Application for Enrolment

Principal: Simon Duffy  |  Deputy: Paula Sellar  |  REC: Anna Hill  |  Assistant Director COL: Adam Darcey

Child’s Name: ____________________________

Please complete all details on this application and return to the Principal, Holy Spirit Catholic Primary School
PO Box 40030, Casuarina, NT, 0811 | admin.holyspirit@nt.catholic.edu.au | Ph: (08)8927 3411 | Fax: (08)8927 9971

On receipt of application form you will be notified of an interview time.
Interviews are required prior to enrolment acceptance.

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Enrolment: Approved / Declined</th>
<th>Date of Application:</th>
<th>Date Interviewed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Key:</td>
<td>Date of Commencement:</td>
<td>Academic Year:</td>
</tr>
<tr>
<td>Roll Group:</td>
<td>Family key:</td>
<td>Alternative Family key:</td>
</tr>
<tr>
<td>House:</td>
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</tr>
</tbody>
</table>

HOLY SPIRIT CATHOLIC PRIMARY SCHOOL- “TO LIVE, TO LOVE, TO GROW IN CHRIST”
# Student Enrolment Application Form

## Information about the Student

1. **Students Legal Name**
   - Legal surname or family name ____________________________
   - Legal first name ____________________________
   - Legal Second given name ____________________________
   - Preferred given name (Leave blank if same as first given name) ____________________________

2. **Students email address**

3. **Sex**
   - □ Male
   - □ Female

4. **Date of Birth**
   - Day _____ Month _____ Year _____

5. **Place of Birth**

6. **In which Country was the student born?**
   - □ Australia
   - □ Other- please specify ____________________________

7. **Residential Status**
   - □ Australian Citizen (go to nationality)
   - □ Resident
   - □ Overseas – Date of Arrival _____________
   - Copy of Visa Attached _____________
   - Nationality ____________________________

8. **Student’s Indigenous Status**
   - Is the student of Aboriginal or Torres Strait Islander origin?
     (for persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ Boxes)
   - □ Yes
   - □ No
   - □ Yes, Aboriginal
   - □ Yes, Torres Strait Islander

9. **Does the student speak a language other than English at home?**
   - □ Yes, Other – Please specify ____________________________
   - (If more than one language, indicate the one that is spoken most)
   - □ English
   - □ Yes, Other – Please specify ____________________________
   - If Yes, is this the child’s first Language? □ Yes □ No

10. **Year Level in which student is enrolling**
    - Has the student attended Holy Spirit School previously?
    - □ No □ Yes
    - If yes – approx. dates/years/s attended ____________________________
    - Trans 1 2 3 4 5 6
    - □ □ □ □ □ □ □

11. **Previous School / Preschool**

12. **Other family members currently enrolled, enrolling at this school or enrolled or enrolling in another catholic school.**
    - Surname ____________________________
    - Given Names ____________________________
    - Year Level ____________________________
    - Other Catholic School: ____________________________
13. Are there any special Family Circumstances?
   e.g. Single parent, dual custody, foster care, access restrictions
   □ Yes (supporting legal document are required by the school)
   □ No

14. Religion

<table>
<thead>
<tr>
<th>15. Doctor’s Name</th>
<th></th>
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<tbody>
<tr>
<td>16. Doctor’s Phone Number</td>
<td></td>
</tr>
<tr>
<td>17. Medical Conditions</td>
<td></td>
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<tr>
<td>(advise if your child receives daily medication)</td>
<td></td>
</tr>
<tr>
<td>e.g. medical / physical / allergy</td>
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<tr>
<td>18. Special Needs</td>
<td></td>
</tr>
<tr>
<td>e.g. psychological / cognitive / sensory / behavioural</td>
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</tr>
</tbody>
</table>

19. Medic Alert Required?
   □ Yes (please supply details of alert)
   ______________________________________________________
   ______________________________________________________
   □ No

