



ENROLMENT INSTRUCTIONS FOR PARENTS/CARERS

Welcomed - Valued – Confident

Thank you for your application to join our education community. We welcome you and value our ongoing partnership. We are confident that together we will meet the best education interests of your child. Please refer to the process below.

The information you give us is important and will be used to assess your child's application based on our enrolment criteria that are set out in our [Enrolment Policy](#). We will treat the information you provide to us in accordance with our [Privacy Policy](#) and [Standard Collection Notice](#). This information may be sensitive. We will keep it confidential subject to any requirements of the law to disclose information to others.

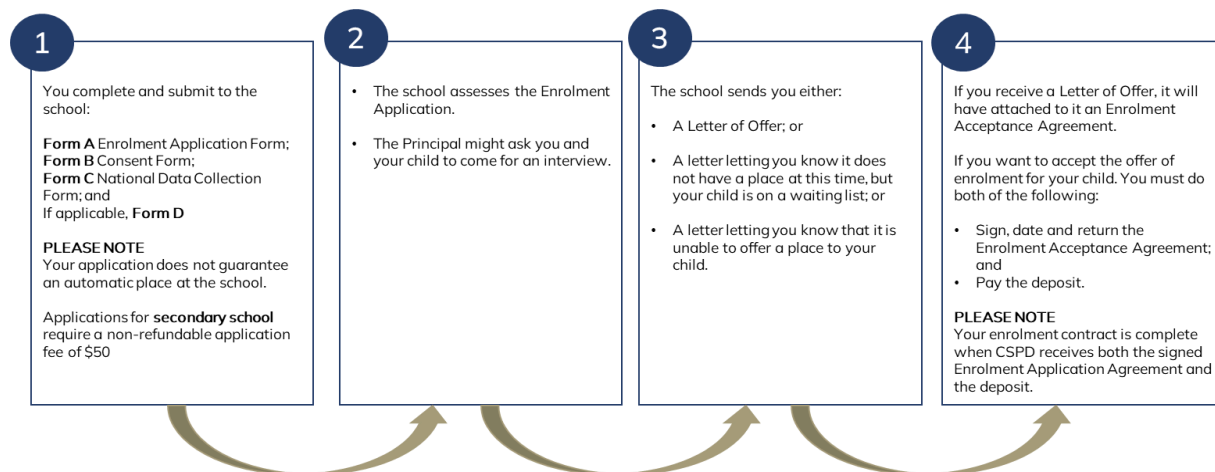
If you require any help with this form, please call the school administration office or contact Community Liaison on (02) 9840 5796 or via email cl@parra.catholic.edu.au.

1. ENROLMENT PACKAGE

For a hard copy of these documents, please contact your school's office.

1. [Enrolment Policy](#)
2. [Privacy Policy](#)
3. [Standard Collection Notice](#)
4. Form A – Enrolment Application Form
5. Form B – Consent Form
6. Form C – National Data Collection Form
7. Form D – Overseas and Exchange Student

2. ENROLMENT PROCESS



3. DEPOSIT

The recommended enrolment deposit is:

- Primary School - \$100
- Secondary School - \$300

The enrolment deposit will be applied to the first school fees' notice sent to you when your child commences at the school.

For information about our school fees, please see the school's website or contact the school directly.

4. STUDENTS ON VISAS

If your child is on a **Visa 417, 462, 600, 601, 602, 651, 500 or 590**, please also send us the original completed and signed *Form D: Overseas and Exchange Students*. If you are not sure if your child's visa allows us to receive Government funding, please contact CSPD Community Liaison on (02) 9840 5796 or cl@parra.catholic.edu.au.

