Our Lady of the Rosary Parish Primary School

ENROLMENT APPLICATION

2014

43 – 47 Edgecombe Street.
(PO Box 748)
KYNETON VIC 3444
Phone: (03) 5422 2056
Fax: (03) 5422 3076
Email: info@olrkyneton.catholic.edu.au

Office Use Only

<table>
<thead>
<tr>
<th>VSN</th>
<th>Family Code</th>
<th>E.M.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received</td>
<td>Birth Certificate</td>
<td>Baptism Certificate</td>
</tr>
<tr>
<td>/ / 20</td>
<td>Yes</td>
<td>No</td>
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</tbody>
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Enrolment Policy

Children who turn five before April 30, 2014 are eligible for enrolment.

1. Included with the Enrolment Form is our Enrolment Policy – you are invited to read it carefully;
2. If you are interested in finding out more about our school there will be an Information Evening on May 16 at 7.00pm;
3. Children need to be immunised prior to starting school. Children are required to have their infant course of vaccines, and the 4-5 year old school entry vaccination; and
4. Completed forms should be returned to the school office by June 7, 2013.

Enclosures to be submitted with this Application form:

1. Copy of Birth Certificate;
2. Copy of Baptismal Certificate (if applicable); and
3. Copy of Immunisation Certificate.

The Enrolment Form for your child will not be accepted unless the above enclosures are included.

When accepting a position at Our Lady of the Rosary Parish Primary School,

I / We agree to the following criteria:

I / We Accept My responsibility to support my child’s faith education through giving a good example of faith in my own life

I / We Accept To support my child’s education through the payment of School Fees and Levies as arranged by Father Joe Ruys (Parish Priest)

I / We Accept To support my child’s education through my involvement in school activities where and when I am able

_________________________ ____________________
Parent/s signature Date
Enrolment Form

Name of Student  ____________________________

Family Mailing Details
Family Surname:  ____________________________________________
Mail to (e.g. Mr & Mrs):  ______________________________________
Postal Address:  _______________________________________________
Town:  ____________________________ Postcode:  __________
Family Phone:  ______________________________________________
Current Parish:  ______________________________________________

Student Details
First Name:  ____________________________ Commencement Year:  __________
Middle Name:  ____________________________ Kinder Attended:  ____________________________
Surname:  ____________________________ Previous School:  ____________________________
Date of Birth:  ____________________________ Year Level:  ____________________________
Gender:  □ Male  □ Female Year Starting (e.g. Prep):  __________
Country of Birth:  __________________________________________
Nationality:  ____________________________ Religion:  ____________________________
Main Language Spoken at Home:  __________________________________________
Indigenous or Torres Strait Island Background:  □ Yes  □ No
Does the Child Attend Formal Classes in Another Language:  □ Yes  □ No
If So, Name of Course/Institute:  __________________________________________
Language Studied:  ____________________________ Amount of Time Weekly:  __________

Parish/Sacramental Details

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Date Received</th>
<th>Parish Received</th>
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<tbody>
<tr>
<td>Baptism</td>
<td>/ /</td>
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<tr>
<td>Reconciliation</td>
<td>/ /</td>
<td></td>
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<tr>
<td>Eucharist</td>
<td>/ /</td>
<td></td>
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<tr>
<td>Confirmation</td>
<td>/ /</td>
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</table>
# Contact Details

<table>
<thead>
<tr>
<th>Details</th>
<th>Mother/Carer</th>
<th>Father/Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>First Name:</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Surname:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Relationship to Student:</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Gender:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Residential Address:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Town:</td>
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<td>__________________</td>
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<td>Postcode:</td>
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<tr>
<td>Residential Guardian:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Special Arrangements:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Home Phone Number:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Work Phone Number:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Mobile Number:</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Email Address:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Employer:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Occupation:</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Occupation Group:</td>
<td>Refer to Occupational Groups Sheet</td>
<td>Refer to Occupational Groups Sheet</td>
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<tr>
<td>(Please Tick)</td>
<td>□ A □ B □ C □ D □ N</td>
<td>□ A □ B □ C □ D □ N</td>
</tr>
<tr>
<td>Highest Year of School Education:</td>
<td>Refer to Occupational Groups Sheet</td>
<td>Refer to Occupational Groups Sheet</td>
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<tr>
<td>(Please Tick)</td>
<td>Year 12 or equivalent</td>
<td>Year 12 or equivalent</td>
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<td>Year 11 or equivalent</td>
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<td>Year 10 or equivalent</td>
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<td>Year 9 or equivalent or below</td>
<td>Year 9 or equivalent or below</td>
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<tr>
<td>Level of Highest Qualification:</td>
<td>Bachelor degree or above</td>
<td>Bachelor degree or above</td>
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<tr>
<td></td>
<td>Advanced Diploma/Diploma</td>
<td>Advanced Diploma/Diploma</td>
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<tr>
<td></td>
<td>Certificate I to IV (inc. Trade Cert)</td>
<td>Certificate I to IV (inc. Trade Cert)</td>
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<tr>
<td></td>
<td>No non school qualification</td>
<td>No non school qualification</td>
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<tr>
<td>Do you speak a language(s) other than English at home?</td>
<td>□ Yes (please list below) □ No</td>
<td>□ Yes (please list below) □ No</td>
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<td>1 __________________</td>
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<td>2 __________________</td>
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<td>Country of Birth:</td>
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<td>Nationality:</td>
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<tr>
<td>Religion:</td>
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<tr>
<td>Signature:</td>
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Medical Information (please print all information)