20. Immunisation Record
   (Please note: A copy of student’s immunisation record is to be brought to interview)
   MMR (Measles, Mumps, Rubella) □ Yes □ No
   MEN (Meningococcal) □ Yes □ No
   Tetanus □ Yes □ No
   Pertussis (whooping Cough) □ Yes □ No
   Diphtheria □ Yes □ No
   Polio (OPV) □ Yes □ No
   Hepatitis B (HEB) □ Yes □ No
   Hib (Haemophilus Inflenza type B) □ Yes □ No
   BCG (TB) □ Yes □ No

21. Consent to Medical Attention:
   □ Yes □ No

In the event of illness or injury requiring urgent medical treatment I consent for medical and / or hospital attention to be sought.

Parents / Emergency Contact will be contacted immediately in these events.

If prescription / other medication is sent to the school with the student a note giving details of dosage and permission for school staff to administer medication must accompany the student. The medication must be given in at the office.
22. Emergency Contacts
The first or second parent or guardian stated on page 6. will be the School’s first and second priority contacts. You may wish to provide other names below.

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Relationship to Student</th>
<th>Work Phone</th>
<th>Home Phone</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

23. Aboriginal / Torres Strait Islander Students
Parental permission is given for tutorial assistance as per funding guidelines.

☐ Yes  ☐ No
The School seeks your consent on behalf of the School, the Catholic Education Office and media organisations to take and use photographs or video of your child/ren.

The School also seeks your consent to use material created by your child/ren (known in copyright law as ‘Works’) for the purpose of promoting the School or the Catholic Education Office.

Please complete the information below and return to the school office.

I, ____________________________________________________________________________________

(PARENT/GUARDIAN NAME – PLEASE PRINT)

Address: ______________________________________________________________________________

Name of School/Preschool: Holy Spirit Catholic Primary School

Child’s Name: _____________________________________________________________________________

1. consent to photographs, audio or video images and recordings of my child/ren and their ‘Works’ as defined in the Copyright Act 1968 being used in hard copy or digital form for any of the following purposes:
   - the promotion and communication of school, Catholic, and education activities and programmes (e.g. Caritas, Catholic Development Fund, Life Link)
   - training materials, and
   - the following additional use(s): ____________________________________________________________________________________
     (‘The use’);

2. acknowledge that the use of my child/ren’s Work(s) is an authorised use of the Work(s) under the Copyright Act 1968;

3. understand and agree that any photographs, video footage or other images of my child/ren may be publicly displayed, or disclosed to third parties (e.g. on a school or the Catholic Education Office website or publication);

4. consent to printed or digital copies of my child/ren’s images and their Works to be used by other schools or educational institutions that are parties to the National Educational Access Licence for Schools Agreement (NEALS);

5. consent to the use of the Work(s) by the school and the Catholic Education Office and other parties to NEALS for free; and

6. understand that whilst reasonable efforts will be made to protect the identity of my child/ren (other than where their identity is relevant to the use of their image/work – e.g. in reporting academic achievements and other school news), the School, the Catholic Education Office and Catholic agency cannot guarantee that my child will not be able to be identified from the image or work.

Amendments to consent
The parent/guardian wishes to amend their consent in the following way: _____________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signed by: _________________________________  Date: _________________________________

(PARENT’S/GUARDIAN’S SIGNATURE)
SUPPLEMENTARY INFORMATION

Student Copyright Material

A student’s copyright material includes works created by them, or those to which they have contributed. It is not limited to work they create in the course of their studies while they are enrolled at the school. A student’s copyright material may include written work, artwork, digital content, audio visual work as well as music and performances. The Catholic Education Office understands that a student generally owns the intellectual property rights in the material they create and that this Consent Form is not meant to transfer that ownership. It gives a licence to use the material.

National Educational Access Licence for Schools Agreement (NEALS)

The Catholic Education Office and its schools are parties to an agreement between almost all educational institutions in Australia that allows each party to use another party’s copyright material for free. The Catholic Education Office must obtain consent to allow other parties to use student copyright material under NEALS.

