



**St Paul's  
Nightcliff**

# ST PAUL'S CATHOLIC PRIMARY SCHOOL

Cnr Trower Rd and Francis St Nightcliff NT 0810  
Postal Address: PO Box 40344 Casuarina NT 0811  
Phone: (08) 89 851911 Fax: (08) 89 480227  
Internet Webpage: [www.stpaulsnt.catholic.edu.au](http://www.stpaulsnt.catholic.edu.au)  
Email Address: [admin.stpauls@nt.catholic.edu.au](mailto:admin.stpauls@nt.catholic.edu.au)

## ENROLMENT APPLICATION FORM

**Please complete and return to:**

The Principal,  
St Paul's School  
P O Box 40344, Casuarina NT 0811

**Student's Name:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **201**

The following information is to be submitted with the enrolment application

**Essential:**

1. Birth Certificate. ☐
2. Baptismal Certificate (if applicable). ☐
3. Immunisation Record. ☐
4. Previous two full semester reports (not interim reports). ☐
5. Copies, from previous school, of most recent Benchmark levels achieved. ☐
6. Custody/Guardianship (relevant documentation - see enrolment form). ☐

**The following information should also be provided where/if appropriate:**

- a) Vision assessment and/or Behavioural Optometrist report. ☐  
(if completed in the past two years)
- b) Hearing assessment. (if completed in the past two years) ☐
- c) Psychological assessment. ☐
- d) Speech Pathology report. ☐
- e) Occupational Therapist reports. ☐
- f) Paediatrician report. ☐
- g) Involvement in special programmes and associated reports: ☐  
e.g. Special Education Units, Reading Recovery, Literacy Support, Gifted & Talented Programme.
- h) Portfolios or examples of work. ☐
- i) First Steps Continuum. ☐  
(for Northern Territory, South Australia, Western Australia and Victorian students).
- j) Copies of Case Conferences held with Student Services. ☐
- k) A list of all previous schools attended. ☐

<b>OFFICE USE ONLY:</b>	Interviewed by:	Immunisation Certificate	Yes/No
Date of Application:	Enrolment: Approved / Declined	Baptism Certificate	Yes/No
Date of Commencement:	Academic Year:	Special Needs	Yes/No
Student Key:	Roll Group:	Family Key:	
Student No:	House:	Alternative Family Key:	

# Student Enrolment Application Form

## Information about the Student

### 1. Student's legal name

Legal surname or family name

Legal first given name

Legal second given name

Preferred given name

Leave blank if same as first given name

### 2. Student's email address

### 3. Sex

☐ Male ☐ Female

### 4. Date of Birth

Day Month Year

### 5. Place of Birth

### 6. In which country was the student born?

☐ Australia

☐ Other – please specify

### 7. Residential Status

☐ Australian Citizen (Go to Nationality)

☐ Resident

☐ Overseas Date of Arrival: \_\_\_\_\_

Copy of Visa Attached: \_\_\_\_\_

Nationality \_\_\_\_\_

### 8. Student's Indigenous Status

Is the student of Aboriginal or Torres Strait Islander origin?  
(for persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

### 9. Does the student speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

☐ No, English only

☐ Yes, Other – Please Specify \_\_\_\_\_

### 10. Year Level in which student is enrolling

Has student attended St Paul's Previously?

