

FORM A

ENROLMENT APPLICATION

The information you provide is important and will be used to assess your child's application based on our enrolment criteria. We will treat the information you provide to us in accordance with our [Privacy Statement](#) and the [Standard Collection Notice \(enclosed in Enrolment Instructions\)](#). Information you provide in this form may be sensitive. We will treat it with confidentiality subject to any requirements of the law to disclose information to others.

School name Suburb

ENROLMENT INFORMATION

Enrolment Date

The calendar year that enrolment to commence is

If starting during the school year, please indicate date you wish enrolment to commence

The school year of entry for which enrolment is requested: (please tick the class year below)

K
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12

Previous School (if applicable)

Details of last three schools attended by the student (full name and suburb of school) including the last Catholic school attended.

| | | | |
|-----------|----------------------|---------------|----------------------|
| 1. School | <input type="text"/> | Year attended | <input type="text"/> |
| 2. School | <input type="text"/> | Year attended | <input type="text"/> |
| 3. School | <input type="text"/> | Year attended | <input type="text"/> |
| 4. School | <input type="text"/> | Year attended | <input type="text"/> |

STUDENT'S DETAILS

Last name First name Middle name

Preferred name Gender **Male** **Female**

Date of birth

Is student Aboriginal? **Yes** **No** Is student Torres Strait Islander? **Yes** **No**

Do you wish to be known as Aboriginal/Torres Strait Islander? **Yes** **No**

Country of birth Student mobile number (if applicable)

Is student on a VISA? **Yes** (if yes enter details page 5) **No**

(Office use only – visa information page 5, country and language information, refer to MCEETYA form)

| OFFICE USE ONLY | FAMILY CODE: | | STUDENT ID: | | | |
|--------------------------------|----------------------|----------------------|---|----------------------|--------------------------|----------------------|
| | Student family name | <input type="text"/> | Student first name | <input type="text"/> | Date of enrolment | <input type="text"/> |
| | Academic year | <input type="text"/> | Roll class | <input type="text"/> | House group | <input type="text"/> |
| | Parish Sacrament | <input type="text"/> | Children attending other Catholic schools | <input type="text"/> | Date of leaving school | <input type="text"/> |
| | Destination school | <input type="text"/> | Parish Priest approval received | <input type="text"/> | Application fee received | <input type="text"/> |
| Mathew.net information checked | <input type="text"/> | | | | | |

FAMILY DETAILS

Other Children Enrolled in Catholic Schools

Please list below, in **order of birth**, all children in the family who are attending school in the school year that enrolment is to commence, including the child for whom this application is being made. This information is required to provide sibling discounts for children at Catholic schools in accordance with our policy.

| | Birth Order | Given Names | Family Name | School Year | School Attending (School Name and Location) |
|-------|-------------|-------------|-------------|-------------|---|
| Child | 1 | | | | |
| Child | 2 | | | | |
| Child | 3 | | | | |
| Child | 4 | | | | |
| Child | 5 | | | | |

RESIDENTIAL DETAILS WHERE STUDENT RESIDES

Address Details

Parent/Carer mailing title

Residential Address

Street number and name

Suburb

Postcode

Residential phone number

Mailing Address (if different from above)

Street number and name or PO

Box

Suburb

Postcode

CONTACT DETAILS

Details of Parent/Carers at the student's PRIMARY residence

Parent/Carer

Title: Mr Mrs Ms Miss Dr

First name

Last name

Middle initial

Relationship to student

Home phone number

Work phone number

Mobile phone number

Email address

Occupation

Religion

Country of birth

Nationality

Language/s spoken

Parent/Carer

Title: Mr Mrs Ms Miss Dr

First name

Last name

Middle initial

Relationship to student

Home phone number

Work phone number

Mobile phone number

Email address

Occupation

Religion

Country of birth

Nationality

Language/s spoken

(Office use – confirm details on MCEETYA form)

Do you need an interpreter? Yes No

Do you need an interpreter? Yes No

List the days the students resides at this address?

