

OFFICE USE ONLY:

FAMILY REF: _____

REG. NO: _____

HOUSE: _____

DATE OF ENTRY: ____ / ____ / ____

APP FEE: ____ / ____ / ____

ENROL DEP: ____ / ____ / ____

LATEST REPORT: _____

INTERVIEWER: _____

AGREEMENT FORMS: _____

ENROLMENT ICT/INTERNET RESOURCE HIRE 

INDIVIDUAL STUDENT CONFIDENTIAL ENROLMENT APPLICATION FORM

Generally, information on enrolment forms is made available to teaching staff and diocesan personnel upon request but not to others outside the College. If any information on this form is to be treated with greater confidentiality, please attach a separate statement indicating what this is and the restrictions you would like to have placed on its accessibility and distribution.

ENROLMENT FOR YEAR LEVEL: _____, YEAR: _____

To assist with appropriate placement, I offer the following information based on my knowledge of my son/daughter and his/her schooling history.

STUDENT DETAILS (Please Print)

Student's Surname: _____

Family Name (*if different to the above*): _____

Christian/Given Name: _____

Preferred Given Name: _____

Date of Birth: _____ Birthplace: _____

(Copy of Birth Certificate must be attached)

- Most recent school report
- NAPLAN report
- Immunisation records
- Birth Certificate
- \$110 Enrolment Application Fee per student (\$200 per family)
- \$300 Student Activity Deposit (refundable)

Please note: your position is not secure until the Student Activity Deposit has been received. The Student Activity Deposit will be held as a bond.

WHEN COMPLETED PLEASE RETURN TO:
Administration Office
MACKILLOP CATHOLIC COLLEGE
PO BOX 2608 PALMERSTON NT 0831
TELEPHONE: (08) 89 305757 FAX: (08) 89 305700
EMAIL: mackillopcollege@nt.catholic.edu.au

4 Steps to Enrolment

Step 1: Complete and submit documentation

Submit a Confidential Application for Enrolment Form, together with other forms as listed on the checklist, for each child, with the non-refundable Enrolment Application Fee of \$110.00 (\$200.00 per family*). Include a copy of the most recent School Report, NAPLAN Report, Immunisation Record, Birth Certificate and Baptismal Certificate, if applicable.

Step 2: We respond

MacKillop Catholic College will acknowledge receipt of your application and advise you of anything else needed to assist us in considering your application.

Step 3: An interview is arranged

All new students to MacKillop Catholic College must have an enrolment interview with the College Principal or the Principal's nominee. An enrolment form completed by the parents or the legal guardians is required before we can arrange an interview.

Step 4: Accept a place

If your application is successful, you will receive a written confirmation of enrolment letter welcoming your family to the College from the Principal within 2 weeks of the interview date. To complete your acceptance, payment of the Student Activity Deposit (\$300.00) needs to be paid to the College by the date set out in the acceptance letter.

Enrolments for the following year normally start late in Term 1 and are normally finalised by November, however, enquiries and applications are welcome at any time.

An orientation programme operates for new students in Year 6 entering Year 7. This is scheduled in Term 4 of the year prior to their start. These details and others will be sent to parents once the enrolment process is complete. There are open days, tours and information evenings for other year levels, and these will also be advertised to parents.

For any further information please contact MacKillop Catholic College on 08 8930 5757 or mackillopcollege@nt.catholic.edu.au