Personal Information

Personal Information is information which is about a person whose identity can be reasonably known. This can include a photograph, video or digital image of a student. Schools should protect the privacy of students in the collection, storage and display of their images.

The purposes for collecting student images/works by schools and the Catholic Education Office include:

- Recording of student participation in school and in school events,
- Celebrating student effort and achievement, and
- Promoting the schools and the Catholic Education Office and their activities.

Consent

The use of digital media means that once personal information is collected and put on line, the school cannot control how it is used. The school must be mindful of this when collecting and using information and take reasonable care to ensure that the information is of a nature that it may not be exploited. The consent form is one way in which the school ensures that parents are fully informed about how the information may be used, and the consequences of their consent.

References

1. National Catholic Education Commission
   http://www.ncec.catholic.edu.au/
• I / we understand and accept that Holy Spirit School (herein known as the school) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concern for others. The School philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of one’s potential. The School provides an environment where gospel values are lived out, thus allowing students to experience the hope and optimism of the Gospel message of Jesus Christ. I / we agree to support in every possible way this religious dimension of the School.

• I / we accept and agree to support the standards of behaviour, discipline policy, grooming and uniform which the school requires

• I / we realise that in sending my child to Holy Spirit School, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determines by the Principal and School Board, will be paid on receipt of invoice. I also understand that pro-rata fees are payable for students commencing or leaving during term. If at any time and for any reason I should find myself unable to meet my financial obligations in full, I agree to contact the Bursar or Principal to make special interim arrangements. I understand that failure to do so will jeopardise my child’s ongoing enrolment in the School.

• I / we agree that my child will take an active part in various activities, including co-curricular, that are run as part of the School education program, and that I will ensure their attendance at these activities.

• I /we understand the importance of parental involvement with the education of my child. I agree to assist in some capacity and I understand that some commitment is expected of me. I commit to supporting the school in fundraising initiatives.

• I / we understand and accept that the completion of this enrolment form does not guarantee enrolment

• I / we understand and accept that attendance at the enrolment interview does not guarantee and enrolment offer being made

• I / we have completed this application form fully and to the best of my /our knowledge. Further, I / we acknowledge and accept that if it can be demonstrated that I / we have withheld information relevant to the application / enrolment process, especially in relation to this student’s individual needs, medical conditions, health care requirements and / or Parenting Orders, then the enrolment may be refused or terminated on this ground.

Signatures of Parent(s) / Guardian(s)

Female Parent or Guardian ____________________________ Date ____________

Male Parents or Guardian ____________________________ Date ____________

Principal /Deputy Principal ____________________________ Date ____________
### Family Information

This information refers to Parents residing at the same address as the student. (For parent / guardian not residing at the same address please complete the section ‘Alternative Family Details’)

<table>
<thead>
<tr>
<th>Female Parent / Guardian</th>
<th>Male Parent / Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Relationship to Student</strong></td>
<td><strong>Relationship to Student</strong></td>
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<tr>
<td>[Blank]</td>
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<th>2.</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
<td>(e.g. Mr, Mrs, Miss, Ms, Dr)</td>
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<tr>
<td>[Blank]</td>
<td>[Blank]</td>
</tr>
<tr>
<td><strong>Given Names</strong></td>
<td>[Blank]</td>
</tr>
<tr>
<td><strong>Surname or Family Name</strong></td>
<td>[Blank]</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td>[Blank]</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
<td>[Blank]</td>
</tr>
<tr>
<td><strong>Country of Birth</strong></td>
<td>[Blank]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Does parent / Guardian 1 speak a language other than English at home</th>
<th>Does Parent / Guardian 2 speak a Language other than English at home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if more than one language, indicate the one that is spoken most often)</td>
<td>(if more than one language, indicate the one that is spoken most often)</td>
</tr>
<tr>
<td>☐ No, English only</td>
<td>☐ No, English only</td>
</tr>
<tr>
<td>☐ Yes, Other- Please specify ________________</td>
<td>☐ Yes, Other- Please specify ________________</td>
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<tr>
<th>4. Employer:</th>
<th>Employer:</th>
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<tr>
<th>5. Religion:</th>
<th>Religion:</th>
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<tr>
<th>6. Business Phone:</th>
<th>Business Phone:</th>
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<tr>
<th>7. Mobile Phone Numbers:</th>
<th>Mobile Phone Numbers:</th>
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<tr>
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<tr>
<th>8. Email</th>
<th>Email</th>
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<tr>
<td>[Blank]</td>
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</tbody>
</table>

