................................................................

Sibling Details

List all children in your family attending school or pre-school (from oldest to youngest including applicant)

<table>
<thead>
<tr>
<th>Name</th>
<th>School/Pre-school</th>
<th>Year/Grade</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Current calendar year)</td>
<td>(Pre-school only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### List of parental Occupation Groups

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Senior management in large business organisation, government administration and defence and qualified professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Senior executive, manager, department head in industry, commerce, media or other large organisation</td>
</tr>
<tr>
<td></td>
<td>• Public service manager (section head or above), regional director, health/education/police/fire services administrator</td>
</tr>
<tr>
<td></td>
<td>• Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)</td>
</tr>
<tr>
<td></td>
<td>• Defence Forces Commissioned Officer</td>
</tr>
<tr>
<td></td>
<td>• 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; teach others</td>
</tr>
<tr>
<td></td>
<td>• Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</td>
</tr>
<tr>
<td></td>
<td>• Air/Sea transport (aircraft/ship’s captain, officer, pilot, flight officer, flying instructor, air traffic controller)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Other business managers, arts/media/sportspersons and associate professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Owner / Manager of farm, construction, import/export wholesale, manufacturing, transport, real estate business</td>
</tr>
<tr>
<td></td>
<td>• Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)</td>
</tr>
<tr>
<td></td>
<td>• Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)</td>
</tr>
<tr>
<td></td>
<td>• Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)</td>
</tr>
<tr>
<td></td>
<td>• Arts / media / sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsperson, coach, trainer, sports official)</td>
</tr>
<tr>
<td></td>
<td>• Associate professionals generally have diploma/technical qualifications and support managers and professionals</td>
</tr>
<tr>
<td></td>
<td>• Business / administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)</td>
</tr>
<tr>
<td></td>
<td>• Defence Forces senior Non-Commissioned Officer (NCO)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 3</th>
<th>Tradespeople, clerks and skilled office, sales and service staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Tradespeople (generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group)</td>
</tr>
<tr>
<td></td>
<td>• Clerks (bookkeeper, bank, PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/ filing clerk, betting clerk, stores/inventory clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)</td>
</tr>
<tr>
<td></td>
<td>• Skilled office, sales and service staff</td>
</tr>
<tr>
<td></td>
<td>o Office (secretary, personal assistant, desktop publishing operator, switchboard operator)</td>
</tr>
<tr>
<td></td>
<td>o Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</td>
</tr>
<tr>
<td></td>
<td>o Service (aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Machine operators, hospitality staff, assistants, labourers and related workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Drivers, mobile plant, production, processing machinery and other machinery operators</td>
</tr>
<tr>
<td></td>
<td>• Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)</td>
</tr>
<tr>
<td></td>
<td>• Office assistants, sales assistants and other assistants</td>
</tr>
<tr>
<td></td>
<td>o Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)</td>
</tr>
<tr>
<td></td>
<td>o 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)</td>
</tr>
<tr>
<td></td>
<td>o Assistant/aide (trades assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</td>
</tr>
<tr>
<td></td>
<td>• Labourers and related workers</td>
</tr>
<tr>
<td></td>
<td>• Defence forces ranks below senior NCO not included above.</td>
</tr>
<tr>
<td></td>
<td>• Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryperson, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/ fishing hand)</td>
</tr>
<tr>
<td></td>
<td>• Other worker (labourer, factory hand, storeperson, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)</td>
</tr>
</tbody>
</table>

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Agreement - please tick appropriate boxes

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 have included copies of the following documents with this application for enrolment:
   - Birth Certificate *
   - Sacramental Certificates to date *
   - Parish Priest Reference Form - unless the priest has indicated he will forward the form directly to the school
   - Passport, visa, citizenship documentation * (if applicable)
   - Most recent previous school reports and external test results
   - Current Family Court Orders (if applicable)
   - Relevant medical and/or special needs information (if applicable)
   - Immunisation Certificates
   - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)

   * Original documents will need to be produced during the enrolment process

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

4 I/We understand that if this application is successful, the information that I/we have provided (eg of address, court orders, special needs etc) must be kept up to date throughout the period of enrolment.

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 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/our child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle

   Yes ☐ No ☐

I/We have read all the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful.

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

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.

Signatures

.................................................................................................................................................   .................................................
(Mother/Guardian)   (Date)

.................................................................................................................................................   .................................................
(Father/Guardian)  (Date)

Note
Acceptance of this Application for Enrolment is subject to the approval of the school’s Enrolment Committee. Acceptance to this school does not constitute acceptance into any other catholic primary or secondary school.
1 The school and the diocese both independently and through its schools collects personal information, including sensitive information about students and parents or guardians before and during the course of a student’s enrolment at the school. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter and to enable them to take part in all the 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. These include education, public health and child protection laws.

4 Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about your child 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 including to facilitate the transfer of a student to another school. This includes:
   - government departments, government agencies and statutory boards
   - the Catholic Schools Office
   - the Catholic Education Commission NSW
   - the Diocese of Broken Bay and its parishes
   - systemic schools within the Broken Bay Diocese and other schools
   - NSW Board of Studies and the Australian Curriculum and Reporting Authority (ACARA)
   - medical practitioners
   - people providing services to the school, including specialist visiting teachers, (sports) coaches, volunteers and counsellors

7 Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines and on our website. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in school newsletters, magazines and websites and for Diocesan Schools System publications and website. The school will seek parents’ permission to use student photographs in this way.

8 Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Students 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 student, or where students have provided information in confidence.

9 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 If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform these parties 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.

11 The school utilises service providers to provide certain services to the school and its staff and students. The school may provide your personal information to those service providers in connection with the provision of these services. The school’s service provider may store personal information in the “cloud” which may mean that it resides on servers which are situated outside Australia. The school’s email service provider may store and process emails outside Australia.

12 The Diocesan Schools System Privacy Policy also sets out how to make a complaint about a breach of privacy and how the school will deal with such a complaint.