**The fees listed are reviewed annually and are subject to change without notice.*

	<p>Is the student of Aboriginal or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander												
<p>9. Does the student speak a language other than English at home? (ESL)</p> <p>(If more than one language, indicate the one that is spoken most often.)</p>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please Specify _____ (If yes an interview with the Learning Support Teacher is required)												
<p>10. Year Level in which student is enrolling</p>	<p>Secondary</p> <p>7 8 9 10 11 12</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
<p>11. Previous Schools (Primary & Secondary)</p>	<p>1). Name of School: _____ Year(s) attended: _____ Address of School: _____</p> <p>2). Name of School: _____ Year(s) attended: _____ Address of School: _____</p>												
<p>12. Siblings currently enrolled at MacKillop Catholic College OR at any other Catholic School in the NT</p>	<table border="1"> <thead> <tr> <th>Surname</th> <th>Given Names</th> <th>Year level</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Surname	Given Names	Year level									
Surname	Given Names	Year level											
<p>13. Are there any special family circumstances <i>e.g. single parent, dual custody, foster care, access restrictions</i></p>	<input type="checkbox"/> Yes Supporting legal documents are required by the school. Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No												
<p>14. Religion</p>													
<p>15. Sacraments</p> <p>(Copies of baptism certificate must be attached)</p>	<input type="checkbox"/> Baptism Date _____ Parish _____ <input type="checkbox"/> Communion Date _____ Parish _____ <input type="checkbox"/> Confirmation Date _____ Parish _____												
<p>16. Has this student previously enrolled at MacKillop Catholic College?</p>	<input type="checkbox"/> Yes If yes, what year _____ <input type="checkbox"/> No												
<p>17. Position in family</p>	<p>Eldest Youngest</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Mark 1 for eldest and X for student being enrolled</p>												

Family Information

This information refers to Parents residing at the same address as the student.

For parent/guardian not residing at the same address please complete the section 'Alternative Family Details':

Female Parent / Guardian 1.	Male Parent / Guardian 2.
18. Relationship to Student <input style="width: 150px;" type="text"/>	Relationship to Student <input style="width: 150px;" type="text"/>
19. Title (Mr., Mrs., Miss, Ms, Dr) <input style="width: 150px;" type="text"/>	Title (Mr., Mrs., Miss, Ms, Dr) <input style="width: 150px;" type="text"/>
Given names <input style="width: 150px;" type="text"/>	Given names <input style="width: 150px;" type="text"/>
Surname or Family Name <input style="width: 150px;" type="text"/>	Surname or Family Name <input style="width: 150px;" type="text"/>
Occupation <input style="width: 150px;" type="text"/>	Occupation <input style="width: 150px;" type="text"/>
Nationality <input style="width: 150px;" type="text"/>	Nationality <input style="width: 150px;" type="text"/>
Country of Birth <input style="width: 150px;" type="text"/>	Country of Birth <input style="width: 150px;" type="text"/>
20. Language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input style="width: 100px;" type="text"/>	Language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input style="width: 100px;" type="text"/>
21. Employer <input style="width: 150px;" type="text"/>	Employer <input style="width: 150px;" type="text"/>
22. Religion <input style="width: 150px;" type="text"/>	Religion <input style="width: 150px;" type="text"/>
23. Business Phone <input style="width: 150px;" type="text"/>	Business Phone <input style="width: 150px;" type="text"/>
24. Mobile Phone <input style="width: 150px;" type="text"/>	Mobile Phone <input style="width: 150px;" type="text"/>
Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Email <input style="width: 150px;" type="text"/>	Email <input style="width: 150px;" type="text"/>
Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
27. Australian Defence Family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force Defence Unit: _____	
28. Family Parish <input style="width: 150px;" type="text"/>	

Family Address Details

Does the Child live at this address: Permanently / Occasionally? (Please circle).

If the Child resides at times with another family, please provide details in Alternative Family section of this form.

29. Residential Address

Mailing Title e.g. Mr. and Mrs. D Smith		
Street Number and Name		
Town		
State and Postcode		
Home Telephone Number		

30. Postal Address ♦ Leave Blank if same as Residential Address

Street Number and Name or Post Office Box		
Town		
State and Postcode		

31. Billing Address ♦ Leave Blank if same as Residential Address

Billing Title e.g. Mr. and Mrs. D Smith		
Street Number and Name		
Town		
State and Postcode		

32. The following information is to be supplied if the Payment of School Fees is shared or from an alternative source. This information will be used in the Billing for the Fees.