Mon

Tue

Wed

Thu

Fri

Who is the contact for:

Contact 1

Contact 2

Emergency SMS alerts

Attendance SMS alerts

Details of Parent/Carers at the student's SECONDARY residence OR NOT RESIDING with the student

| Parent/Carer | | Parent/Carer | |
|---|----------------------|---|----------------------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> | | Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> | |
| First name | <input type="text"/> | First name | <input type="text"/> |
| Last name | <input type="text"/> | Last name | <input type="text"/> |
| Middle initial | <input type="text"/> | Middle initial | <input type="text"/> |
| Relationship to student | <input type="text"/> | Relationship to student | <input type="text"/> |
| Street address | <input type="text"/> | Street address | <input type="text"/> |
| Suburb | <input type="text"/> | Suburb | <input type="text"/> |
| Postcode | <input type="text"/> | Postcode | <input type="text"/> |
| Home phone number | <input type="text"/> | Home phone number | <input type="text"/> |
| Work phone number | <input type="text"/> | Work phone number | <input type="text"/> |
| Mobile phone number | <input type="text"/> | Mobile phone number | <input type="text"/> |
| Email address | <input type="text"/> | Email address | <input type="text"/> |
| Occupation | <input type="text"/> | Occupation | <input type="text"/> |
| Religion | <input type="text"/> | Religion | <input type="text"/> |
| Country of birth | <input type="text"/> | Country of birth | <input type="text"/> |
| Nationality | <input type="text"/> | Nationality | <input type="text"/> |
| Language/s spoken | <input type="text"/> | Language/s spoken | <input type="text"/> |

(Office use – confirm details on MCEETYA form)

Do you need an interpreter? Yes No Do you need an interpreter? Yes No

List the days the students resides at this address? Mon Tue Wed Thu Fri

Details of Parenting/Carer Arrangements

Are there any Family Court Orders, Parenting Agreements, Apprehended Violence Orders or Domestic Violence Orders in place relevant to the child? Is the child in the care of the Minister? Yes No

If yes, it is essential that you attach copies to this enrolment application.

Parents: Please advise the school office of any change of address, telephone number or other information about the parent/carers, other significant person(s), Parenting Agreements, Apprehended Violence Orders, Domestic Violence Orders or other Court Orders as soon as such changes occur and provide copies of new court orders.

ALTERNATE CONTACT DETAILS

Please nominate at least one person who may be contacted in the event of an emergency, if parents/carers cannot be contacted. Ideally the contact person should be someone who lives in the neighbourhood of the school. Please tell your nominated person that you have nominated him/her as an alternate contact.

Alternate Contact 1: Title: Mr Mrs Ms Miss Dr Name

Phone numbers: Home Work

Mobile Relationship to student: (e.g. Aunt, Uncle, Family Friend)

Alternate Contact 2: Title: Mr Mrs Ms Miss Dr Name

Phone numbers: Home Work

Mobile Relationship to student: (e.g. Aunt, Uncle, Family Friend)

Alternate Contact 3: Title: Mr Mrs Ms Miss Dr Name

Phone numbers: Home Work

Mobile Relationship to student: (e.g. Aunt, Uncle, Family Friend)

STUDENT MEDICAL DETAILS

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

Doctor's name Doctor's phone number

Doctor's address street number and name

Suburb Postcode

Medicare number Private health fund

Medical Conditions

Does your child suffer from any medical conditions? **Yes** (complete below) **No**

The school will require further details in relation to prescribed medication. Parents/Carers of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form.

If yes, specify all medical conditions the student suffers from, e.g. asthma, diabetes and any prescribed medication taken by the student.

Does your child have a medical plan from a doctor for any of these medical conditions e.g. asthma action plan? **Yes** (see below) **No**

If yes, it is essential that you attach a copy of the medical plan to this enrolment application.

Allergies

Does your child have any known allergies? **Yes** (complete below) **No**

If yes, please list any known allergies the student has, e.g. allergy to nuts, penicillin, bee stings. Include **all** specific details.

If yes, it is essential that you attach a copy of the medical plan to this enrolment application.

Anaphylaxis

Has the student been diagnosed as being at risk of anaphylaxis? **Yes** (complete below) **No**

If yes, does the student have an EpiPen® or Anapen®? (Please supply) **Yes** Type of EpiPen®/Anapen® _____

If yes, does the student have a ASCIA Action Plan for Anaphylaxis? **Yes** (see below) **No**

If yes, it is essential that you attach a copy of the medical plan to this enrolment application.

