



Our Lady of Dolours Catholic Primary School
94a Archer Street, Chatswood NSW 2067
Phone: 9419 2645 Fax: 9413 1998
Email: old@dbb.org.au www.ourladyofdolours.nsw.edu.au

OUR LADY OF DOLOURS CATHOLIC PRIMARY SCHOOL ENROLMENT

Thank you for applying for enrolment at Our Lady of Dolours Catholic Primary School Chatswood. To assist you with our enrolment procedure please note the following:

- Please read carefully and complete all details on the application form. *Should there be a change of address or telephone number before your interview, please contact the office immediately.*
- A copy of the following will be required to be returned with this form –
 - Your child's * Birth Certificate
 - * Baptismal Certificate
 - * Copy of immunisation record
 - * Copy of child's passport and visa (if born overseas)
 - * Copy of parent's passport and visa (if born overseas)
 - * Recent passport size photo of student
 - * Recent family photo (approx 10 x 15cms)
 - * Parent Reference Form
 - * Parish Reference Form

Should these not be available when you return the enrolment form – please forward as soon as possible, preferably before your interview.

All families, including those from other Christian denominations and non-Christians, are asked to include the Parish Reference Form signed by their priest/minister. If you are not able to obtain a reference, please write a letter explaining why you want a Catholic education for your child.

- All enrolments are subject to interview. You will be notified of your appointment date and time.
- The application fee is \$70.00 (non-refundable) and is payable upon application of enrolment.
- Should you have any further queries, please do not hesitate to contact the school office.

Yours sincerely

Helen Chambers

MRS HELEN CHAMBERS
Principal



ENROLMENT FORM
DIOCESE OF BROKEN BAY SYSTEMIC SCHOOLS



OUR LADY OF DOLOURS CATHOLIC SCHOOL
94a Archer Street CHATSWOOD 2067 Ph: 9419 2645 Fax: 9413 1998
email: old@dbb.org.au website: www.ourladyofdolours.nsw.edu.au

Office use only	Family code:	Student ID number:
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STUDENT DETAILS

STUDENT NAME

Surname:	Entry Year (eg 2009)	Entry Level/Grade (eg Yr 7)
First Name/s:		
Preferred first name:		
Date of Birth:	Religion:	
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	

HOME ADDRESS OF STUDENT

No. and Street Name:	
Suburb:	Home Ph:
Postcode:	Email:

EMERGENCY CONTACT INFORMATION
(to be used in the event of an emergency if parents cannot be contacted, eg grandparent or friend)

Contact 1	Contact 2
Name:	Name:
Relationship to student:	Relationship to student:
Ph: Mobile:	Ph: Mobile:

SACRAMENTAL INFORMATION

Baptism	Date:	Parish:
Confirmation	Date:	Parish :
Reconciliation	Date:	Parish :
Communion	Date:	Parish :
Current Parish:		

KINDERGARTEN ENROLMENTS ONLY

What type(s) of care outside of home did this student have prior to enrolling at school? (Choose the type accessed in the year prior to school.)

Long day care..... <input type="checkbox"/> Family day care <input type="checkbox"/> Occasional care..... <input type="checkbox"/> Pre-school <input type="checkbox"/> Playgroup <input type="checkbox"/> Other care (please specify)	Extent of prior to school care Up to 6 hours per week..... <input type="checkbox"/> Up to 12 hours per week..... <input type="checkbox"/> 12 hours to fulltime each week <input type="checkbox"/> Write the name of the pre-school or long day care or other prior to school service used <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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STUDENT DETAILS**PREVIOUS SCHOOL / PRE-SCHOOL PERMISSION**

Name of previous school / pre-school:

I / We give permission for school to contact previous school or pre-school

Yes No **NATIONALITY**Government
requirement

Nationality

In which country was the student born?