Billing Title e.g. Mr. and Mrs. D Smith		
Street Number and Name		
Town		
State and Postcode		
Telephone	Home: _____	Mobile: _____
What percentage of fees is this person responsible for?		
Further Comments:		

Alternative Family Details

Other Parent not residing at the same address as the student

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

Alternative Female Parent / Guardian	Alternative Male Parent / Guardian
33.	
Relationship to Student <input style="width: 100%;" type="text"/>	Relationship to Student <input style="width: 100%;" type="text"/>
34.	
Title (Mr., Mrs., Miss, Ms, Dr) <input style="width: 100%;" type="text"/>	Title (Mr., Mrs., Miss, Ms, Dr) <input style="width: 100%;" type="text"/>
Given names <input style="width: 100%;" type="text"/>	Given names <input style="width: 100%;" type="text"/>
Surname or Family Name <input style="width: 100%;" type="text"/>	Surname or Family Name <input style="width: 100%;" type="text"/>
Occupation <input style="width: 100%;" type="text"/>	Occupation <input style="width: 100%;" type="text"/>
Nationality <input style="width: 100%;" type="text"/>	Nationality <input style="width: 100%;" type="text"/>
Country of Birth <input style="width: 100%;" type="text"/>	Country of Birth <input style="width: 100%;" type="text"/>
35. Language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input style="width: 100%;" type="text"/>	
35. Language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify <input style="width: 100%;" type="text"/>	
Only fill in the section below if accounts are to be sent to a person and/or address different from family address. What percentage of fees is this person responsible for? _____%	
Accounts to: (Name)	Signature of person who will pay the fees:
Address:	
Postcode	
36. Employer <input style="width: 100%;" type="text"/>	36. Employer <input style="width: 100%;" type="text"/>
37. Religion <input style="width: 100%;" type="text"/>	37. Religion <input style="width: 100%;" type="text"/>
38. Business Phone <input style="width: 100%;" type="text"/>	38. Business Phone <input style="width: 100%;" type="text"/>
39. Mobile Phone <input style="width: 100%;" type="text"/>	39. Mobile Phone <input style="width: 100%;" type="text"/>
Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. Request a copy of Student Reports: <input type="checkbox"/> Yes <input type="checkbox"/> No	Request a copy of Student Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
41. Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: <input style="width: 100%;" type="text"/>	Email: <input style="width: 100%;" type="text"/>

42. Residential Address		
Mailing Title e.g. Mr. and Mrs. D Smith		
Street Number and Name		
Town		
State and Postcode		
Home Telephone Number		

43. Postal Address ♦ Leave Blank if same as Residential Address

Street Number and Name or Post Office Box	
Town	
State and Postcode	

Family Court Orders and Other Family Protection Orders

If parents/carers are separated or divorced, is a Family Court Parenting Order or any other order in place in relation to this Student? Yes No

Are there any Protection Orders in place in relation to this student? Yes No

If the answer is **YES** to any of the above questions, briefly state conditions (**a copy must be attached**)

If parents/carers are separated or divorced but no Family Court Order are in place, are there arrangements/conditions concerning this student of which the school should be aware?

Yes No Not applicable

If **YES**, briefly state conditions _____

Do both parents have joint parental responsibility? Yes No

If **YES** is there joint consensus to enrol this student at MacKillop Catholic College? Yes No

Do Court Orders exist stating the school correspondence should be sent to an alternative address? Yes No

(Accounts are normally sent home with the eldest student attending the College in the family)

If **YES**, please give details of name(s) and postal address:

Title and Name(s): _____ Residential Address: _____
 Postal Address: _____

Student's Medical Details

44. Doctor's Name			
45. Doctor's Phone No.			
46. Medical Conditions (advise if your child receives daily medication) Medication: _____ Dosage: _____	e.g. medical/physical/allergy/asthma/other		
47. Please list any of the student's disabilities, disorders, syndromes, recurring illnesses or other medical conditions of which the school needs to be aware of.			
48. Medic Alert Required?	<input type="checkbox"/> Yes (Please supply details of alert) _____ <input type="checkbox"/> No		
49. Immunisation Record <i>Please Note: A copy of student's immunisation record is to be supplied with this application.</i>	MMR (Measles, Mumps, Rubella) MEN (Meningococcal) Tetanus Pertussis (whooping cough) Diphtheria Polio (OPV) Hepatitis B (HEB) Hib (Haemophilus Influenza Type B) BCG (TB)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
50. Consent to Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No In the event of illness or injury requiring urgent medical treatment I consent for medical and /or hospital attention to be sought. (If Ambulance travel is required the cost is covered by the College Ambulance Cover) Parents / Emergency Contact will be contacted immediately in these events If prescription / other medication is sent to school with the student a note giving details of dosage and permission for College staff to administer medication must accompany the student.			

51. Emergency Contacts – The first and second parent or guardian stated on page 4 will be the College's first and second priority contacts. You may wish to provide other names below.

Contact No.	Contact Name	Relationship to student	Work Phone	Home Phone	Mobile
1					
2					

To assist the College in providing for your son/daughter's education, it would be useful to have the following information:

Student's Interests and Abilities

Sport	Vocal	Speech and Drama
Art	Instrumental	Other

Does your son/daughter show extra potential, abilities or strengths in any specific areas?

Inclusion Support / Learner Support Information

Has your son/daughter had any learning support in the past? Yes No

Give details: _____

Tables A & B should only be completed if YES was answered to the question above. An interview with the Learning Support Teacher will be required for further information gathering.

Our enrolment policy requires that we identify the Specials Needs and assessment or support by specialist services of our students in order to provide learning support where appropriate. Please tick the boxes where relevant.

TABLE A Support Area	Tick
<i>Which of the following has your son/daughter been formally diagnosed with? (Tick all that apply)</i>	
Autistic Spectrum Disorder (including Asperger's Syndrome)	
Physical Impairment	
Intellectual Impairment	
Hearing Impairment	
Speech Language Impairment	
Visual Impairment	
Social/ Emotional Impairment	
Other Impairment	
Chronic illnesses that may affect learning (e.g. chronic fatigue syndrome, glandular fever, diabetes, cystic fibroses, epilepsy)	
Details: _____	
A condition which affects learning (e.g. ADHD/ADD, Auditory Processing Difficulty)	
Details: _____	

Has your son/daughter experienced any emotional difficulties that may affect his/her learning?	
Has your son/daughter had a traumatic experience that may have affected his/her learning? (death in the family, etc.)	
Is a language other than English spoken in the home?	
Does your son/daughter require "English as a Second Language" support?	

TABLE B Centre or Practitioner	Tick
<i>Which of the following services has your child made use of? (Tick all that apply)</i>	
Guidance Officer/Counsellor/Psychologist	
Youth and Community Mental Health	
Psychiatrist	
Paediatrician	
Occupational Therapist	
Physiotherapist	
Speech Language Pathologist (Therapist)	
Audiologist	
Specialist Clinic (private or public hospital)	
Advisory Visiting Teacher Service	
Special education Unit OR Early Childhood Development Unit	
Community Health	
Department of Child Safety	

If you have ticked or answered yes to any of the boxes in Table A or Table B, please attach copies of assessment reports and details of specialist services received

UNDERTAKING

In the interest of my son/daughter being provided with appropriate learning opportunities at MacKillop Catholic College, I have included all known information about my son/daughter. Also, I give permission for the previous school(s) or agencies to be contacted seeking reports and/or guidance. I nominate the following contact person at my son/daughter's previous school, who would be able to assist you in the collection of other relevant information.

