

ST JOHN THE BAPTIST CATHOLIC PRIMARY SCHOOL APPLICATION FOR ENROLMENT

Please ensure all relevant information is attached to this *Application for Enrolment* when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the application.

STUDENT DETAILS				
Surname:				
Given name/s:		Preferred Name:		
Entry year (YYYY):		Entry level/grade:		
Date of birth:		Religion (include rite):		
Home address:				
M (Male): <input type="checkbox"/>	F (Female): <input type="checkbox"/>	Self-identified (Indeterminate/Intersex/ Unspecified): <input type="checkbox"/>		
Does the student have a sibling at this school?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Aboriginal or Torres Strait Islander origin:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Aboriginal	Yes <input type="checkbox"/> Torres Strait Islander	Yes <input type="checkbox"/> Aboriginal and Torres Strait Islander
Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census				

CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)				
Title: <small>(Dr/Mr/Mrs/Ms/Mx)</small>		Surname:		Given name:
House no.:		Street name:		
Suburb:		State:		Postcode:
Telephone:	Home:		Work:	Mobile:
SMS messaging: <i>(for emergency and reminder purposes)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:				
Relationship to student:				

Government Requirement:				
Occupation:	What is the occupation group? <i>(Select from list of occupation groups in the School Family Occupation Index)</i>			A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
Religion: <i>(include rite)</i>				
Country of birth:	Australia <input type="checkbox"/>	Other <input type="checkbox"/> <i>(please specify):</i>		
Aboriginal or Torres Strait Islander origin:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Aboriginal	Yes <input type="checkbox"/> Torres Strait Islander	Yes <input type="checkbox"/> Aboriginal and Torres Strait Islander
Invitation to share Country or Nation: <i>(If yes, we welcome you to share your Country or Nation)</i>				
Nationality:	Ethnicity if not born in Australia:			
Visa subclass:	Visa expiry:			
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified				
Do you speak a language other than English at home? <i>Note: Record all languages spoken</i>				
Pension / Health Care Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>				
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>	
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?				
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>	

CONTACT 2 (PARENT 2/GUARDIAN 2/CARER 2)						
Title: <i>(Dr/Mr/Mrs/Ms/Mx)</i>	Surname:		Given name:			
House no.:	Street name:					
Suburb:	State:		Postcode:			
Telephone:	Home:	Work:	Mobile:			
SMS messaging: <i>(for emergency and reminder purposes)</i>			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Email:						
Relationship to student:						

Government Requirement:						
Occupation:		What is the occupation group? <i>(Select from list of occupation groups in the School Family Occupation Index)</i>			A <input type="checkbox"/>	B <input type="checkbox"/>
					C <input type="checkbox"/>	D <input type="checkbox"/>
					N <input type="checkbox"/>	
Religion: <i>(include rite)</i>						
Country of birth:		Australia <input type="checkbox"/>	Other <input type="checkbox"/> <i>(please specify):</i>			
Aboriginal or Torres Strait Islander origin:		No <input type="checkbox"/>	Yes <input type="checkbox"/> Aboriginal	Yes <input type="checkbox"/> Torres Strait Islander	Yes <input type="checkbox"/> Aboriginal and Torres Strait Islander	
Invitation to share Country or Nation: <i>(If yes, we welcome you to share your Country or Nation)</i>						
Nationality:		Ethnicity if not born in Australia:				
Visa subclass:		Visa expiry:				
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified						
Do you speak a language other than English at home? <i>Note: Record all languages spoken</i>						
Pension / Health Care Card:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:		
What is the highest year of primary or secondary school Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>						
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>			
What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?						
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>			

NON-RESIDENTIAL PARENT (if applicable)					
Title: <i>(Dr/Mr/Mrs/Ms/Mx)</i>		Surname:		Given name:	
House no.:		Street name:			
Suburb:		State:		Postcode:	
Telephone:		Home:		Work:	
				Mobile:	
SMS messaging: <i>(for emergency and reminder purposes)</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Relationship to student:					

Government Requirement:				
Occupation:	What is the occupation group? <i>(Select from list of occupation groups in the School Family Occupation Index)</i>			A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
Religion: <i>(include rite)</i>				
Country of birth:	Australia <input type="checkbox"/>	Other <input type="checkbox"/> <i>(please specify):</i>		
Aboriginal or Torres Strait Islander origin:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Aboriginal	Yes <input type="checkbox"/> Torres Strait Islander	Yes <input type="checkbox"/> Aboriginal and Torres Strait Islander
Invitation to share Country or Nation: <i>(If yes, we welcome you to share your Country or Nation)</i>				
Nationality:		Ethnicity if not born in Australia:		
Visa subclass:		Visa expiry:		
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified				
Do you speak a language other than English at home? <i>Note: Record all languages spoken</i>				
What is the highest year of primary or secondary school Student Non-Residential Parent has completed? <i>(Persons who have never attended secondary school, tick Year 9 or below)</i>				
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>	
What is the level of the highest qualification Student Non-Residential Parent has completed?				
No post-school qualification <input type="checkbox"/>	Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>	

