HOLY SPIRIT CATHOLIC PRIMARY SCHOOL

Application for Enrolment

Student Name:__________________________________

When completed please return to:

The Principal
Holy Spirit Catholic Primary School, PO Box 40030, Casuarina NT 0811
Telephone: (08) 8927 3411 | Facsimile: (08) 8927 9971
admin.holyspirit@nt.catholic.edu.au | Website: www.holyspiritnt.catholic.edu.au

Office use only:

Enrolment: Approved/Declined                  Date of Application:                  Date Interviewed:

Student Key:                                  Date of Commencement:                 Academic Year:

Roll Group:                                    Family Key                              Alternative Family Key

House:
The following information must be submitted with the enrolment application:

- A copy of your child’s birth certificate.
  - An interview will not be conducted until reports are received.
- Immunisation records (can be provided by Medicare).
- Copies of reports completed by a health or education specialist – if applicable
- Custody/Guardianship (relevant documentation - see enrolment form).
- Passport and Visa Documentation – if applicable
- Baptismal certificate (if available).
- Completed OSHC (Out of School Hours Care) application form.
SECTION A  Student Information

1. **Legal name**  Surname or family name

Given name/s  Preferred given name

2. **Email address**

3. **Sex**  Male  Female  

4. **Date of birth**  

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  

   Nationality

   Copy of Visa attached

8. **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)

   - No  
   - Yes, Aboriginal  
   - Yes, Torres Strait Islander

9. **Does the student 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

10. **Year level in which student is enrolling**

    - TR 1 2 3 4 5 6

    Date of commencement

    Has student attended Holy Spirit Catholic Primary School previously?

    - No  
    - Yes - please give dates/years attended

11. **Previous school**

12. **Other family currently enrolled or enrolling at a Catholic school in the Northern Territory**

    Surname  Given names  Year level
13. Are there any special family circumstances? (e.g. single parent, dual custody, foster care, access restrictions)

☐ No  ☐ Yes - supporting legal documents are required by the school - attached

14. Religion

15. Sacraments

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Date</th>
<th>Parish</th>
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</thead>
<tbody>
<tr>
<td>Baptism</td>
<td>D D M M Y Y Y</td>
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<tr>
<td>Communion</td>
<td>D D M M Y Y Y</td>
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<tr>
<td>Confirmation</td>
<td>D D M M Y Y Y</td>
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</table>

SECTION B  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 Section C Alternative Family Information.

MOTHER / PARENT 1/ GUARDIAN 1

16. Relationship to student

17. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names
Surname or family name
Occupation
Nationality
Country of birth

18. Does parent/guardian 1 speak a language other than English at home?

☐ No, English only  ☐ Yes, other – please specify

19. Religion

20. Employer

FATHER / PARENT 2/ GUARDIAN 2

16. Relationship to student

17. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given names
Surname or family name
Occupation
Nationality
Country of birth

18. Does parent/guardian 2 speak a language other than English at home?

☐ No, English only  ☐ Yes, other – please specify

19. Religion

20. Employer
### MOTHER / PARENT 1/ GUARDIAN 1

- **21. Business phone**
- **22. Mobile phone**
- **23. Email**
  - Do you wish to receive the newsletter by email?
    - [ ] No
    - [ ] Yes
- **24. Sole Parent**
  - [ ] No
  - [ ] Yes
- **25. Does the student come from an Australian Defence family?**
  - [ ] No
  - [ ] Yes – please specify
  - [ ] Army
  - [ ] Navy
  - [ ] Air Force
- **26. Family parish**

### FATHER / PARENT 2/ GUARDIAN 2

- **21. Business phone**
- **22. Mobile phone**
- **23. Email**
  - Do you wish to receive the newsletter by email?
    - [ ] No
    - [ ] Yes
- **24. Sole Parent**
  - [ ] No
  - [ ] Yes
- **25. Does the student come from an Australian Defence family?**
  - [ ] No
  - [ ] Yes – please specify
  - [ ] Army
  - [ ] Navy
  - [ ] Air Force
- **26. Family parish**

### 27. Family Medicare number

### 28. Health Care card

- [ ] No
- [ ] Yes

### 29. Family address details (for parent/guardian not residing at the same address please complete Section C Alternative Family Information)

- The child lives at this address
  - [ ] Permanently
  - [ ] Occasionally

### 30. Residential address

- **Mailing title (e.g. Mr & Mrs D Smith)**

- **Street number and name**

- **Suburb / Town**

- **State and postcode**

- **Home telephone number**

### 31. Postal / Billing address (leave blank if same as residential address)

- **Street number and name or post office box**

- **Suburb / Town**

- **State and postcode**
32. Amendment of Fee Responsibility- Split Billing. The following information is only to be supplied if the payment of school fees is shared (split billing).