Do You Wish to be Contacted by email?  
☐ Yes  ☐ No

Do You Wish to be Contacted by email?  
☐ Yes  ☐ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like to be sent the newsletter by email?</td>
<td></td>
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</tr>
<tr>
<td>Sole Parent</td>
<td></td>
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<tr>
<td>Australian Defence Family</td>
<td></td>
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<tr>
<td>Family Parish</td>
<td></td>
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</tr>
<tr>
<td>Health Care Card</td>
<td></td>
<td></td>
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<tr>
<td>Family Medicare Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Card</td>
<td></td>
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<tr>
<td>Family Address Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address (leave blank if same as Residential Address)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing Address (leave blank if same as Residential Address)</td>
<td></td>
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</tbody>
</table>

**Family Address Details**

Does the child live at this address: ✣ Permanently  ☐ Occasionally

If the child resides at times with another family please provide details in ‘Alternative Family’ section of this form

14. Residential Address

Mailing Title (e.g. Mr and Mrs D Smith):

Street Number and Name:

Town:

State and Postcode:

Home Telephone Number:

15. Postal Address (leave blank if same as Residential Address)

Street Number and Name or Post Office Box:

Town:

State and Postcode:

16. Billing Address (leave blank if same as Residential Address)

Street Number and Name or Post Office Box:

Town:

State and Postcode:
17. The following information is to be supplied if the Payment of School Fees is shared or from an alternative source. This information will be used in the billing for the Fees.

**AMENDMENT TO FEE RESPONSIBILITY – SPLIT BILLING (% BASIS)**

Where there is a request for implementing split billing arrangements, we require all details below to be completed and signed by ALL affected parties. This includes all parties currently receiving an account and all parties who are accepting responsibility for future accounts.

1. **EXISTING ACCOUNT ARRANGEMENTS (If applicable)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
</table>

I/We hereby agree to the revised billing arrangements outlined below. We understand if “2. Revised and New Account Arrangements” is not fully completed and is received by Holy Spirit Catholic Primary School; the existing arrangements will remain in place.

- Signature (Mother/Guardian): ___________________________ Date: __________
- Name (Mother/ Guardian): ___________________________
- Signature (Father/Guardian): ___________________________ Date: __________
- Name (Father/ Guardian): ___________________________

2. **REVISED AND NEW ACCOUNT ARRANGEMENTS:**

Please enter the percentage amounts, which must total 100%, which both parties agree to be responsible for:

- Mother/Guardian: ________%  
- Father/Guardian: ________%

To apply to: **Current balance** ☑  and/or **Future charges** ☑ (For more information please see following page)

Are there any court orders in place regarding payment of fees? Yes ☑ No ☐ (If Yes, please attach a copy)

<table>
<thead>
<tr>
<th>Father’s/Guardian’s Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Bus. Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s/Guardian’s Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Bus. Phone:</td>
</tr>
</tbody>
</table>

- Signature (Mother/Guardian): ___________________________ Date: __________
- Name (Mother/ Guardian): ___________________________
- Signature (Father/Guardian): ___________________________ Date: __________
- Name (Father/ Guardian): ___________________________
TERMS AND CONDITIONS

- It is the practice of Holy Spirit Catholic Primary School that, until written advice is received by the Finance Department via the completed and signed ‘Amendment of Fee Responsibility – Split Billing’ form, no changes will be made to existing information in relation to any fee account. Where both parents are presently responsible for the fee accounts, they will remain jointly and severally responsible for the fee account. All fee correspondence will continue to be issued to existing names, at the new postal address(es) of those concerned.