5. DOCUMENTS WE NEED YOU TO SEND US TO APPLY FOR ENROLMENT

Document	To be submitted to the School Office with Enrolment Application	To be presented to the school when requested by the school
Completed and signed Form A (Enrolment Application)	Original form	Not applicable
Completed and signed Form B (Consent Form)	Original form	Not applicable
Completed and signed Form C (National Data Collection Form)	Original form	Not applicable
Completed and signed Form D - (if applicable, see section 4 above)	Original form	Not applicable
Photograph of student - no bigger than 3.5cm x 4.5cm, full face, looking directly at the camera, taken within the last 6 months	Original	Not applicable
Birth Certificate	Copy	Original
**Citizenship/Residency/Visa (country of birth other than Australia)	Copy	Original
**Parent and Child Passport and Visa (if student is not Australian)	Copy	Original
**PLEASE NOTE: Nationality/Residential status (provide a copy with application, school to sight the original document/s): <ul style="list-style-type: none"> Australian Citizen (If Country of Birth is not Australia, also provide: Naturalisation Certificate or Australian Passport) Permanent Resident (If Country of Birth is not Australia, also provide: Passport/Travel Documents and original Residency Visa document issued by the Department of Immigration) Temporary Resident (Passport and Visa) Other/Visitor/Student/Refugee/Asylum Seeker/Passport (Passport and Visa) 		
Sacrament certificates (Baptism and Confirmation) - (if applicable)	Copy	Original
Family Court Orders/Parenting Plans/ Apprehended Violence Orders, Children's Court Orders or other Orders relevant to student - (if applicable)	Copy	Original
Medical Action Plan e.g. Asthma, Anaphylaxis - (if applicable)	Copy	Original
Medical Plan e.g. Mental Health plan, Medication plan - (if applicable)	Copy	Original
Approved Immunisation Certificate	Copy	Original

Document	To be submitted to the School Office with Enrolment Application	To be presented to the school when requested by the school
Special needs and assessments reports for speech, hearing, cognitive, occupational therapy or others - (if applicable)	Copy	Original
Latest school report from previous school	Copy	Original
NAPLAN results (Years 3, 5, 7, 9) if available	Copy	Original
Photo ID of signatories to the form e.g. driver's licence, passport	Not applicable	Original



ENROLMENT APPLICATION FORM

FORM A

Welcomed - Valued – Confident

Before you fill in this form please read CSPD's [Privacy Policy](#) and [Standard Collection Notice](#).

The information you give us is important and will be used to assess your child's application based on our [Enrolment Policy](#). We will treat the information you provide to us in accordance with our [Privacy Policy](#) and [Standard Collection Notice](#). Information you provide on this form may be sensitive. We will keep your personal information confidential subject to any requirements of the law to disclose your information to others. For a hard copy of these documents, please contact your school's office.

If you require any help with this form, please call the school administration office or contact Community Liaison on 9840 5796 or via email cl@parra.catholic.edu.au.

1. STUDENT INFORMATION

Student Details			
First Name:		Last Name:	
Middle Name/s:		Preferred Name:	
Gender (circle): Male Female		Date of Birth:	
Primary residential address (where student resides): Street number & name: Suburb & Postcode:			
Mailing address (if different from above): Street number & name: Suburb & Postcode:			

1A. RELIGIOUS INFORMATION

Student's religion:		
Current Parish including suburb (if applicable):		

Sacrament Details	Parish Received (If applicable)	Date Received (if applicable)
Baptism		
Reconciliation		
Eucharist		
Confirmation		

2. ENROLMENT DETAILS

Enrolment Details	
School Name:	
Suburb:	
The calendar year that enrolment is to commence:	
If starting during the school year, indicate the date you wish enrolment to commence:	
The school year of entry for which enrolment is requested (please circle the scholastic year below): K 1 2 3 4 5 6 7 8 9 10 11 12	

3. SIBLING DETAILS

List **in order** below all the children in the family who are attending a school in the school year that enrolment is to commence.