Australia

Other – please specify

Government
requirement**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 **RESIDENTIAL STATUS - please indicate below:***(original documents to be sighted and copies to be retained by school)*

- Australian citizen (*Naturalisation Certificate or Australian passport if Country of Birth if not Australia*)
- Permanent resident (*passport if Country of Birth is not Australia*)
- Temporary resident (*passport and visa*)
- Foreign National without residential status (*passport and visa*)
- Other/Visitor/Student/Passport/Other/Visa (*passport and visa*)

Government
requirement**Does the student or their mother/guardian or their father/guardian speak a language other than English at home?** *(If more than one language, indicate the one that is spoken most often)*

No

English only

student mother/guardian father/guardian

Yes

Other – please specify

MEDICAL INFORMATION

Doctor's Name:

No. and Street Name:

Suburb:

Postcode:

Phone:

Medicare No:

Private Health Fund:

Medical Conditions:

*Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student.*Allergies: *Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details:*

Has the student been diagnosed as being at risk of anaphylaxis?

Yes No

If yes, does the student have an EpiPen?

Yes No

STUDENT DETAILS

.....

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

	please circle	Date of Immunisation
Hepatitis B	Yes / No	.....
Diphtheria-Tetanus-Whooping Cough	Yes / No	.....
<i>Haemophilus Influenzae</i> type b (Hib)	Yes / No	.....
Polio	Yes / No	.....
Pneumococcal disease	Yes / No	.....
Rotavirus	Yes / No	.....
Measles-Mumps-Rubella	Yes / No	.....
Meningococcal C disease	Yes / No	.....
Chickenpox	Yes / No	.....
Human Papillomavirus (HPV) (12-18 yrs)	Yes / No	.....

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child.

If the information provided is incomplete or misleading, any decision made as to enrolment may be revised.

SPECIAL NEEDS

Does your child have:

- | | | |
|---|--|---|
| autism <input type="checkbox"/> | behaviour disorders <input type="checkbox"/> | a hearing impairment <input type="checkbox"/> |
| an intellectual disability <input type="checkbox"/> | a language disorder <input type="checkbox"/> | mental health issues <input type="checkbox"/> |
| a physical disability <input type="checkbox"/> | a vision impairment <input type="checkbox"/> | ADD / ADHD <input type="checkbox"/> |
| giftedness <input type="checkbox"/> | difficulties in the basic areas of learning <input type="checkbox"/> | |
| acquired brain injury <input type="checkbox"/> | other (please specify)..... | |
| none of the above <input type="checkbox"/> | | |

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"/> | braille <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"/> | |
| other (please specify)..... | | |

HEALTH AND SAFETY

To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school? Yes No

If yes please provide a brief description:

.....

.....

.....

STUDENT DETAILS**HEALTH AND SAFETY (cont)**

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues

.....

.....

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

Does your child have any history of behavioural problems (including verbal bullying)? Yes No

Has your child ever been suspended or expelled from any previous school? Yes 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

• Threats of violence? Yes No

• Illegal drugs? Yes No

• Other (please specify)

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

FAMILY DETAILS**FAMILY MAILING DETAILS**

Leave address blank if same as student home address

School mail to be sent to:

Name:

Address:

Postcode:

FAMILY BILLING DETAILS

Leave address blank if same as student home address

School accounts to be sent to:

Name:

Address:

Postcode:

MOTHER / GUARDIAN

Surname:

Title: (eg Mrs/Ms/Dr)

First Name:

Address: (leave blank if same as student address)

Home Ph:

Business Ph:

Mobile:

Email:

Occupation:

Government requirement

What is the occupation group?

(select from list of parental occupation groups on page 6)

Religion:

Nationality:

Country of Birth:

Australia

Other

please specify:

Government requirement

What is the highest year of primary or secondary school the mother/guardian has completed:
(for persons who have never attended school, mark 'Year 9 or equivalent or below')

Year 9 or equivalent or below

Year 10 or equivalent

Year 11 or equivalent

Year 12 or equivalent

Government requirement

What is the level of the highest qualification the mother/guardian has completed:
(mark one box only)

No non-school qualification

Certificate I to IV (including trade certificate)

Advanced diploma/Diploma

Bachelor degree or above

FAMILY DETAILS

FATHER / GUARDIAN

Surname: _____ Title: (eg Mr/Dr) _____ First Name: _____

Address: (leave blank if same as student address)

Home Ph: _____ Business Ph: _____ Mobile: _____ Email: _____

Occupation: _____ Government requirement What is the occupation group?
(select from list of parental occupation groups on page 6)