PREVIOUS SCHOOL/PRESCHOOL		
Name and address of previous school/preschool:		
I/We give permission for the School to contact the previous school or preschool and to gather relevant reports and information to support educational planning.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Was the previous school attended interstate?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If, in the future, the student transfers to another DOSCEL school, I/we give permission for the School to provide information on this application to the new DOSCEL school to facilitate the enrolment and the effective delivery of the student's education at that school.	No <input type="checkbox"/>	Yes <input type="checkbox"/>

NATIONALITY AND CITIZENSHIP				
Government Requirement	Nationality:		Ethnicity:	
In which country was the student born?				
Australia <input type="checkbox"/>	Other <input type="checkbox"/> (please specify):			
Date of arrival in Australia OR date of return to Australia:				
What is the residential status of the student?			Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
Evidence of Australian Residency:			Australian Citizen	<input type="checkbox"/>
			Permanent Resident	<input type="checkbox"/>
			Eligible for Australian Passport	<input type="checkbox"/>
			Temporary Resident	<input type="checkbox"/>
			Other/Visitor/Overseas Student	<input type="checkbox"/>
Visa sub class**:		Visa expiry date:		
Previous visa sub class:				
<p>* Please attach visa/ImmiCard/letter of notification and passport photo page.</p> <p>** Please note that all enrolments for students with visas require approval through Diocese of Sale Catholic Education Limited (DOSCEL). Up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship, is required to be provided to the School as soon as notified.</p>				
Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? Note: Record all languages spoken.				
		Student	Student Contact 1 (Parent1/Guardian1/ Carer1)	Student Contact 2 (Parent2/Guardian2/ Carer2)
No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify all languages			

SACRAMENTAL INFORMATION				
Baptism	Date:		Parish:	
Reconciliation	Date:		Parish:	
Eucharist	Date:		Parish:	
Confirmation	Date:		Parish:	
Parish where the student lives:				

EMERGENCY CONTACTS – OTHER THAN CONTACTS 1 & 2 (PARENT/GUARDIAN/CARER)			
Person 1		Person 2	
Surname:		Surname:	
Given Name:		Given Name:	
Relationship to student:		Relationship to student:	
Home telephone:		Home telephone:	
Mobile:		Mobile:	

STUDENT MEDICAL INFORMATION			
Doctor's name:			
Doctor's address:			
Telephone:			
Medicare:	Card number:		
	Ref number:		Expiry:
Private health insurance:	Yes <input type="checkbox"/>	Fund:	
	No <input type="checkbox"/>	Number:	
Ambulance cover:	Yes <input type="checkbox"/>	Number:	
	No <input type="checkbox"/>		
Pension / Health Care Card:	Yes <input type="checkbox"/>	Card number:	
	No <input type="checkbox"/>	Expiry:	
<p><i>The following information is sought to enable the School to fulfill its duty of care to the student and school community and ensure that the School is safe and without risks to health and safety, so far as is reasonably practicable. This includes making any reasonable accommodations for the student.</i></p> <p><i>It is important that the School has accurate and up-to-date information at all times. Parents/guardians/carers have a positive ongoing obligation to supply and update the School if there are any changes to the information provided below.</i></p>			
Medical Conditions / Allergies / Diagnoses / Medications:	Medical Conditions: Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.		
	Allergies: Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.		
	Diagnoses: Please list any known diagnoses for the student regarding their medical or learning needs e.g. global developmental delay (GDD), autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), anxiety.		

	Medication: Please specify any medication taken by the student and the requirements regarding the administration of medication for both prescribed and non-prescribed medications, whether for ongoing or temporary illnesses:		
Has the student been diagnosed as being at risk of anaphylaxis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, does the student have an EpiPen or Anapen or Jext or neffy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the student know how to use their EpiPen or Anapen or Jext or neffy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<p>If a student is to be given medication by school staff or has a severe allergy, written authorisation is required. Please request a <i>Medication Authority Form</i> from the School office.</p> <p>It is mandatory for parents/guardians/carers to advise the School in writing of management plans for the medical conditions or allergies identified in this application with advice from medical practitioners included in instances where a formal diagnosis has been made.</p> <p>Please attach copies of the relevant information and action plans.</p>			
<p>If the student has identified medical and/or health condition/diagnoses, please consider the <i>Medical Management Policy</i>, <i>First Aid Policy</i> and supporting documents.</p> <p>If the student has an identified risk of anaphylaxis, please review the <i>Anaphylaxis</i> and <i>First Aid</i> policies and their supporting documents.</p>			

IMMUNISATION (please attach an immunisation history statement)			
<p>All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit myGov) and provide it to the School with this Application for Enrolment.</p>			
Immunisation history statement attached:			
Yes <input type="checkbox"/>			
No <input type="checkbox"/> If no, please provide explanation:			
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the specific needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.</p>			
<p>Health Department regulations require all children without an Immunisation History Statement to be excluded from School for a period of 14 days in the event of an outbreak of a vaccine preventable disease, such as measles.</p> <p>Please see Victorian Department of Health website www.health.vic.gov.au for more details.</p>			

ADDITIONAL NEEDS

The following information is sought to enable the School to ensure that any necessary supports can be identified and provided for the student.