Name: _____ Position: _____ Telephone: _____

Signature: _____ (Mother/Female Guardian/Care Giver) Date: ____/____/____

Signature: _____ (Father/Male Guardian/Care Giver) Date: ____/____/____

General Information

As a parent/care giver my special contribution to the College will be in the form of:

I/We can support the school with:

Classroom Assistance Yes / No	Tuckshop Assistance Yes / No	P & F Activities Yes / No
School Board Yes / No	Library Assistance Yes/ No	Working Bee Yes/ No

Parent/Guardian Background Information

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

52. 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')

Mother/ Parent1 / Guardian 1 Mark only one box	Father/ Parent2 / Guardian2 Mark only one box
Year 12 or equivalent..... <input type="checkbox"/>	Year 12 or equivalent..... <input type="checkbox"/>
Year 11 or equivalent..... <input type="checkbox"/>	Year 11 or equivalent..... <input type="checkbox"/>
Year 10 or equivalent..... <input type="checkbox"/>	Year 10 or equivalent..... <input type="checkbox"/>
Year 9 or equivalent or below..... <input type="checkbox"/>	Year 9 or equivalent or below..... <input type="checkbox"/>

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

Mother/ Parent1/ Guardian 1 Mark only one box	Father/ Parent2 / Guardian2 Mark only one box
Bachelor degree or above..... <input type="checkbox"/>	Bachelor degree or above..... <input type="checkbox"/>
Advanced diploma/Diploma..... <input type="checkbox"/>	Advanced diploma/Diploma..... <input type="checkbox"/>
Certificate I to IV (including trade certificate)..... <input type="checkbox"/>	Certificate I to IV (including trade certificate)..... <input type="checkbox"/>
No non-school qualification..... <input type="checkbox"/>	No non-school qualification..... <input type="checkbox"/>

The following questions refer to the parental occupation group. Please select from the appropriate parental occupation from the attached list.

- 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 above.

54. What is the occupation group of the Mother/ Parent1/ Guardian1. <div style="text-align: right;">Group _____</div>	What is the occupation group of the Father/ Parent2/Guardian2? <div style="text-align: right;">Group _____</div>
55. Aboriginal/Torres Strait Islander Students	Parental permission is given for tutorial assistance as per funding guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENT

I/we understand and accept that the MacKillop Catholic College Palmerston (herein known as the College) is a Catholic community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concerns for others. The College philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of each one's potential. The College 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 College.

I/we accept and agree to support the standards for behaviour, dress, grooming and self-discipline which the College requires.

I/we realise that in sending my child to the MacKillop Catholic College Palmerston, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined by the Principal and College Board, will be paid on receipt of Invoice. 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 Business Manager or Principal to make special interim arrangements. I understand that failure to do this will jeopardise my child's ongoing enrolment in the College.

I/we understand that 10 weeks Term time notice in writing must be given to the College Secretary before withdrawal of a student. Failure to give such notice will involve payment of the fee for the relative billing period, irrespective of the date the student may leave during the term. Exceptions may be given in cases of transfers at short notice, or on compassionate grounds.

Students exit from the College through an exit interview with the Principal. This is the approved exit date.

School fees will be mailed home in Week 3 of Term 1, followed by quarterly statements. Full payment of school fees is required by the last day of Term 3. Parents may negotiate periodic payments (weekly, fortnightly, monthly or per Term) rather than pay the fees in a lump sum. You are required to notify the College within 21 days on receiving your invoice as to how the account will be paid. Any negotiations regarding the payment of fees are conducted with the Principal.

When a student enrolls at the College, these terms and conditions are agreed upon.

A non-refundable Enrolment Application Fee of \$110 per child or \$200 per family (2 or more children) should be forwarded together with this application.

If the student is accepted, a refundable \$300 student activity deposit, which is partial payment of fees and levies is required before enrolment is considered finalised. The fees listed are reviewed annually and are subject to change without notice.

I/we agree that my child will take an active part in the various activities, including retreats, camp and co-curricular, that are run as part of the College educational 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 will be expected of me.

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

I/we understand and accept that attendance at an 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.