- As at the date of receiving the completed form, the fee payers’ account will be split between both parents in accordance with the details in the form, if it has been signed by all parties concerned.

- If a percentage has not been nominated, the future charges will be split 50/50 between both parents.

- The parents will become separately responsible for the entire balance of any outstanding fees and charges as at the date of the re-allocation of the joint fee account. This is unless other arrangements have been formally agreed upon between the parents and written advice provided to the School’s Finance Department.

- Details of your current account balance and payment details can be provided to you by contacting the Finance Department on 08 89273411 or finance.holyspirit@nt.catholic.edu.au. The School cannot provide information about any account that a parent/guardian is not responsible for, unless written approval by the person(s) responsible for the account has been provided.

- In circumstances where the School has been authorised to set up a Direct Debit arrangement for the periodic payment of fees from an account held jointly, the School will continue to process these periodic payments until advised otherwise.

- It is the responsibility of either parent to advise the Finance Department at least one working day prior to the next scheduled periodic payment if this Direct Debit arrangement is to be cancelled. This notification should be provided in writing to the Finance Department.

- If any fees are incurred by the School as a result of periodic payments being stopped by the Bank, the School may pass these fees onto the joint fee payers’ account.

Please sign here to confirm that you understand the terms and conditions regarding the Holy Spirit Catholic Primary School ‘Amendment of Fee Responsibility – Split Billing’ process as outlined above:

Signature (Mother/Guardian): ___________________________ Date: __________
Name (Mother/Guardian): ________________________________
Signature (Father/Guardian): _____________________________ Date: __________
Name (Father/Guardian): ________________________________

Office Use Only:

<table>
<thead>
<tr>
<th>Date Received:</th>
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<tbody>
<tr>
<td>Date Entered:</td>
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</table>
### Alternative Family Details - Other Parent not residing at the same address as the student.

This information is also required if the student resides at time with an alternative family during school terms.

<table>
<thead>
<tr>
<th>Alternative Female Parent / Guardian</th>
<th>Alternative Male Parent / Guardian</th>
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</thead>
<tbody>
<tr>
<td>18. Relationship to Student</td>
<td>Relationship to Student</td>
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<td>19.</td>
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<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>(e.g. Mr, Mrs, Miss, Ms, Dr)</td>
<td>(e.g. Mr, Mrs, Miss, Ms, Dr)</td>
</tr>
<tr>
<td>Given Names</td>
<td>Given Names</td>
</tr>
<tr>
<td>Surname or Family Name</td>
<td>Surname or Family Name</td>
</tr>
<tr>
<td>Occupation</td>
<td>Occupation</td>
</tr>
<tr>
<td>Nationality</td>
<td>Nationality</td>
</tr>
<tr>
<td>Country of Birth</td>
<td>Country of Birth</td>
</tr>
</tbody>
</table>

20. Does parent / Guardian 1 speak a language other than English at home

(If more than one language, indicate the one that is spoken most often)

☐ No, English only
☐ Yes, Other- Please specify ________________

21. Employer:

22. Religion:

23. Business Phone:

24. Mobile Phone Numbers:

25. Copy of Student Reports ☐ Yes ☐ No

26. Email

Do You Wish to be Contacted by email?