It is important that the School has accurate and up-to-date information at all times. Parents/Guardians/Carers have a positive ongoing obligation to update the School if there are any changes to the information provided below.

Indicate whether the student applying for enrolment has any known or suspected learning difference, disability, impairment, disorder, injury or learning difficulty:

autism (ASD)	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>	other educational difference (please specify below)	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	physical impairment	<input type="checkbox"/>		
behavioural concerns	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>		
mental health concerns	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>		
oral language/ communication difficulties	<input type="checkbox"/>	intellectual disability/ developmental delay	<input type="checkbox"/>		

Has your child ever seen a:

paediatrician	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>	any other specialist (please specify below)	<input type="checkbox"/>
psychologist/counsellor	<input type="checkbox"/>	continence nurse	<input type="checkbox"/>		
psychiatrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>		
physiotherapist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>		

If you have answered 'yes' to any of the above, please provide:

- Full written details of those needs including advice from appropriate medical and allied health professionals to enable the School to plan accordingly.
- Any assessment/intervention/support that the student may be currently receiving, together with relevant supporting documentation.

Is your child receiving support from a specialist service, including medical or allied health professionals (optometrist, speech therapist, psychologist or occupational therapist etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide full details and provide any relevant documentation:

Do you anticipate that any accommodations and/or learning adjustments will be required for the student, having regard to:

- any accommodations or adjustments made at the student's previous school, pre-school or home-school
- any external or medical support the student currently requires
- any other matter the School may consider relevant? For example:

Alternative teaching and learning strategies	<input type="checkbox"/>	Signing	<input type="checkbox"/>
Braille	<input type="checkbox"/>	A reader or scribe	<input type="checkbox"/>
Access to technology	<input type="checkbox"/>	Personal Carer support	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	Modifications to equipment, furniture and learning space	<input type="checkbox"/>
Click or tap here to enter text.			

Have you attached all relevant information and reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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HEALTH AND SAFETY

The following information is sought to enable the School to fulfill its duty of care and health and safety obligations. It is important that the School has accurate and up-to-date information, so that it can provide relevant supports to your child and put in place relevant controls to ensure the School remains safe and without risks to health and safety, so far as is reasonably practicable.

Parents/guardians/carers have a positive ongoing obligation to update the School if there are any changes to the information provided below.

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

Yes

No

If 'yes' please provide a brief description (include any documents which may describe such risk):

Please provide the names and contact details of health professionals and/or support personnel at the last school or other relevant agencies that have knowledge of these issues:

I/We consent to the School contacting health professionals, support personnel at the student's current/previous school, pre-school or other relevant agencies to discuss these health and safety issues.

Yes

No

TRAVEL INFORMATION

The School requires the following information to assist with bus arrangements and for the purpose of assessing conveyance allowance eligibility for students enrolling at a school outside Melbourne's metropolitan conveyance boundary and who reside 4.8 kilometres or more from the School or nearest bus stop.

Distance from home to School (kilometres):

Distance from home to nearest School bus stop (kilometres):

Proposed usual method of travelling to School (e.g. car, school bus, public bus, train):

SIBLINGS

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS			
Living with immediate family	<input type="checkbox"/>	Kinship care	<input type="checkbox"/>
Guardian/carer	<input type="checkbox"/>	Out-of-home care	<input type="checkbox"/>
Shared parenting, e.g. one week with each parent:	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Days with Parent 1/Guardian 1/Carer 1:			
Days with Parent 2/Guardian 2/Carer 2:			
Are there any other general family details of which the School should be aware of?			