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date). Each time your child is prescribed a new adrenaline autoinjector, the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.

Immunisation Record: Please indicate if the student has been immunised against the following:

| | Yes | No | | Date of Immunisation | |
|--|--------------------------|--------------------------|--|----------------------|---|
| Tetanus - Diphtheria Tetanus Pertussis (DTPA) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Influenza B - Haemophilus Influenza Type B (HIB) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Hepatitis A (HEPA) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Hepatitis B (HEPB) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Human Papillomavirus (HPV) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Polio - Inactivated Poliomyelitis (IPV) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Influenza (INF) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Measles Mumps Rubella (MMR) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Meningococcal C Disease (MENCCV) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Pneumococcal Conjugate (7VPCV) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |
| Pneumococcal Polysaccharide (23 VPPV) | <input type="checkbox"/> | <input type="checkbox"/> | | / | / |

| | | | | | | | |
|-------------------------------|-----|--------------------------|----|--------------------------|----------------------|----------------------|----------------------|
| Rotavirus (ROT) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Chicken Pox - Varicella (VZV) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

STUDENT'S PARISH AND SACRAMENTAL DETAILS

Current Parish Suburb

Does your child attend parish? Yes No

| Sacrament | Parish Received | Date Received |
|----------------|----------------------|----------------------|
| Baptism | <input type="text"/> | <input type="text"/> |
| Reconciliation | <input type="text"/> | <input type="text"/> |
| Eucharist | <input type="text"/> | <input type="text"/> |
| Confirmation | <input type="text"/> | <input type="text"/> |

STUDENT'S DETAILS - OTHER

Pre-School Education - PRIMARY SCHOOL STUDENTS ONLY

In the year before school, has the child been in non-parental care on a regular basis or attended any other educational programs?

Yes (indicate all that apply) No

| | |
|---|---|
| Pre-school <input type="checkbox"/> | Family day care <input type="checkbox"/> |
| Long day care <input type="checkbox"/> | Day care (with pre-school program) <input type="checkbox"/> |
| Grandparent <input type="checkbox"/> | Other person <input type="checkbox"/> |
| Other relative <input type="checkbox"/> | |

Please provide name of the preschool or non-parental care.

Name Postcode

Please indicate the amount of formal time the child spent in care each week prior to enrolling at school

Less than 15 hours per week More than 15 hours per week

Attendance per week Number of full days Number of half days

Did your child need/receive special help there? Yes No

I/we give permission to contact the preschool for information about my/our child. Yes (complete below) No

If yes, teacher/carer name Phone number

All Enrolling Students

Year of entry to Australian school Religion

Is home language English only? Yes No (complete below)

If no, list other home language/s

Nationality Date of arrival in Australia (if applicable)

Visa (if applicable) Visa expiry date

Nationality/Residential status - please indicate below: (original documents to be sighted and copies to be retained by school)

- Australian Citizen (If Country of Birth is not Australia, also provide: Naturalisation Certificate or Australian Passport)
- Permanent Resident (If Country of Birth is not Australia, also provide: Passport / Travel Documents and original Residency Visa document issued by the Department of Immigration)
- Temporary Resident (Passport and Visa) - See EOS Guidelines, Appendix 2 for eligibility to enrol
- Other / Visitor / Student / Refugee / Asylum Seeker / Passport (Passport and Visa)

STUDENT'S ADDITIONAL NEEDS

Does your child have a disability or additional needs? **Yes** (Indicate the additional need/s below) **No**

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

Does your child have difficulties in the basic areas of learning? **Yes** (Please describe below) **No**

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

| | | | |
|---|--------------------------|------------------------------|--------------------------|
| Alternative teaching and learning strategies | <input type="checkbox"/> | Signing | <input type="checkbox"/> |
| A reader or scribe | <input type="checkbox"/> | Access to technology | <input type="checkbox"/> |
| Modifications to equipment, furniture and learning spaces | <input type="checkbox"/> | Personal carer support | <input type="checkbox"/> |
| Braille | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |

Please state below **all** assessments your child has received from speech, hearing, cognitive, occupational therapy or others.

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

STUDENT WELLBEING

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

Yes (complete below) **No**

If yes, provide details below.