Copy of Student Reports ☐ Yes ☐ No

Email

Do You Wish to be Contacted by email?
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like to be sent the newsletter by email?</td>
<td>Would you like to be sent the newsletter by email?</td>
<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Alternative Family Address Details**

27. **Residential Address**

- **Mailing Title** (e.g. Mr and Mrs D Smith):

  

- **Street Number and Name:**

  

- **Town:**

  

- **State and Postcode:**

  

- **Home Telephone Number:**

  

28. **Postal Address** (leave blank if same as Residential Address)

- **Street Number and Name** or **Post Office Box**:

  

- **Town**:

  

- **State and Postcode**:
**Parent / Guardian Background Information**

The following Information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

**29. What is the highest year of primary or secondary school the parents / Guardians have completed?** *(for persons who have never attended school, Mark 'year 9 or equivalent or below')*

<table>
<thead>
<tr>
<th>Mother / Parent 1 / Guardian 1</th>
<th>Father / Parent 2 / Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mark only one box)</td>
<td>(Mark only one box)</td>
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<tr>
<td>Year 12 or equivalent</td>
<td>Year 12 or equivalent</td>
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<tr>
<td>Year 11 or equivalent</td>
<td>Year 11 or equivalent</td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td>Year 10 or equivalent</td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td>Year 9 or equivalent or below</td>
</tr>
</tbody>
</table>

**30. What is the level of the highest qualifications the parents / guardians have completed?**

<table>
<thead>
<tr>
<th>Mother / Parent 1 / Guardian 1</th>
<th>Father / Parent 2 / Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mark only one box)</td>
<td>(Mark only one box)</td>
</tr>
<tr>
<td>Bachelor degree or above</td>
<td>Bachelor degree or above</td>
</tr>
<tr>
<td>Advanced diploma /Diploma</td>
<td>Advanced diploma /Diploma</td>
</tr>
<tr>
<td>Certificate I to IV (inc. trade cert.)</td>
<td>Certificate I to IV (inc. trade cert.)</td>
</tr>
<tr>
<td>No non-school qualification</td>
<td>No non-school qualification</td>
</tr>
</tbody>
</table>

**The following questions refer to the parental occupation group. Please select from the appropriate parental occupation from the list below question 57.**

**31. What is the occupation group of the Mother / Parent 1 / Guardian 1**

Group: ______________________

**What is the occupation group of the Father / Parent 2 / Guardian 2**

Group: ______________________
List of Parental Occupation Groups

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.**

Senior executive / manager / department head in industry, commerce, media or other large organisation

Public service manager (section head or above), regional director, health/education/police/fire administrator

Other Administrator school principal, faculty head/dean, library/museum/gallery director/research facility director

Defence Forces Commissioned Officer

Professionals generally have a degree or higher qualification 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, actuary, valuer

Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller

**Group 2: 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/ personal/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 a diploma/technical qualifications and support managers and professionals.

Health, education, law, Social welfare, Engineering, Science, Computing technicians/ 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

**Group 3: Tradesman / women, clerks and skilled office, sales and 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, purchasing/order clerk, accounting, claims, audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, store/inventory clerk, freight/transport/shipping clerk, bond 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/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor

**Group 4: Tradesman / women, clerks and skilled office, sales and service staff**

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, car park attendant, crossing supervisor.
Protecting Your Privacy

Holy Spirit Catholic Primary school

1. The School collects personal information, including sensitive information about pupil and parents or guardians before and during the course of a pupil’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son /daughter

2. Some of the information we collect is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of school require that certain information is collected. These include Public Health (and Child Protection)* laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes two other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, medical practitioners, and people providing services to the school, including specialist visiting teachers (sports) coaches and volunteers.

6. 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.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasion information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, and on our website.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about the. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School’s duty of care to the pupil, or where pupils have provided information in confidence.

9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.

11. 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.

*If appropriate
Parents are advised that Internet access and use of computer facilities is available to staff and students at Holy Spirit Catholic Primary School.

The Internet is an electronic highway connecting thousands of computers all over the world linking millions of subscribers. Students have access to e-mail, bulletin boards, newsgroups and the World Wide Web. We are very pleased to offer this level of access and believe the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, research, innovation and communication.