Religion: _____ Nationality: _____

Country of Birth: Australia Other please specify

Government requirement **What is the highest year of primary or secondary school the father/guardian has completed:**
(for persons who have never attended school, mark Year 9 or equivalent or below)

Year 9 or equivalent or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent

Government requirement **What is the level of the highest qualification the father/guardian has completed:**
(mark one box only)

No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/Diploma Bachelor degree or above

SIBLINGS ATTENDING A SCHOOL / PRE-SCHOOL

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

Name	School / Pre-school	Year/Grade <small>(current calendar year)</small>	Date of Birth <small>(preschool only)</small>

COURT ORDERS (if applicable)

Are there any current court orders relating to the student? Yes No

If yes, copies of these court orders eg AVOs, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.

Is there other information you wish the school to be aware of?

.....

.....

.....

Government Requirement	LIST OF PARENTAL OCCUPATION GROUPS		
Group 1	Group 2	Group 3	Group 4
Senior management in large business organisation, government administration and defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director, health/education/police/fire services administrator</p> <p>Other administrator school principal, faculty head/dean, library/museum/gallery director, research facility director</p> <p>Defence Forces Commissioned Officer</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p>Business management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer</p> <p>Air/sea transport aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager finance/engineering/ production/personnel/ industrial relations /sales/marketing</p> <p>Financial services manager bank branch manager, finance/investment/insurance broker, credit/loans officer</p> <p>Retail sales/services manager shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency</p> <p>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager</p> <p>Defence Forces senior Non-Commissioned Officer</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. <u>All tradesmen/women are included in this group.</u></p> <p>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</p> <p>Skilled office, sales and service staff</p> <p>Office secretary, personal assistant, desktop publishing operator, switchboard operator</p> <p>Sales company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher</p> <p>Service aged/disabled/ refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office typist, word processing/data entry/business machine operator, receptionist, office assistant</p> <p>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</p> <p>Assistant/aide trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included above</p> <p>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</p> <p>Other worker labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor</p>

AGREEMENT
Please circle your choices

1. I/We agree to support school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
2. I / We have included copies of the following documents with this application for enrolment:
(please tick appropriate boxes)
 - Birth Certificate *
 - Sacramental Certificates to date
 - Passport, visa, citizenship documentation (if applicable) *
 - Most recent previous school reports and external test results
 - Current Family Court Orders (if applicable) *
 - Relevant medical and/or special needs information (if applicable)
 - Immunisation Certificate
 - Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)
 - Parish Priest Reference Form (unless priest has indicated he will forward form direct to school)

*** PLEASE NOTE: ORIGINALS WILL NEED TO BE PRODUCED DURING THE ENROLMENT PROCESS**

3. If this enrolment application is successful I / we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges.
4. I / We understand that if this application is successful the information that I / we have provided must be kept up to date throughout the period of enrolment, eg change of address, court orders.
5. If this enrolment is accepted I / we agree to support our child's participation in the religious life of the school (eg school liturgies, retreat programs).
6. I / We **give** permission for my/our child's photograph to be used in publications eg school website, Broken Bay News, newspaper publications. Yes No
7. If, in time of emergencies, accidents or serious illness, I / we cannot be contacted I / we **give** permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle. Yes No

I / We have read all of the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful. I / We have read the Standard Collection Notice about the collection and management of the personal information contained in this form. I / We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

Signature: _____
Father / guardian

Signature: _____
Mother / guardian

Date: _____

Date: _____

Please note: Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee. Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).



STANDARD COLLECTION NOTICE

Catholic Schools Office Diocese of Broken Bay

1. The School and the Diocese both independently and through its Schools collect 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 may 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 -
 - government departments, government agencies and statutory boards
 - the Catholic Schools Office
 - the Catholic Education Commission
 - the Diocese of Broken Bay and its parishes
 - systemic Schools within the Broken Bay Diocese and other schools
 - NSW Board of Studies and the Australian Curriculum and Reporting Authority (ACARA)
 - medical practitioners
 - people providing services to the School, including specialist visiting teachers, (sports) coaches, volunteers and counsellors

In addition 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. 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.
12. The school utilises service providers to provide certain services to the school and its staff and students. The school may provide your personal information to those service providers in connection with the provision of these services. The school's email service provider stores and processes emails outside Australia.