	Birth Order	Full Name	Gender	School Year	School Attending (Name and Location)
Child	1				
Child	2				
Child	3				
Child	4				
Child	5				

4. FAMILY DETAILS

A. Details of Parent/Carer at the student's PRIMARY residence:

Parent/Carer	Parent/Carer
Relationship to student:	Relationship to student:
Title (Circle) Mr Mrs Ms Miss Dr	Title (Circle) Mr Mrs Ms Miss Dr
First Name:	First Name:
Last Name:	Last Name:
Middle Initial/s:	Middle Initial/s:
Preferred Name:	Preferred Name:
Gender (Circle) Male Female	Gender (Circle) Male Female

Parent/Carer	Parent/Carer
Email Address:	Email Address:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Language/s Spoken:	Language/s Spoken:
Occupation:	Occupation:
Nationality:	Nationality:
Country of Birth:	Country of Birth:
Religion:	Religion:
Do you need an interpreter (Circle) Yes No	Do you need an interpreter (Circle) Yes No

Parent/Carer Contact Details for all SMS Alerts (for example attendance alerts, emergency SMS)		
	Contact 1	Contact 2
Name:		
Mobile Phone Number:		

B. Details of Parent/Carer at the student's **SECONDARY** residence or **NOT RESIDING** with the student:

Parent/Carer	Parent/Carer
Relationship to student:	Relationship to student:
Title (Circle) Mr Mrs Ms Miss Dr	Title (Circle) Mr Mrs Ms Miss Dr
First Name:	First Name:
Last Name:	Last Name:
Middle Initial/s:	Middle Initial/s:
Preferred Name:	Preferred Name:
Gender (Circle) Male Female	Gender (Circle) Male Female
Email Address:	Email Address:
Home Phone Number:	Home Phone Number:

Parent/Carer	Parent/Carer
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Language/s Spoken:	Language/s Spoken:
Occupation:	Occupation:
Nationality:	Nationality:
Country of Birth:	Country of Birth:
Religion:	Religion:
Do you need an interpreter (Circle) Yes No	Do you need an interpreter (Circle) Yes No

Does the child spend time residing at this address?

☐

Yes

☐

No

Secondary residential address (where student regularly or occasionally stays, when not staying at their primary address):
Parent/Carer mailing title:
Street number & name: Suburb & Postcode:
Mailing address (if different from above): Street number & name: Suburb & Postcode:

5. DETAILS OF PARENTING/CARER ARRANGEMENTS

Domestic or Children's Court Orders in place relevant to the child?

☐

Yes

☐

No

Is the child in the care of the Minister/foster care?

☐

Yes

☐

No

Is the child in other care arrangements with a non-parent?

☐

Yes

☐

No

Please attach copies of any Orders and Parenting Plans to the enrolment application.

If the child does not live with either parent, please provide details of the foster carer/other carer arrangements:

.....

.....

Parenting Arrangements: if there are no Parenting Orders or Parenting Plans, please set out the arrangements for when the student will be with each parent during school terms:

.....

NOTE: Please advise the school office of any change of address, email, telephone number or other information about the parent/carer, other significant person(s), Parenting Plans, Apprehended Violence Orders (Personal or Domestic), Children's Court Orders or other Court Orders as soon as such changes occur and provide copies of new Court Orders, Parenting Plans or arrangements.

6. STUDENT INFORMATION

Nationality:

Country of Birth:

Is the student Aboriginal? ☐ Yes ☐ No

Is the student Torres Strait Islander? ☐ Yes ☐ No

Do you wish the child to be known as Aboriginal/Torres Strait Islander? ☐ Yes ☐ No

Is the student's home language English only? ☐ Yes ☐ No

If no, list other home language/s spoken

Nationality/Residential status: ☐ Australian Citizen ☐ Permanent Residency

☐ Temporary Resident ☐ Other

Is the student on a Visa? ☐ Yes ☐ No

If yes, answer the questions in the Visa Information table below:

Date of arrival in Australia:
Visa type:
Visa expiry date:
NOTE: Students on Visas 417, 462, 600, 601, 602, 651, 500 or 590, must complete Form D.