I/we _____ (PRINT YOUR NAME/S)

Have read and agree to the responsibilities stated above in 'GUIDELINES FOR PARENTS' and apply for enrolment of my/our son/daughter, subject to the above conditions, including the obligation to pay all school fees. I/we recognize that false information on this form may invalidate my son's/daughter's enrolment.

Mother/Female Parent or Guardian Date / / 20

Father/Male Parent or Guardian Date / / 20

Enrolment Collection Notice

Information we collect

Our College collects and records personal, sensitive and health information from students and parents/guardians before and during the course of the students' enrolment at our College.

Purpose of collection

The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians. The information may also be used for appropriate parish purposes.

Disclosure of information

This information may be disclosed by us for administrative and educational purposes to others including but not limited to, personnel within Catholic Education Office, other Catholic schools, medical practitioners and people providing services to schools, such as specialist visiting teachers and consultants.

Our privacy position

Catholic Education Office is bound by the *Privacy Amendment (Private Sector) Act 2000*, and has adopted the ten (10) National Privacy Principles. A privacy statement detailing Catholic Education's practices and procedures for the use and management of the personal, sensitive and health information it collects and records can be accessed on the CEO Services website – with this enrolment form. Alternatively, a hard copy of the statement may be provided with this enrolment form.

Information required

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol or continue to enrol your son/daughter. By completing and submitting the school enrolment form you have confirmed your understanding of and the agreement with the above.

I, _____ acknowledge that I have read and understood the 'Privacy Statement' and the 'Enrolment Collection Notice' as outlined by MacKillop Catholic College.
(parent/guardian)

Date: ____/____/____

Parent's Signature

Media and Communications Consent Form

Student details (compulsory)

Surname: _____ First Name: _____

As the parent/guardian of the above child, I understand that from time to time **photos, audio and video/film** ('the material') may be taken of my child to be **used for various promotional purposes** by:

- My child's school
- Catholic Education Office (the central administration office of Catholic Schools in the Northern Territory)
- The Catholic Diocese of the Northern Territory
- Related Catholic educational organisations, e.g. National Catholic Education Commission, The Federation of Parents & Friends Associations, etc.

Such promotional uses by the above organisations may include:

- Newsletters
- Promotional products (e.g. brochures, publications, videos, print and television advertisements)
- Media releases to print and electronic media
- Websites of the above organisations

I understand that, **in consultation with me and with my consent prior to the occurrence**, my child may be **identified by name** in positive promotional news stories in my child's school newsletter, the Catholic Education Offices' newsletter/publications and media releases. Otherwise, **in no circumstances will my child be identified by name on websites or in any other promotional material.**

I understand that my child's school has my child's best interests at heart and will manage media access, reserving the right to refuse media access where it would, in the opinion of the principal, interfere with the student's well-being or the operation of the school.

I acknowledge that I and my child have **no rights in the material** taken of my child or the production presentation in which it appears. However, at the discretion of my child's school, Catholic Education Office copies may be made available to me upon my request.

I acknowledge that the material may **continue to be used** for a number of years, even once my child has left his or her current school, and that some of the products in which the material is used may have extended longevity.

Signature of student's parent or guardian _____

Full name of student's parent or guardian _____

Address _____

Telephone: (home) _____ Work _____ Mobile _____

Email _____ Date: ____/____/____

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

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/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, 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, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Enrolment Application Checklist

Enrolments will be processed upon receipt of the documentation and application fee as listed below. Please tick the adjacent box to indicate inclusion of items listed.

- Completed **Individual Student Confidential Enrolment Application Form**
- Complete **Enrolment Agreement** form
- Copy of latest **School Report Card**
- Copy of latest **NAPLAN Report**
- Copy of **Birth Certificate**
- Copy of **Immunisation Records**
- Copy of **Baptism Certificate** (*and other Sacramental Certificates, if applicable*)
- Application Fee** (\$110.00 / student or \$200.00 / family*)
- Copies of Education Adjustment Plans** from previous school
applicable only if a student has special needs

***Thank you for your interest in our College.
We look forward to meeting you.***