This School follows the Catholic Education Office principles, policy and procedures for computer facilities and external networks. People using our facilities must take responsibility for their own actions. To ensure you and your children understand what is expected, we ask you to read, sign, and return this Acceptable Use Policy to the class teacher.

Please read the following points carefully before verifying you understand your child’s responsibilities. If you are unsure about any points, contact the school before signing the policy.

Teachers will ensure that students understand their responsibilities at a level appropriate to the child’s age before using the computer facilities and external networks.

**The Conditions**

It is **acceptable** to:

- Use the Internet for research on any information that relates to your education at school, and to communicate with your peers, teachers or other persons who are involved in your education.

It is **unacceptable** to:

- Breach any laws, such as copyright (including software) or undertake any unlawful activity as defined in Commonwealth or Territory laws;
- Transmit or deliberately access and/or receive material that may be considered inappropriate in that it may be of a threatening, sexually explicit, harassing, offensive or discriminatory nature, or material that may be harmful wither physically or emotionally to others;
- Use material downloaded from a network without recording the source;
- Interfere with or disrupt any other users on the network through your activities;
- Place your personal details or photographs on the Internet or details of any other person without authorisation;
- Reveal your password to anyone not authorised to receive it, nor must you obtain or use anyone else’s password.

I declare that I have read and understood this Acceptable Use policy for Computer Facilities and External Networks at Holy Spirit Catholic Primary School, that I have explained this to my child in order that he/she is aware of and understands the Acceptable Use Policy.

Parent’s Signature: ___________________________ Given Name: ___________________________ Date: _____________

Parent’s Signature: ___________________________ Given Name: ___________________________ Date: _____________

Student’s Name: ___________________________ Class: ___________________________ Date: _____________

Student’s Signature (Year 4 and above only): ___________________________

This declaration is made to the Principal of Holy Spirit Catholic Primary School.

**NB:** This form is intended to keep parents informed and to help children understand that they must follow certain rules if they wish to use the Computer facilities and Internet at the school.
Name: 

Why have you chosen Holy Spirit School for your child?

Your Child’s special interests

Concerns / Special Needs

What do you hope for your child?

The school is now joining you as educator of your child – How do you see that partnership working?
Nit Control Programme

Consent Form

Holy Spirit Catholic Primary School

I understand that if my child has head lice / nits that I will be contacted by the school and that my child cannot return to school until treatment has been applied.

Child’s name:

_____________________________________________________________________

Child’s name:

_____________________________________________________________________

Child’s name:

_____________________________________________________________________

Child’s name:

_____________________________________________________________________

Child’s name:

_____________________________________________________________________

Parent / Guardian signature: __________________________ Printed Name: __________________________

Parent / Guardian signature: __________________________ Printed Name: __________________________

Date: __________________________
I give permission for copies of my child’s records to be sent to Holy Spirit Catholic Primary School.

Child’s Name: ________________________________

Child’s Date of Birth: __________________________

Parent / Guardian Name: (printed) ________________________________

Parent / Guardian signature: ________________________________

Date: ________________________________

Please send to:

The Principal
Holy Spirit Catholic Primary School
PO Box 40030
Casuarina NT 0830

Or Fax: (08) 8927 9971
Interstate Student Data Transfer Note
Form 1 - Parent/Guardian Consent Form

Schools are required to use the Interstate Student Data Transfer Note (ISDTN) in accordance with the protocols jointly developed and agreed by the Australian Government, State and Territory Education Authorities, the Independent and Catholic education sectors through the Ministerial Council for Education, Early Childhood Development and Youth Affairs (see http://www.mceyo.edu.au/mceyo/default.asp?id=12095).