☐ An existing account arrangement is already in place

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

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

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.

Mother / Guardian signature

[Signature]

Date

D D M M Y Y Y Y

Father / Guardian signature

[Signature]

Date

D D M M Y Y Y Y
This information is required if the student resides with an alternative family during the school term.

### ALTERNATIVE FEMALE PARENT/GUARDIAN

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<tbody>
<tr>
<td><strong>33.</strong> Relationship to student</td>
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</tr>
<tr>
<td><strong>34.</strong> Title (e.g., Mr., Mrs., Miss, Ms., Dr.)</td>
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<tr>
<td>Given names</td>
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<td>Surname or family name</td>
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<tr>
<td>Occupation</td>
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<td>Nationality</td>
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<tr>
<td>Country of birth</td>
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</table>

**35.** 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

**36.** Religion

**37.** Employer

**38.** Business phone

**39.** Mobile phone

**40.** Email

Do you wish to receive the newsletter by email?  
- [ ] Yes  
- [ ] No

**41.** Copy of student reports  
- [ ] Yes  
- [ ] No

### ALTERNATIVE MALE PARENT/GUARDIAN

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<td><strong>Relationship to student</strong></td>
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</tr>
<tr>
<td><strong>Title</strong> (e.g., Mr., Mrs., Miss, Ms., Dr.)</td>
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<tr>
<td>Given names</td>
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<tr>
<td>Surname or family name</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Nationality</td>
<td></td>
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<tr>
<td>Country of birth</td>
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</tbody>
</table>

**35.** Does parent/guardian 2 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

**36.** Religion

**37.** Employer

**38.** Business phone

**39.** Mobile phone

**40.** Email

Do you wish to receive the newsletter by email?  
- [ ] Yes  
- [ ] No

**41.** Copy of student reports  
- [ ] Yes  
- [ ] No
42. **Alternative family residential address**

Mailing title (e.g. Mr & Mrs D Smith)

<table>
<thead>
<tr>
<th>Street number and name</th>
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</table>

<table>
<thead>
<tr>
<th>Suburb / Town</th>
<th>State and postcode</th>
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</table>

Home telephone number

<p>| |</p>
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</table>

43. **Alternative family postal / billing address** *(leave blank if same as residential address)*

<table>
<thead>
<tr>
<th>Street number and name or post office box</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Suburb / Town</th>
<th>State and postcode</th>
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</table>
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.

44. What is the highest year of primary or secondary school the parents/guardians have completed?

Mark only one box. 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>
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<tbody>
<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>
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<tr>
<td>Year 9 or equivalent or below</td>
<td>Year 9 or equivalent or below</td>
</tr>
</tbody>
</table>

45. What is the level of the highest qualification the parents/guardians have completed?

<table>
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<tr>
<th>MOTHER / PARENT 1 / GUARDIAN 1</th>
<th>FATHER / PARENT 2 / GUARDIAN 2</th>
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<tbody>
<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 (including trade certificate)</td>
<td>Certificate I to IV (including trade certificate)</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 the appropriate parental occupation from the list on the following page. 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 box below.

46. Occupation group

<table>
<thead>
<tr>
<th>MOTHER / PARENT 1 / GUARDIAN 1</th>
<th>FATHER / PARENT 2 / GUARDIAN 2</th>
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</table>

Please see List of Parental Occupation Groups over leaf.
**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 services administrator
- **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- **Defence Forces** Commissioned Officer

**Professionals** Generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

  - **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/personnel/industrial relations/sales/marketing]
- **Financial services manager** [bank branch manager, financial investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [shop, petrol station, restaurant, club, hotel, motel, cinema, theatre, agency]
- **Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

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

- **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: Tradesmen/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, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order 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: Machine operators, hospitality staff, assistants, labourers and related workers**

- **Drivers, mobile plant, production/processing machinery and other machinery operators**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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, tele marketer, 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 NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide dresser, 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]
47. Consent to medical attention
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 / medication is required to be administered, it is sent to school with the student, accompanied with a note giving details of dosage and permission for School staff to administer medication.