6B. PREVIOUS EDUCATION

Early Childcare and Preschool Education (Kindergarten Students Only)			
In the year before school has the child been in non-parental care on a regular basis or attended any other educational programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate all that apply?			
Preschool	Family Day Care	Long Day Care	
Day care (with preschool program)		Grandparent/Other Person	
Name & location of service:			
Name & number of contact person:			
Previous School (if applicable - continued over page)			
Details of the last three schools attended by the student (full name and suburb of school) attended.			
School:		Year attended:	

Previous School (if applicable)			
School:		Year attended:	
School:		Year attended:	

7. STUDENT MEDICAL DETAILS

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions, or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child.

Medical Conditions
<p>Does your child suffer from any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify all medical conditions the student suffers from e.g. asthma and prescribed medication taken by the student:</p> <p>.....</p> <p>.....</p> <p>The school will require further details in relation to prescribed medication. Parents/carers of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form.</p>
Medical Plan
<p>Does your child have a medical plan from a doctor for any of these medical conditions e.g. asthma action plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, it is essential that you attach a copy of the medical plan to this enrolment application.</p>
Allergies
<p>Does your child have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list any known allergies the student has e.g. allergy to nuts, penicillin, bee stings. Include all specific details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If yes, it is essential that you attach a copy of the medical plan to this enrolment application.</p>

Allergies (continued over the page)

Anaphylaxis	
Has the student been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the student have an EpiPen® or Anapen®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of EpiPen®/Anapen®	(Please supply)
If yes, does the student have an ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, it is essential that you attach a copy of the medical plan to this enrolment application.</p> <p>If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date). Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.</p>	
Immunisation Record	
Please indicate if the student has received immunisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>It is essential that you attach an approved Immunisation Certificate to this enrolment application form.</p> <p>Click here for a direct link to receive the child's Immunisation Certificate, also available from Medicare.</p>	

8. EMERGENCY CONTACT DETAILS

Please nominate at least one person who may be contacted in the event of an emergency **if parents/carers cannot be contacted**. Ideally the **contact person should be someone who lives in the neighbourhood of the school**. Please tell your nominated person that you have nominated him/her as an alternate contact. **Please advise the school office of any change of address, email, telephone number or other information about the emergency contacts.**

Alternate Contact Details	Alternate Contact 1	Alternate Contact 2
Name:		
Relationship to Student (e.g. Aunt, Friend):		
Home Phone Number:		
Work Phone Number:		
Mobile Number:		

9. STUDENT'S ADDITIONAL NEEDS

Does your child have a personalised plan? e.g. Behaviour, Learning, Wellbeing ☐ Yes ☐ No

Does your child have a disability or additional needs? ☐ Yes ☐ No

If yes to either of the above, please indicate as applicable below:

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> An intellectual disability | <input type="checkbox"/> Autism | <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Language difficulties | <input type="checkbox"/> Behaviour difficulties |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Other (please specify)..... | |

Does your child have difficulties in the **basic areas of learning**?

☐ Yes ☐ No

If **yes** to the above, please provide details:

.....

.....

What accommodations and/or **learning adjustments**, if any, were provided for your child in their previous school/pre-school?

- ☐ Signing ☐ Braille ☐ Access to technology
- ☐ A reader or scribe ☐ Personal carer support ☐ Alternate teaching & learning strategies
- ☐ Modifications for equipment, furniture and learning spaces
- ☐ Other (please specify).....

Please attach a copy of **all assessment reports** to this enrolment application.

10. STUDENT'S WELLBEING

To your knowledge, is there anything in your child's history or circumstances (including medical history) that might pose a risk of any type to them, other students, or staff at this school?

☐ Yes ☐ No

If **yes** to the above, please provide details:

.....

.....

If **yes**, please provide names and contact numbers of a health professional or others who have knowledge of the issue:

Name	Name	Name
Contact	Contact	Contact

Does your child have a mental health plan?