Medicare No:   Reference No:  
Ambulance Subscription: □ Yes  □ No Membership No:  
Private Health Cover  □ Yes  □ No 

Does your child suffer from any of the following conditions:

Epilepsy  □  Diabetes  □  Hay Fever  □
Heart Condition □  Dizzy Spells □  Fainting □
Allergies □  Ear Disorders □  Asthma □
Eye Sight Problems □  Headaches □  Other □
Nose Bleeds □  Migraine □

Please elaborate on the condition, medication and/or care required in an emergency:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

does your child have any known physical disability, medical or psychological problem which would necessitate a Special Learning Needs Program?  □ Yes  □ No

Do you receive a Disability Allowance for your child? (if so, please attach all professional information or reports pertaining to your child’s disability)  □ Yes  □ No

Has your child ever been part of a Special Learning Needs Program?  □ Yes  □ No

If any other professional help has been sought for which you do not have reports, please list below the places of consultation and the most recent date. (For example: speech therapist, social worker etc)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Child’s Doctor:  Phone No:  
Child’s Doctor:  Phone No:  

Do you give permission for your child to participate in head lice inspections:  □ Yes  □ No
### Emergency Contact Details (other than parent/guardian)

<table>
<thead>
<tr>
<th>Details</th>
<th>Emergency Contact 1</th>
<th>Emergency Contact 2</th>
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<tbody>
<tr>
<td>Title:</td>
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<tr>
<td>First Name:</td>
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### Enrolment – dates and timelines

- **Open Day**: May 9, 2013@11am-1pm
- **Applications Open**: May 9, 2013
- **Information Night**: May 16, 2013@7pm -9pm
- **Applications Close**: June 7, 2013
- **Interviews**: July, 2013
- **Acceptance Letters**: August, 2013
- **Gathering Information on Children**: Term Three
- **Children’s Orientation at School**: Term Four
Parent Consent Form when using Images

Current Practices when using Student images
Images of students are an integral part of the school curriculum. In general student images are used to:

- Record student participation at school and in school events
- Celebrate student effort and achievement
- Promote the school and events held by the school

At Our Lady of the Rosary Primary School we like to celebrate the efforts of our students by mentioning their participation in school events in our newsletter. Occasionally photographs of the students are included. Class activities, students work and performances are photographed or recorded on video. We also use photographs of students in our school’s marketing. Digital images of students, activities and performances are saved on the school intranet.

We invite the local press to school events and they are expected to follow school policy on the publication of photographs of students. When the story is about an individual achievement we will always seek parental consent before passing information or photographs to the press for publication. Unless a story features individual children, only group photos are published and students’ identified by first name and year only. In accordance with The Information Privacy Act the school seeks permission to use student images in the way described. The school will seek separate consent if any of the special circumstances occur.

I give permission for a photograph of my child to be used by the Catholic Education Office Melbourne (CEOM) and Catholic Education Commission of Victoria Ltd (CECV) for online and printed promotional and educational materials without acknowledgment, remuneration or compensation.

I authorise CEOM/CECV to use the photograph in material available free of charge to schools and education departments around Australia for CEOM/CECV’s promotional and educational purposes.

I do / do not give consent for the school to use images of my child ___________________________ in the manner described above while attending Our Lady of the Rosary Primary School.

Internet Usage
Our school has a web site with information about the school. We would like to add some digital images to this site. The kind of images we plan to use are group photos of daily activities. No child will be named on the site. The activity and the year level could be specified.

I do / do not give consent for the school to use images of my child ___________________________ in the manner described under Internet usage while attending Our Lady of the Rosary Primary School.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school principal.
1. The School:
Our Lady of the Rosary Parish Primary School;
PO Box 748 (43-47 Edgecombe Street), Kyneton, Victoria, 3444
Tel: (03) 5422 2056 Fax: (03) 5422 3076 Email: info@olrkyneton.catholic.edu.au
collects personal information, including sensitive information, about students and parents or guardians
before and during the course of a student’s enrolment at the School. 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 schools require that certain information is
collected. These include Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the National Privacy
Principles under the Privacy Act. We ask you to provide medical reports about students from time to
time.
5. The School sometimes discloses personal sensitive information to others for administrative and
educational purposes. This includes to other schools, government departments, the Catholic
Education Office, the Catholic Education Commission, your local Diocese and Parish, medical
practitioners, and people providing services to the School, including specialist visiting teachers, sports
coaches, volunteers and counsellors.
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 students is regularly disclosed to their parents or guardians. On
occasions information such as academic and sporting achievements, student activities and other news
is published in School newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by
contacting the School. Students may also seek access to personal information about them. However,
there will be occasions when access is denied. Such occasions would include where access would
have an unreasonable impact on the privacy of others, where access may result in a breach of the
School's duty of care to the student, or where students have provided information in confidence.
9. We may include your contact details in a class list and School directory, for school use only.
10. On occasions, the School 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.
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 the information if they wish, and that the School does not usually disclose
the information to third parties.
12. We may transfer all of this information to a third party, whether within Australia or overseas, for the
purpose of school excursions, camps, retreats, overseas/interstate/intrastate visits.

Authorisation for Consent

Name of Parent/Guardian: ____________________________
Signature of Parent/Guardian: ____________________________
Name of Student: ____________________________
Date: ____________________________