☐ Yes  ☐ No

48. Consent for publication of photographs and student work
From time to time, photographs or videos of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the School and Catholic Education Office (CEO), school magazines, newsletters, displays, journals, professional development materials for teachers, or on the School and/or CEO web site. In addition, student work is also published from time to time.

Publications I give consent for my child’s photos / images / videos taken during School activities to be published by the School and CEO, school magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child’s work being published from time to time in these publications.

Websites I give consent for my child’s photos / images / videos taken during School activities to be published on the School and/or CEO web site. In most circumstances the images will not include any personal information regarding the student’s identity. In addition, I consent to my child’s work being published from time to time on these websites

Parent/guardian signature

Parent/guardian signature

49. Acceptable Internet Use
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.

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 whether 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/guardian signature

Parent/guardian signature

Student name

Student signature (Year 4 and above only)
50. Aboriginal/Torres Strait Islander students
Is parental consent given for tutorial assistance as per funding guidelines?

☐ Yes  ☐ No

51. Head lice prevention
Do you consent to head lice surveillance for your child?

☐ Yes  ☐ No

52. Excursion permission
Travel off school premises is often required for curriculum based activities, swimming/sports, concerts and access to facilities in and around Darwin. Is parental consent given for the student to attend activities off the school premises?

☐ Yes  ☐ No

SECTION F Transfer of Records

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: D D M M Y Y Y Y

Parent/Guardian name: (printed):

Parent/Guardian signature:

Date: D D M M Y Y Y Y

If your child is transferring from an interstate school please complete the Interstate Student Transfer Note attached.

SECTION G Emergency Contacts

53. The first and second parent or guardian stated on page 3 will be the school’s first and second priority contacts.

You may wish to provide other names below.

<table>
<thead>
<tr>
<th>Contact number</th>
<th>Relationship to student</th>
<th>Work phone</th>
<th>Home phone</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
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I / we understand and accept that Holy Spirit Catholic Primary 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 Catholic Primary School, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined 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 an 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.

Female parent/guardian signature

Male parent/guardian signature

Principal / Deputy Principal signature

[Date] [Month] [Year] [Date] [Month] [Year] [Date] [Month] [Year] [Date] [Month] [Year] [Date] [Month] [Year] [Date] [Month] [Year]
SECTION I  Confidential Medical History

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given name/s</th>
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<thead>
<tr>
<th>Date of birth</th>
<th>Medicare number</th>
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<table>
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<th>Health care card</th>
<th>Health care card number</th>
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<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Private health fund</th>
<th>Member number</th>
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<table>
<thead>
<tr>
<th>Doctor’s name</th>
<th>Doctor’s phone number</th>
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<table>
<thead>
<tr>
<th>1. Is the student under medical treatment at present?</th>
<th>Yes - please give details below</th>
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<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Has he/she ever had a serious illness?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Does he/she have any hearing problems?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Does he/she have eye problems/wear glasses?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Is he/she taking any medication?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Does he/she suffer from allergies or allergic to any food, substance and/or medication?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Medic alert required?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Does he/she suffer from a medical condition that the school should be made aware of?</th>
<th>Yes - please give details below</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
9. **Immunisation record** *(a copy of student’s immunisation record is to be supplied with this application)*

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Tetanus</th>
<th>Pertussis (Whooping Cough)</th>
<th>Diphtheria</th>
<th>Polio (OPV)</th>
<th>Hepatitis B (HEB)</th>
<th>HIB (Haemophilus Influenza Type B)</th>
<th>BCG (TB)</th>
<th>MEN (Meningococcal)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

10. **Please tick any of the following illnesses the student may have suffered or still suffers from**

- Asthma
- Bronchitis
- Epilepsy
- Hepatitis (A, B or C)
- Kidney problems
- Rheumatic heart fever
- Tuberculosis (TB)
- Heart problems (murmur, chest pains)
- Diabetes
- Type 1
- Type 2
- Other - please specify

Please give any relevant information (medication, treatment etc)

11. **Please supply any other relevant information**
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)