☐ Yes ☐ No

If **yes**, please attach a copy of the plan to this enrolment application.

Does your child have any history of aggressive/violent behaviour?

☐ Yes ☐ No

Has your child ever been suspended or expelled from any school?

☐ Yes ☐ No

If **yes** to the above, please provide details:

.....

.....

I/We give consent to the school, on request to contact health professionals or other agencies

☐ Yes ☐ No

TERMS AND CONDITIONS OF ENROLMENT

These Terms and Conditions are part of my enrolment contract if I accept an offer of enrolment from the school, on behalf of Catholic Schools Parramatta Diocese (the school).

What information have I given the school?

I have provided information about my child and me in this Enrolment Application. The information I have given the school in this Enrolment Application are terms and conditions of my enrolment contract.

The information I have provided is accurate and complete. I have fully disclosed my child's additional needs or disability to the best of my knowledge.

I understand this information will help the school to properly assess its ability to:

- provide services to my child;
- communicate with me about my child's needs;
- make necessary adjustments to enable my child to participate;
- assess risks, and
- fulfil its duty-of-care requirements.

I will tell the school as soon as possible if I find out:

- I have not told the school about some information, or
- the information I have given is wrong

What will happen if I do not tell the school about missing or wrong information?

The school may reject my Enrolment Application if I do not tell it as soon as possible about significant and relevant information that:

- I have not given;
- is wrong, or
- no longer applies

What are the changes I must tell you about?

I understand I must continue to tell the school about all changes to the information in my Enrolment Application.

I agree to update the school as promptly as possible when the information in my Enrolment Application changes. This includes:

- my and other relevant persons' contact details;
- my child's health and medical conditions;
- my child's additional needs or disability;
- parenting plans or court orders relating to the child;
- Apprehended Violence Orders;
- Children's Court Orders, and
- visa details (if applicable).

What can happen if I do not tell the school about changes?

I understand the school needs to know about changes to the information in my Enrolment Application so that it can assess if it can continue to meet the needs of my child.

I understand that if I do not tell the school about changes to the information in the Enrolment Application, the school:

- may not be able to meet the needs of my child, and
- the school may terminate my child's enrolment.

What do I need to do if the school asks me for more information?

If the school asks me to give it more information, I agree to give the school this information. I understand this is to support the school to provide services to meet the educational needs of my child during my child's enrolment at the school.

What services am I consenting to?

I consent to the school providing all relevant school services for my child, including counselling where it is appropriate.

What obligations do I have for my child to attend school?

I understand that I have a legal responsibility under the *Education Act 1990* (NSW) for my child to attend school regularly. I understand that if I fail to comply with these attendance requirements, the school may terminate my enrolment contract. If my child is absent from school I will provide a written explanation for the absence.

If I want to apply for my child to have extended leave from school, I will notify the school in advance of the anticipated dates. I understand that the Principal may refuse to approve my request for extended leave or to accept an explanation for an absence.

What is my obligation to pay school fees?

I understand and agree that I will pay all school fees in a timely manner and as set out in the school fees schedule. The school fees schedule is available on the [CSPD website](#).

If I am having financial difficulties that affect my ability to pay school fees, I agree to request special arrangements as outlined in the school fees schedule.

If my personal circumstances that may impact my ability to pay school fees change, I will notify the school promptly. If this happens, I understand that my obligation to pay school fees will continue until there is an agreement with the school to change that obligation.

What if I have school fees owing at another school?

I agree to tell the school if I have any unpaid school fees or charges for my child's attendance at any other school.

I agree that I:

- do not owe any fees or charges for my child's attendance at any other school, or
- have made an arrangement satisfactory to the school to meet all outstanding debt.

What do I need to do if I want to withdraw my child from the school and what fees do I need to pay?

I understand and agree that I must give the school at least **one school term's written notice** of my intention to withdraw my child's enrolment at the school. I understand this does not apply if my child is leaving the school because they have completed Year 6 or Year 12 at the school.