Part A – Consent to Transfer Student Data Interstate*

1. [Insert name]

Do give [ ]
Do not give [ ]

Consent for information about my child/children

[Insert child's name] [Date of birth] [ ] [ ]

[Insert child's name] [Date of birth] [ ] [ ]

[Insert child's name] [Date of birth] [ ] [ ]

To be transferred from his/her previous school

[School name and address]

To his/her new school

New school name: [Holy Spirit Catholic Primary School]

I understand that:

- The principal (or delegate) of my child's new school may request and/or receive information from my child's previous school verbally and/or in writing.
- It may include all details contained on the Interstate Student Data Transfer Note.
- Additional information may be required by my child's new school. This information will only relate to information on the flagged field on the Interstate Student Data Transfer Note.
- The principal (or delegate) of my child's new school may contact the principal (or delegate) of my child's previous school both verbally and/or in writing.
- I can request to see the information that is received from my child's previous school.

I understand that my child's new school will take all reasonable steps to protect the personal information about me/my child from misuse and loss and from unauthorised access, modification or disclosure.

[Signature of parent or guardian]

[Date]

Complete Part B if Part A consent is not given

* Parent or student consent is not required for non-government schools to receive student information from a student's previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and National Council of Independent Schools' Associations Privacy Compliance Manual 11 December 2001 (Latest amended version July 2004), Section 7.10.1

1 “New School” is defined as either the school at which the student is enrolled or the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment so that information is received before the enrolment process is finalised.

If the student is 10 years of age or older, student consent should also be sought.
Part B Consent – Consent to Notify Previous School of Enrolment at New School

I consent for the principal (or delegate) of [name of new school] to notify my child’s/children’s previous school [name and address] that my child/children is/are now enrolled at the above named school.

Signature of parent or guardian: __________________________ Date: __/__/____

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Complete Part B if Part A consent is not given

* Parent or student consent is not required for non-government schools to receive student information from a student’s previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and National Council of Independent Schools’ Associations Privacy Compliance Manual 11 December 2001 (Latest amended version July 2004), Section 7.10.1

† ‘New School’ is defined as either the school at which the student is enrolled OR the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment and therefore information can be received before enrolment is/if it is finalised.

‡ If the student is 16 years of age or older, student consent should also be sought.
<table>
<thead>
<tr>
<th>Event</th>
<th>Received on</th>
<th>Parish</th>
<th>Certificate copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Communion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Catholic Education Office Northern Territory is in the process of revising their enrolment marketing strategies to identify what is working and areas we can improve. We would ask that you spend a few minutes completing the survey below which will allow us to improve our service delivery.

NAME OF SCHOOL: ________________________________

1. What attracted you to enrol your child/children at this school?  
(Please number 1-7, 1 being the main reason)

□ Location  □ School fees  □ School services  □ newspaper advertising  
□ Internet  □ Television  □ Wanted children to attend a Parish School  
Other: __________________________________________

2. How did you hear about this school?  
(Please number 1-4, 1 being the main reason)

□ Word of mouth  □ NT News  □ Internet  □ Commercial TV  □ Local Parish Magazines:  
□ Darwin Life  □ Defence Life  □ Northern Defence  
□ Sun Newspaper  
Other: __________________________________________

3. Has your child/children attended another school?  
(Please circle)  YES/NO

If yes, please explain why you are considering this school as an alternative choice?  
__________________________________________________________________________

We would like to thank you in advance for your participation.

Please return to Michelle Mitchell (Media, Marketing & Communications Department)
Enrolment Checklist

Have you supplied and completed?

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A copy of your child’s Birth Certificate</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>A copy of your Child’s Current Immunisation record</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Copies of relevant court orders (If applicable)</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Copies of visa documentation (If applicable)</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Copy of child’s previous academic reports</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Copies of reports completed by a health or education specialist (If applicable)</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Completed the “Amendment to Fee Responsibility-Split Billing” section (If applicable)</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
<tr>
<td>Completed the OSCH (Out of School Hours Care) Application Form</td>
<td><img src="https://example.com" alt="Yes" /></td>
</tr>
</tbody>
</table>