If yes, please provide names and contact numbers of health professionals or others who have knowledge of these issues

| | | | |
|------|----------------------|----------------|----------------------|
| Name | <input type="text"/> | Contact number | <input type="text"/> |
| Name | <input type="text"/> | Contact number | <input type="text"/> |
| Name | <input type="text"/> | Contact number | <input type="text"/> |

Does your child have a mental health plan? **Yes** (see below) **No**

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

Student Behaviour Record

Does your child have any history of aggressive / violent behaviour? **Yes** **No**

Has your child ever had a personalised behaviour plan? **Yes** **No**

Has your child ever been suspended or expelled from any previous school? **Yes** (complete below) **No**

If yes, was this for:

Actual violence to any person? **Yes** **No**

Possession of a weapon or any item used to cause an injury? **Yes** **No**

Intimidation, bullying or harassment of students or staff at a school? **Yes** **No**

Illegal drugs? **Yes** **No**

Other (please specify) See below **Yes** **No**

I/We will provide written consent to the school on request to contact health professionals or other relevant agencies **Yes** **No**

(Office use only: for previous school details and student mobile details refer page 1)

Terms and conditions of enrolment

You have provided information about you and your child in your enrolment application. You agree to update the school as promptly as possible when this information changes, and in particular:

- your and other relevant persons' contact details
- your child's health and medical conditions
- your child's additional needs
- parenting agreements or court orders pertaining to the child
- your visa details (if applicable)

If this enrolment application is accepted by the school the information provided by you in this form will form part of the terms and conditions of enrolment. Failure to update this information may affect the school's ongoing ability to assess the services required.

I have read and accept the terms and conditions set out in this enrolment application.

I understand the requirement to fully disclose my child's additional needs or disability in this application. I have disclosed this information to the best of my knowledge. I understand this will help the school to properly assess its capacity to provide services, communicate with me about those needs, make necessary adjustments to enable my child to participate, assess risks and fulfil its duty-of-care requirements.

The information I have provided is accurate and complete. If I discover any omission or inaccuracy, or if there is any change to information I have provided, I will advise the school as soon as possible. Any omission of significant, relevant information made in this application may result in the enrolment application being rejected.

If required by the school I will provide further or other information to support the school in its provision of services to meet the educational needs of my child during the period of enrolment.

I consent to the provision of all school services for my child, including the provision of counselling where appropriate.

I understand I am legally responsible for the regular attendance of my child at school. If my child is absent from school I will provide a written explanation for the absence. Should I wish to apply for extended leave for my child from school I will notify the school in advance of the anticipated dates. I understand that the Principal may refuse to approve the request for leave or accept an explanation for an absence. I understand that if I fail to comply with the attendance requirements of the Education Act 1990 the enrolment contract may be terminated.

I agree to pay all school fees in a timely manner and as set out in the school fees schedule which is available on the CEDP system website <http://www.parra.catholic.edu.au/school-fees>. In the event of difficulty I agree to request special arrangements as outlined in the school fees schedule. I either: a) do not owe any outstanding fees or charges in relation to any of my children's attendance at any other school; or b) have made an arrangement satisfactory to the school for meeting all outstanding debts.

I have completed the permission form at the end of this application.

I agree to support and participate in the life of the school, parent teacher meetings, and liturgical celebrations, social and practical activities offered by the school. I understand that the school offers the Catholic vision of life as the basis of its teaching program. I agree to support and respect the Catholic teaching, values and mission of the school and my child's participation in the full educational program of the school.

I agree to support the school to give effect to its policies, procedures and guidelines for the benefit of the school community.

This enrolment application is the first step in the enrolment process and will be finalised when all of the following conditions are met by both parents (where applicable):

- I submit the signed enrolment application
- any required application fee has been paid
- my application is assessed by the school
- a place is available at the school
- my child is offered a place at the school by a letter of offer from the principal
- The school receives payment of the non-refundable enrolment deposit of **up to \$100** (primary) and **up to \$300** (secondary), which will be used towards the first term's school-based fees if I accept the offer of a place at the School.

I wish to apply for enrolment of _____ at _____ to commence at the school in 20____
Student Name School Name

Signed: _____
Parent / Carer Please Print Name Date

Signed: _____
Parent / Carer Please Print Name Date



Catholic Education
Diocese of Parramatta

FORM B

CONSENT FORM AND DATA COLLECTION

To be completed with Form A at the time of enrolment. Consents remain in place for the period of enrolment. Parents/carers can contact the school at any time to alter consent.