☐ No ☐ Yes

If yes- Approx. dates/year/s attended \_\_\_\_\_

### Primary

Trans 1 2 3 4 5 6  
☐ ☐ ☐ ☐ ☐ ☐ ☐

### 11. Previous School / Preschool and Address

### 12. Other family currently enrolled or enrolling in Catholic Schools in the Northern Territory

Name of Catholic School \_\_\_\_\_

Surname

Given Names

Year level


<b>13. Are there any special family circumstances</b> <i>e.g. single parent, dual custody, foster care, access restrictions</i>	<input type="checkbox"/> Yes    Supporting legal documents are required by the . <div style="text-align: right;">Attached    <input type="checkbox"/> Yes    <input type="checkbox"/> No</div> <input type="checkbox"/> No																												
<b>14. Religion</b>																													
<b>15. Sacraments</b>	Baptism    Date _____ Parish _____ Communion    Date _____ Parish _____ Confirmation Date _____ Parish _____																												
<b>Student's Medical Details</b>																													
<b>16. Doctor's Name</b>																													
<b>17. Doctor's Phone No.</b>																													
<b>18. Medical Conditions</b> (advice if your child receives daily medication)	eg. medical/physical/allergy/asthma																												
<b>19. Special Needs</b>	eg. psychological/cognitive/sensory/behavioural																												
<b>20. Medic Alert Required?</b>	<input type="checkbox"/> Yes    (Please supply details of alert) _____ <input type="checkbox"/> No																												
<b>21. Immunisation Record</b>  <i>Please Note: A copy of student's immunisation record is to be supplied with this application.</i>	<table border="0"> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>MEN (Meningococcal)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Tetanus</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Pertussis (whooping cough)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Diphtheria</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Polio (OPV)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Hepatitis B (HEB)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Hib (Haemophilus Influenza Type B)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>BCG (TB)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	MEN (Meningococcal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pertussis (whooping cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Polio (OPV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis B (HEB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hib (Haemophilus Influenza Type B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	BCG (TB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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BCG (TB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
<b>22. Consent to Medical Attention:</b> <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 School 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 staff to administer medication must accompany the student.																													
<b>23. Consent for publication of photographs and student work</b>  From time to time, photographs or videotapes of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the School and Catholic Education Office (CEO), magazines, newsletters, displays, journals, professional development materials for teachers, or on the School and/or CEO web site. In addition, student work is also published from time to time.  <b>Publications:</b> I give consent for my child's photos / images / videos taken during school activities to be published by the and CEO, magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.  <b>Parents/guardian to sign</b> Signature .....                      Signature .....  <b>Websites</b> I give consent for my child's photos / images / videos taken during school activities to be published on the school and/or CEO web site. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites  <b>Parents/guardian to sign</b> Signature .....                      Signature .....																													
<b>24. Aboriginal/Torres Strait Islander Students</b>	Parental permission is given for tutorial assistance as per funding guidelines <div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>																												
<b>25. Excursion Permission</b> Travel may be required for curriculum based activities i.e. swimming, class excursion, concert practice etc.	Consent to attend School activities: <div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>																												
<b>26. Do you consent to Head Lice Surveillance of your child?</b>	<div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>																												

**27. Emergency Contacts** – The first and second parent or guardian stated on page 5 will be the School's first and second priority contacts. You may wish to provide other names below.

Contact Name	Relationship to student	Work Phone	Home Phone	Mobile
3				
4				
5				
6				

#### AGREEMENT

- I/we understand and accept that St Paul's School (herein known as the School) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concerns for others. The School philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of each one's potential. The School provides an environment where gospel values are lived out, thus allowing students to experience the hope and optimism of the Gospel message of Jesus Christ. I/we agree to support in every possible way this religious dimension of the School.
- I/we accept and agree to support the standards of behaviour, discipline policy, grooming and uniform which the School requires.
- I/we realise that in sending my child to St Paul's School, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined by the Principal and School Board, will be paid on receipt of Invoice. I also understand that pro-rata fees are payable for students commencing or leaving during term. If at any time and for any reason I should find myself unable to meet my financial obligations in full, I agree to contact the Bursar or Principal to make special interim arrangements. I understand that failure to do this will jeopardise my child's ongoing enrolment in the School and that for the recovery of fees a debt collection agency will be used and I will be liable for the debt recovery commission.
- I/we agree that my child will take an active part in the various activities, including co-curricular, that are run as part of the School 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.

#### SIGNATURES OF PARENT(S) / GUARDIAN(S)

Parent or Guardian ..... Date / / 201

Parent or Guardian ..... Date / / 201

## Family Information

**Office Use Only:**  
**Family Key** \_\_\_\_\_

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.
<b>28.</b> Relationship to Student <input style="width: 150px;" type="text"/>	Relationship to Student <input style="width: 150px;" type="text"/>
<b>29.</b> Title (eg Mr, Mrs, Miss, Ms, Dr) <input style="width: 150px;" type="text"/>  Given names <input style="width: 200px;" type="text"/>  Surname or Family Name <input style="width: 150px;" type="text"/>  Occupation <input style="width: 150px;" type="text"/>  Nationality <input style="width: 150px;" type="text"/>  Country of Birth <input style="width: 150px;" type="text"/>	Title (eg Mr, Mrs, Miss, Ms, Dr) <input style="width: 150px;" type="text"/>  Given names <input style="width: 200px;" type="text"/>  Surname or Family Name <input style="width: 150px;" type="text"/>  Occupation <input style="width: 150px;" type="text"/>  Nationality <input style="width: 150px;" type="text"/>  Country of Birth <input style="width: 150px;" type="text"/>
<b>30.</b> <b>Does parent/guardian 1 speak a language other than English at home?</b> <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: 150px;" type="text"/>	<b>Does parent/guardian 2 speak a language other than English at home?</b> <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: 150px;" type="text"/>
<b>31. Employer</b> <input style="width: 150px;" type="text"/>	<b>Employer</b> <input style="width: 150px;" type="text"/>
<b>32. Religion</b> <input style="width: 150px;" type="text"/>	<b>Religion</b> <input style="width: 150px;" type="text"/>
<b>33. Business Phone</b> <input style="width: 150px;" type="text"/>	<b>Business Phone</b> <input style="width: 150px;" type="text"/>
<b>34. Mobile Phone</b> <input style="width: 150px;" type="text"/>	<b>Mobile Phone</b> <input style="width: 150px;" type="text"/>
<b>35. Email</b> <input style="width: 150px;" type="text"/>  Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No Newsletter emailed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Email</b> <input style="width: 150px;" type="text"/>  Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No Newsletter emailed? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>36. Sole Parent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sole Parent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>37. Australian Defence Family</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes please specify	Army <input type="checkbox"/>	Navy <input type="checkbox"/>	Air Force <input type="checkbox"/>
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<b>38. Family Parish</b>	
<b>39. Family Medicare Number</b>	
<b>40. Health Care Card</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes   Expiry Date:

**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.**

<b>41. Residential Address</b>	
Mailing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	
Home Telephone Number	

<b>42. Postal Address</b> ♦ Leave Blank if same as Residential Address	
Street Number and Name or Post Office Box	
Town	
State and Postcode	

<b>43. Billing Address</b> ♦ Leave Blank if same as Residential Address	
Billing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	

<b>44. The following information is to be supplied if the Payment of <b>Fees</b> is shared or from an alternative source. This information will be used in the Billing for the Fees.</b>	
Billing Title eg. Mr and Mrs D Smith	
Street Number and Name	
Town	
State and Postcode	
Telephone	Home _____ Mobile _____

**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 terms

Alternative Female Parent / Guardian	Alternative Male Parent / Guardian
<b>45.</b> Relationship to Student <input type="text"/>	Relationship to Student <input type="text"/>
<b>46.</b> Title (eg Mr, Mrs, Miss, Ms, Dr) <input type="text"/>  Given names <input type="text"/>  Surname or Family Name <input type="text"/>  Occupation <input type="text"/>  Nationality <input type="text"/>  Country of Birth <input type="text"/>	Title (eg Mr, Mrs, Miss, Ms, Dr) <input type="text"/>  Given names <input type="text"/>  Surname or Family Name <input type="text"/>  Occupation <input type="text"/>  Nationality <input type="text"/>  Country of Birth <input type="text"/>
<b>47.</b> Does parent/guardian speak a 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 type="text"/>	Does parent/guardian speak a 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 type="text"/>
<b>48. Employer</b> <input type="text"/>	<b>Employer</b> <input type="text"/>
<b>49. Religion</b> <input type="text"/>	<b>Religion</b> <input type="text"/>
<b>50. Business Phone</b> <input type="text"/>	<b>Business Phone</b> <input type="text"/>
<b>51. Mobile Phone</b> <input type="text"/>	<b>Mobile Phone</b> <input type="text"/>
<b>52. Copy of Student Reports</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Copy of Student Reports</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>53. Email</b> <input type="text"/> Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Email</b> <input type="text"/> Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Alternative Family Address Details

#### 54. Residential Address

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

#### 55. Postal Address ♦ Leave Blank if same as Residential Address

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

### 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.*

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

*(for persons who have never attended, 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"/>

#### 57. 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- qualification.....	<input type="checkbox"/>	No non- qualification.....	<input type="checkbox"/>

The following questions refer to the parental occupation group. Please select from the appropriate parental occupation from the next page.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the persons last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box below.

<b>58. What is the occupation group of the Mother/ Parent1/ Guardian1.</b>  <div style="text-align: right;">Group _____</div>	<b>What is the occupation group of the Father/ Parent2 Guardian2.</b>  <div style="text-align: right;">Group _____</div>
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## 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** [ 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, /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]

## PRIVACY ACT

1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil'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 pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. 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.
6. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, government agencies, statutory boards [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Catholic Dioceses. Also government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA)]\* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
- 6a. In addition to the agencies and purposes cited at 6 above personal information relating to students and parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain school information relating to the circumstances of parents and students on the MySchool website.
7. The School from time to time may also collect and disclose personal information about current or prospective students in accordance with the Education Act or child protection legislation.\*
8. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines [and on our website].
9. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils 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 pupil, or where pupils have provided information in confidence.
10. As you may know the School from time to time 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. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines [and on our website]
12. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
13. 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 that information if they wish and that the School does not usually disclose the information to third parties.

\* If appropriate



**St Paul's  
Nightcliff**

## ST PAUL'S CATHOLIC PRIMARY SCHOOL

Cnr Trower Rd and Francis St Nightcliff NT 0810  
Postal Address: PO Box 40344 Casuarina NT 0811  
Phone: (08) 89 851911 Fax: (08) 89 480227  
Internet Webpage: [www.stpaulsnt.catholic.edu.au](http://www.stpaulsnt.catholic.edu.au)  
Email Address: [admin.stpauls@nt.catholic.edu.au](mailto:admin.stpauls@nt.catholic.edu.au)

### **Transfer of Records**

I give permission for copies of my child's records and relevant specialist reports to be sent to St Paul's Catholic Primary School.

Child's Name:	
Child's Date of birth:	
Parent / Guardian name: (printed):	
Parent /Guardian signature: Date:	