I understand and agree that I must pay **one school term's fees** if I do not give the school this written notice at least one school term before my child's withdrawal. I understand that one school term means 10 school weeks.

What other obligations do I have?

I agree to support and participate in the life of the school, parent-teacher meetings, liturgical celebrations, and social and practical activities offered by the school.

I understand that the school offers the Catholic vision of life as the basis of its teaching program and agree to support and respect the Catholic teaching, values and mission of the school and my child's participation in the full educational program of the school. I agree to support the school's policies, procedures and guidelines for the benefit of the school community.

When is my enrolment contract complete?

I understand this Enrolment Application is the first step in the enrolment process and creating my enrolment contract. I understand it will be finalised when all of the following conditions are met by me (including by both parents where applicable):

- I submit the signed enrolment application;
- I pay the required application fee;
- my application is assessed by the school;
- my child is offered a place at the school by a Letter of Offer from the principal; and
- the school receives from me:
 - payment of the non-refundable enrolment deposit of \$100 (primary) and \$300 (secondary), which will be used towards the first term's school-based fees, and
 - the signed and dated Enrolment Acceptance Agreement which will be attached to the Letter of Offer.

Agreement to Terms and Conditions

I understand and agree to these Terms and Conditions, and I wish to apply for enrolment

of.....

at.....to commence at the school in 20.....

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:
Date:	Date:
Name:	Name:
Relationship to Student:	Relationship to Student:



CONSENT FORM

FORM B

Welcomed - Valued – Confident

This form asks you to tell us if you consent to matters concerning medical matters, selling raffle tickets and publishing photos, images, videos, and your child's work in certain circumstances.

Consents remain in place for the period of enrolment. Parents/carers must contact the school if you want to change your consent at any time while your child is attending the school.

If you require any help with this form, please call the school administration office or contact Community Liaison on 9840 5796 or via email cl@parra.catholic.edu.au.

1. MEDICAL CONSENT FORM

Student Name:	Year Level:
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I/We.....and.....
Name of Parent/Carer 1 Name of Parent/Carer 2

Give my/our consent to.....receiving necessary medical and/or dental treatment and for anaesthetic to be administered and for any surgical procedure to be performed should such treatment become critical.

I/We undertake to pay medical fees and/or cost of medication which may be incurred whilst medical assistance is given to my/our child.

I/We understand that this consent will only be used when I/we cannot be reached.

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:
Name:	Name:
Relationship to Student:	Relationship to Student:
Date:	Date:

2. CONSENT TO SELL RAFFLE TICKETS

- ☐ I/We **GIVE** permission for the school to send home books of raffle tickets to be sold for various school fundraising activities. I am aware that a child under 15 years of age cannot sell lottery/raffle tickets unless accompanied by and under the supervision of an adult. I am also aware that tickets cannot be sold door to door on any day before 9:00am or after 8:00pm or sunset (whichever last occurs).

OR

- ☐ I/We **DO NOT** give permission.

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:

3. CONSENT FORM – PHOTOGRAPH, VIDEO, AUDIO AND WORKS

During the year, your child may create materials (Works) or may be photographed or filmed for our school publications, website and/or social media, or other print or electronic media (including third party websites).

Catholic Schools Parramatta Diocese (CSPD) may also wish to use the student's name, image, voice or material created by the student (Works) in print and online promotional, marketing, media, social media and educational materials. CSPD seeks your consent to use your child's name, image, voice and his/her Works for the above purposes.