COURT ORDERS OR PARENTING ORDERS (if applicable)		
<p><i>The following information is sought to enable the School to fulfill its duty of care and health and safety obligations, and to ensure that it understands the nature of any court orders relating to parenting of the student. This information will be used by the School to ensure that there are appropriate supports in place for the student to facilitate their effective enrolment and ongoing education.</i></p>		
Are there any current court orders or parenting orders relating to the student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the student previously been the subject of any court orders or any criminal charges (including any charges that did not result in a conviction)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>If 'yes', copies of these court orders e.g. Intervention Orders, Family Court/Federal Magistrates Court Orders, orders relating to prior Criminal Charges of the student, or other relevant court orders must be provided to the School.</i></p> <p><i>It is important that the School has accurate and up-to-date information at all times. Parents/guardians/carers have a positive ongoing obligation to supply to the School any subsequent court orders when they are received by the parent/guardian/carer.</i></p>		
Is there any other information of a legal nature you wish the School to be made aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please describe:		

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST	Attached	Not Applicable
Student Birth Certificate	<input type="checkbox"/>	
Immunisation History Statement Certificates	<input type="checkbox"/>	
Student Baptismal, Reconciliation, Eucharist, Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylaxis Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
Medical Management Plan signed by a relevant medical practitioner	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant medical and/or additional needs information including assessments and documentation from appropriate medical and allied health professionals	<input type="checkbox"/>	<input type="checkbox"/>
Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page	<input type="checkbox"/>	<input type="checkbox"/>
Relevant court orders (such as Intervention Orders, Family Court/Federal Circuit Court Orders, Criminal Orders in relation to the student)	<input type="checkbox"/>	<input type="checkbox"/>
Any additional information you wish the School to be made aware	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT AND SIGNATURE		
I/We understand that the School may contact my/our child's previous school prior to making a decision about this enrolment application, and may collect, use and disclose my/our personal information, or my/our child's personal information, in accordance with the DOSCEL <i>Privacy Collection Notice</i> (enclosed in the enrolment pack) and the DOSCEL <i>Privacy Policy</i> (available at http://www.ceosale.catholic.edu.au/about-us/policies/privacy-policy).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We agree that the School may share information collected in the enrolment application with DOSCEL and other Catholic schools within the Diocese of Sale, including Catholic College Sale and Lavalla Catholic College, to facilitate the effective delivery of the student's education. That information will be held, used and disclosed in accordance with the <i>DOSCEL Privacy Collection Notice</i> (enclosed in the enrolment pack) and the <i>DOSCEL Privacy Policy</i> (available at http://www.ceosale.catholic.edu.au/about-us/policies/privacy-policy).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We give consent for my/our child to be photographed and for these photographs to be used without acknowledgement, remuneration or compensation, in the School and in various DOSCEL Office or Victorian Catholic Education Authority (VCEA) publications. Publications may include, but are not limited to, newsletters, parent handbooks, brochures, annual reports, newspaper advertisements, posters, social media and the School or DOSCEL websites. On occasion, information such as sporting achievements, pupil activities and art works will be published in the School newsletter and on the School, website naming the child. I/We understand that this consent can be withdrawn at any time by notifying the School in writing and that additional consent will be sought by the School.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>I/We certify that the consent which I/we have given in the above paragraphs is in respect of my/our child while in the custody of the School including when my/our child is:</p> <ul style="list-style-type: none"> • at school • at school camps • attending or participating in a school outing, excursion or function. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>I/We, as the parent(s)/legal guardian(s)/carer(s) of my/our child, declare that I/we have read, understood and given consent to all matters contained in the <i>Enrolment Application Form</i>. I/We understand that my/our consent will remain valid while my/our child continues enrolment at the School unless otherwise withdrawn in accordance with the <i>Enrolment Agreement</i>.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Privacy and collection of information. <i>The School collects, uses and discloses personal information in accordance with the DOSCEL Privacy Collection Notice (enclosed in the enrolment pack) and the DOSCEL Privacy Policy, which explain what information is collected, how it is used and disclosed, and how you can access or correct your information. The DOSCEL Privacy Policy is available at http://www.ceosale.catholic.edu.au/about-us/policies/privacy-policy. By completing, signing and lodging this enrolment application, you acknowledge that you have read and understood these documents.</i></p> <p>Privacy consent. <i>By completing, signing and lodging this enrolment application, you consent to the School collecting, using and disclosing your personal information and that of your child (on whose behalf you provide consent). This includes health and other sensitive information obtained from health professionals, staff at your child's current or previous school or pre-school, other relevant agencies, and third-party service providers engaged by the School. This information will be used to assess your child's enrolment application and administer and manage your child's enrolment at the School (if accepted).</i></p> <p>Personal information of others. <i>If you provide the DOSCEL Office or the School with the personal information of others, such as other family members, medical practitioners and other health service providers or emergency contacts, we encourage you to inform them you are disclosing that information and why, that they can request access to and correction of that information if they wish and to also refer them to DOSCEL's Privacy Policy for further details about such requests and how the DOSCEL Office and the School otherwise handle personal information collected and complaints that are received.</i></p> <p><i>Please note that the completion, signing and lodgement of this enrolment application is a pre-requisite for consideration of the enrolment of your child at the School, however, it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School.</i></p>		
Signed (Parent 1/Guardian 1/Carer 1)	Signed (Parent 2/Guardian 2/Carer 2)	
Print Name	Print Name	
Date	Date	