Our Lady of Dolours Chatswood
PARISH REFERENCE FORM

REFERENCE FORM TO BE COMPLETED FOR EACH APPLICATION
(to be completed by parents for Years K-6)

SECTION A

Child's Full Name: _____

Child's Religion: _____

Address: _____

Family Telephone Numbers (home) _____

(mobile) _____

Parish:

Chatswood Catholic Parish LEAVE SECTION B BLANK

or Other Catholic Parish – please state:

(Section B must be completed by priest / minister)

or Other Church Community– please state:

(Section B must be completed by priest / minister)

Parish where you regularly attend Mass: _____

Father's Name: _____

Religion: _____

Mother's MAIDEN Name: _____

Religion: _____

How does the family contribute to the Parish Community?

For example: (please tick whichever applicable)

Acolytes

Altar Servers

Readers

Catechists

Planned Giving Programme

Care Group

Youth Group

Church Cleaning

Altar Society

Catholic Women's League

School P&F Association

Other (please state) _____

What value do you see in Catholic Education?

Signed: _____

Date: _____

Overleaf is Section B.

Please note:

- Families who are members of Chatswood Parish are to leave Section B and return this form with Enrolment pack to Our Lady of Dolours Catholic School.
- Families who are members of other Parishes or Church Communities, please ask your Parish Priest or Minister to complete Section B and then forward it to Our Lady of Dolours Catholic School, 94A Archer Street, Chatswood NSW 2067.

**Our Lady of Dolours Chatswood
PARISH REFERENCE FORM**

CONFIDENTIAL REFERENCE FROM PARISH PRIEST OF RESIDENCE

Please note:

- Families who are members of Chatswood Parish are to leave Section B and return this form with Enrolment pack to Our Lady of Dolours Catholic School.
- Families who are members of other Parishes or Church Communities, please ask your Parish Priest or Minister to complete Section B and then forward it to Our Lady of Dolours Catholic School, 94A Archer Street, Chatswood NSW 2067.

SECTION B

TO BE COMPLETED BY PARISH PRIEST / MINISTER

Does this family live in your Parish? YES NO

Do you know them personally? YES NO

Do they regularly worship and participate in Parish

Life? YES NO

Parish (if necessary)

Name: Rev. Fr.:

Signed:

PARISH SEAL

TO BE COMPLETED BY THE ENROLMENT COMMITTEE

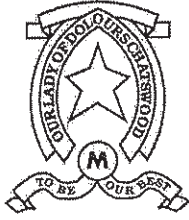
I recommend this application for enrolment

I give provisional recommendation for this application

I do not recommend this application

Any further comments:

Signed (Enrolment Committee):



Diocese of Broken Bay

PARENT REFERENCE FORM

To be completed by parents of children in Kindergarten – Year 6 applying for enrolment at Our Lady of Dolours Catholic Primary School Chatswood

Please print all details

Child's full name _____

Child's religion _____

Address _____

Postcode: _____

Sacrament	Date received	Parish Received
Baptism	_____	_____
Confirmation	_____	_____
Eucharist	_____	_____
Reconciliation	_____	_____

(Please ensure that full date (day, month, year) is listed for school records)

A copy of the student's Baptism Certificate must be included with the Application.

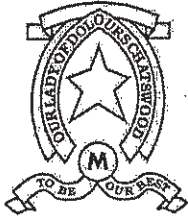
Father's name _____ Religion: _____

Mother's maiden name: _____ Religion: _____

Parish of Residence: _____

Parish where you regularly attend Mass: _____

Note: A Parish Reference Form must be included with the application



Diocese of Broken Bay
PARENT REFERENCE FORM

Please complete all questions below and submit with the application for enrolment

1. What value do you see in Catholic education?

2. Why do you want your child to attend this Catholic School?

3. What will you do at home to support the faith development of your child?

4. What gift or talent can you offer to our school/parish community?