Consent is not needed to take official school photographs that will be used for student identification cards and the like. Please read and sign:

- 1 I give permission for my child's name, photographs, voice (audio), image (video) and Works to be published in hard copy and digital form on school and Diocesan websites, school and Diocesan social media channels, promotional materials, newspapers and other media for the purpose of promotion and communication of CSPD activities or programs, training materials and resources.
- 2 I acknowledge that the use of my child's Works is an authorised use of the Works under the *Copyright Act, 1968* (Cth).
- 3 I understand and agree that any photograph/video or other images of my child may be publicly displayed or disclosed to third parties (e.g. in or on a school, CSPD, CELC or COSHC CSNSW or other third party website or publication).
- 4 I consent to printed or digital copies of my child's images and their Works to be used by other schools or educational institutions that are parties to the Creative Commons (CC BY) licence (which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purpose(s)).
- 5 I consent to the use of my child's Works by the school, CSPD, CELC, COSHC or CSNSW and other parties to the CC BY licence, that is without any remuneration.
- 6 I understand that reasonable efforts will be made to protect the identity of my child unless the use of the student's name is necessary e.g. photo captions, school news and reproduction of Works, etc.
- 7 In signing this form, I acknowledge that I am not aware of any Court Orders or other reasons why my child's image or name should not be published.

Parents/carers and students aged 15 and over, please sign and date in the table below:

Parent/Carer 1	Parent/Carer 2	Students (aged 15+)
<input type="checkbox"/> I DO give consent	<input type="checkbox"/> I DO give consent	<input type="checkbox"/> I DO give consent
<input type="checkbox"/> I DO NOT give consent	<input type="checkbox"/> I DO NOT give consent	<input type="checkbox"/> I DO NOT give consent
Signature:	Signature:	Signature:
Date:	Date:	Date:



NATIONAL DATA COLLECTION FORM

FORM C

Welcomed - Valued - Confident

The Federal Government requires us to collect this information for the purpose of accountability and reporting, research and analysis, and resource allocation. Information collected in this form is covered by our [Privacy Policy](#). You may access this on our website or obtain a hard copy from your school's office.

If you require any help with this form, please call the school administration office or contact Community Liaison on 9840 5796 or via email cl@parra.catholic.edu.au.

INFORMATION REQUIRED FOR ASSESSMENT AND REPORTING PURPOSES

STUDENT DETAILS

First Name:	Last Name:	Date of Birth:
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1. Gender: ☐ Male ☐ Female
2. Is the student of Aboriginal or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Islander origin, tick both "Yes" responses)
- ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
3. Does the student or their mother/parent/carer 1 or their father/parent/carer 2 speak a language other than English at home?

Student	Mother/Parent/Carer 1	Father/Parent/Carer 2
<input type="checkbox"/> No, English only	<input type="checkbox"/> No, English only	<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes, Other: Specify below	<input type="checkbox"/> Yes, Other: Specify below	<input type="checkbox"/> Yes, Other: Specify below

- 4a. What is the highest year 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.

	Mother/Parent/Carer 1	Father/Parent/Carer 2	Office Use Only
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	4
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	3
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	2
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>	1

4b. What is the highest qualification the parents/carers have completed. Mark **one** box only in each column.

	Mother/Parent/Carer 1	Father/Parent/Carer 2	Office Use Only
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	7
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	6
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	5
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>	8

For the next two questions, please select the appropriate parental occupation group from the attached list on the next page (1, 2, 3 or 4).

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter "8" in the space below.

5a. What is the occupation group of the mother/parent/carer 1?

5b. What is the occupation group of the father/parent/carer 2?

LIST OF PARENTAL OCCUPATION GROUPS

Group 1: Elected official, senior executive/manager, management in large business organisation, government administration and defence, and qualified professional

Elected official (mayor parliamentarian, alderperson, trade union secretary, board member), **senior executive/general manager/department head in industry, commerce, media or other large organisation**

- **Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** (Commissioned Officer)

Qualified 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** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professional, dietician, radiographer, podiatrist)
- **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
- **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
- **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
- **ICT** (computer systems manager, designer, software and applications programmer)
- **Science** (all scientists)
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2: Other business manager/professionals and associate professional

Other business manager/professional

- **Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professional)
- **Finance** (bank manager, finance/investment/insurance brokers/advisor, credit/loans officer, accountant)
- **Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services manager)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professionals

- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
- **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisor, management and organisation analyst, contract, program)
- **Defence Forces** (senior non-Commissioned Officer [NCO])
- **Other** (library assistant, museum/gallery technician, research assistant, proof reader)

Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

Tradespeople generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

Advanced/intermediate clerical, office, sales, carer and service staff

- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

Group 4: Machine operator, sales/office/service/hospitality staff, assistants, labourers and related workers

Machine operators

- **Driver or mobile plant operator** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operator, railway signals/points, crane/hoist/lift/bulk materials handling machinery operator, driller, miner)

Sales office, hospitality staff and other assistants

- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representative, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Defence Forces ranks below senior NCO

- **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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)



OVERSEAS AND EXCHANGE STUDENTS

FORM D

Welcomed - Valued – Confident

Complete original of this agreement – retain on school file.

If you require any help with this form, please call the school administration office or contact Community Liaison on 9840 5796 or via email cl@parra.catholic.edu.au.

1. FEES

For new overseas students, fees are payable at the time of enrolment for the full year for which the student is enrolling. For continuing students, the full year's fees are to be paid within 14 days of the commencement of the school year. Additional fees may apply for students with additional needs for whom the school is unable to claim government financial support. Parents of visa and overseas students applying for enrolment in a CSPD school are required to disclose all relevant information about any special educational needs of their child so that fees can be determined before enrolment is finalised.

Please refer to the school fees schedule on our website www.parra.catholic.edu.au or obtain a copy from the school administration office. The total fee includes components to cover costs such as sport, excursions (excluding overnight trips) and consumables provided by the school for specific subjects, so there will not be additional charges levied for these purposes by the school. The student's family will need to make provision for the cost of the school uniform and the purchase of books, stationery, technology items and the like, and for any overnight camps or retreats.

2. AGREEMENT OF PARENTS/CARERS

I agree to pay the school fees as detailed above by the due date. I understand and accept the terms of the refund statement of Catholic Schools Parramatta Diocese (CSPD).

I understand that fees additional to those listed in the schedule may apply if my child has special education needs for which the system is unable to claim government financial support. I declare that I have disclosed all relevant information about any special educational needs of my child.

I declare that all information I have provided to the school in relation to this enrolment is accurate to the best of my knowledge and provided in good faith. Should any information material to the decision of CSPD to offer enrolment prove to be false or misleading this could constitute grounds for the offer of enrolment to be withdrawn.

I undertake to advise the school within 7 days of any change of address of the student within the duration of the enrolment, as required by Australian immigration regulations. I understand and agree that my child is expected to abide by all school rules and policies for the duration of the enrolment.

Students Name:

Expected Completion Date:

School Name:

Commencing School Date:

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:
Name:	Name:
Relationship to Student:	Relationship to Student:
Date:	Date:

For Overseas students with sub-class visa 571 only: a parent or legal guardian in the student's home country must sign this form. The electronic confirmation of Enrolment pro-forma should not be issued to the family's representative until this form, signed by the parent or legal guardian, is received.

For exchange students, the CRICOS provider must arrange for the signature of this enrolment application, including Part D. (See Appendix 3 of the Enrolment Overseas Student – Guidelines at www.parra.catholic.edu.au. For FFPOS on any other visa subclass, this addendum may be signed by a relative/carer in Australia.

3. OFFICE USE ONLY

I have checked and assessed this enrolment application. Tick where applicable:

The school named above is registered by CRICOS to accept this enrolment application and I have obtained consent to enrol from CSPD (Subclass 571 visa only).

OR

I have checked the exchange program is administered by a registered provider (for students on exchange programs administered by a registered CRISCOS provider listed in the Enrolment Overseas Students – Guidelines – see the Policy Central page on OSCAR).

I have sent the letter of offer for..... to commence school in 20.....

School Principal
Signature:
Name:
Date:

Completed original of this agreement – retain on school file.

Copy – give to parent/carer/legal guardian.