MEDICAL CONSENT FORM

I/We (circle) _____ and _____ of _____

Parent / Carer

Parent / Carer

Address

Give my/our consent to _____ receiving necessary medical and / or dental treatment and
Student Name

for an anaesthetic to be administered and for any surgical procedure to be performed should such treatment become critical.

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

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

Parent / Carer 1

Signature _____

Name _____

Relationship to student _____

Parent / Carer 2

Signature _____

Name _____

Relationship to student _____

CONSENT TO SELL RAFFLE TICKETS

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

OR

I/We DO NOT give permission

Parent / Carer 1

Signature _____

Name _____

Relationship to student _____

Parent / Carer 2

Signature _____

Name _____

Relationship to student _____

CONSENT FORM: PHOTOGRAPH, VIDEO, AUDIO AND WORKS

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

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

Consent does not apply to the provision of official school photographs that will be utilised for internal administrative purposes such as student identification cards, library loan card and the like.

Student's name _____

Year level _____

Please complete the form below and return to the school office:

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

Parent / Carer 1

I DO give consent OR I DO NOT give consent

Signature

Name

Date

Parent / Carer 2

I DO give consent OR I DO NOT give consent

Signature

Name

Date

All students (aged 15+ must complete this section)

I DO give consent OR I DO NOT give consent

Signature

Name

Date

NATIONAL DATA COLLECTION FORM

The Commonwealth Government requires us to collect this information for the purpose of accountability and reporting, research and analysis, and resource allocation.

If you need help with this form please telephone the school administration office

| Name of student | | Home address of student | |
|-----------------|----------------------|-------------------------|----------------------|
| First name | <input type="text"/> | No. and street | <input type="text"/> |
| Last name | <input type="text"/> | Suburb | <input type="text"/> |
| | | Post code | <input type="text"/> |

Information collected in this form is covered by our Privacy Statement, Privacy Procedures and Privacy Guidelines. You may access these on our website or obtain from school administration.

1. Sex Male Female

2. Is the student of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' responses

No Yes, Aboriginal Yes, Torres Strait Islander

3. In which country was the student born? Australia Other – please specify _____

4. Does the student or their mother/carer or their father/carer speak a language other than English at home?

| Student | Mother/parent1/carer1 | Father/parent2/carer2 |
|---|---|---|
| No, English only <input type="checkbox"/> | No, English only <input type="checkbox"/> | No, English only <input type="checkbox"/> |
| Yes, other (please specify) | Yes, other (please specify) | Yes, other (please specify) |

5. (a) 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'.

| Mark one box only in each column | Mother / Parent1 / Guardian1 | Father / Parent2 / Guardian2 | Office use only |
|----------------------------------|------------------------------|------------------------------|-----------------|
| Year 12 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> | 4 |
| Year 11 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| Year 10 or equivalent | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| Year 9 or equivalent or below | <input type="checkbox"/> | <input type="checkbox"/> | 1 |

(b) What is the level of the highest qualification the parents/guardians have completed? Not Stated = 0

| Mark one box only in each column | Mother / Parent1 / Guardian1 | Father / Parent2 / Guardian2 | Office use only |
|---|------------------------------|------------------------------|-----------------|
| Bachelor degree or above | <input type="checkbox"/> | <input type="checkbox"/> | 7 |
| Advanced diploma/Diploma | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| Certificate I to IV (including trade certificate) | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| No non-school qualification | <input type="checkbox"/> | <input type="checkbox"/> | 8 |

Please select the appropriate parental occupation group from the list on the next page (1, 2, 3 or 4). If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the space above.

6. (a) What is the occupation group of the mother / parent1 / guardian1? If not in paid work = 8

(b) What is the occupation group of the father / parent2 / guardian2? Not Stated = 9

Thank you for your time. Please return this form to the school with the Enrolment Application

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.
- **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/personnel/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 diploma/technical qualifications and support managers and professionals.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/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 (NCO)

Group 3: Tradespeople, clerks and skilled office, sales and service staff

- **Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople 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/refugee/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, 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 supervision)