



Established 1959

DOMINUS LUX MEA

the Lord is my light

St. Dominic's College Student Enrolment Form

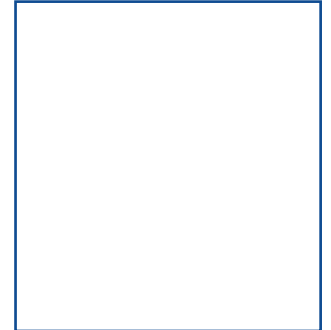


EDMUND RICE EDUCATION
AUSTRALIA

First Name:

Surname:

Application for Year: 7 / 8 / 9 / 10 / 11 / 12 in 20
(please circle)



Please adhere photo in box

Instructions

Please check that you have completed the Student Enrolment Form and return it to the College as soon as possible. Family details should include details of parents or guardians residing at the same address as the child being enrolled. Any details relating to parents not residing with the child may be included in the student section of this form.

When you apply to enrol your child at this College, please check that you have included the following:

Is student an Australian Citizen ☐ Yes ☐ No →

- ☐ Copy of Birth Certificate
- ☐ Copy of Sacraments received to date (Catholics only)
- ☐ Immunisation History Statement (MyGov)
- ☐ Copy of most recent School Report
- ☐ Copy of Year 5/7/9 Naplan results as applicable
- ☐ Passport Size photo
- ☐ \$120.00 Enrolment Fee - Online payments only
www.bpoint.com.au/payments/STDOMINICSCOLLEGE
- ☐ Court Order (if applicable)

If student is not an Australian Citizen

- ☐ Australian Citizenship Papers
- ☐ Student copy of passport, Immicard and Visa
- ☐ Parent copy of passport, Immicard and Visa

If both parents are not born in Australia

- ☐ Australian Citizenship Papers
- ☐ Parent copy of passport, Immicard and Visa
- ☐ I hereby give permission for St Dominic's College to verify my Visa details via VEVO online

For Office Use Only

Date Received:	Student ID:
Enrolment Fee:	House:
Acceptance Fee:	Homeroom:
Receiving Officer:	Starting Date:

Phone: (02) 4731 1933 | Fax: (02) 4721 0166

54-94 Gascoigne Street, (PO Box 156) Kingswood NSW 2747

Email: enrolments@stdominics.nsw.edu.au | www.stdominics.nsw.edu.au | ABN: 12 838 505 432

STANDARD PRIVACY COLLECTION NOTICE

1. St Dominic's College (the College) collects personal information, including sensitive information about students and parents before and during the course of the student's enrolment at the College.
 2. The primary purpose of collecting information is to allow the College to exercise its functions and activities and ultimately provide schooling to your son.
 3. The College collects, uses, holds and discloses personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs).
 4. Legislation that governs public health and child safety requires that certain types of information be collected by the College.
 5. The information that the College collects is to satisfy legal obligations and enables the College to discharge its duty of care.
 6. The College collects health information about students. Health information is a subset of sensitive information; it is defined in the Privacy Act 1988 (Cth) and is dealt with in accordance with the APPs.
 7. If the College does not obtain the information referred to above, it may not be able to enroll, or continue the enrolment of your son.
 8. Personal and sensitive information collected by the College may be disclosed to others for administrative and educational purposes. This would include disclosure to other Colleges, government departments, Edmund Rice Education Australia and other persons providing services to the College.
 9. The College collects personal information, including sensitive information about students and parents before and during the course of the student's enrolment at St Dominic's College.
 10. Personal information collected from students is generally disclosed to parents. Personal information and images, including media images (sporting and academic achievements) are published in the College newsletter/magazine/websites/social media sites and may be used for other College related purposes. **Please inform the College in writing if information in relation to your son is not to be used in this manner.**
 11. Parents may seek to access information collected about their son by contacting the College. Access to personal information is dealt with in accordance with the College's Privacy Policy.
 12. Parents may seek to have personal information corrected. Correction of personal information is dealt with in accordance with the College's Privacy Policy.
 13. Parents or students may make a complaint in accordance with the College's Privacy Policy if they believe the College has breached the Australian Privacy Principles.
- ☐ I acknowledge the Standard Privacy Collection Notice (please mark 'x' in box)
-
- Parent/Guardian Full Name**
-
- Parent/Guardian Signature** **Date**
- A copy of the College's Privacy Policy can be found at:**
www.stdominics.nsw.edu.au/wp-content/uploads/2019/04/privacy-collection.pdf

SECTION 1: Student Personal Information

Surname Name:	
Given Names:	
Date of Birth:	
Age:	Year Level: (eg. Year 8)
Student's Country of Birth:	
Student's Nationality:	
Student's Religion:	
Home Language:	
Student's Date of Arrival in Australia:	
Date Student first Enrolled in an Australian School:	
Student's Current School:	

NESA No:

(For Y10, 11 & 12 only)

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Place a cross 'x' in the box(es) which apply to your son:

- ☐ Has a medical condition
- ☐ Custody order
- ☐ English is a second language
- ☐ Is a permanent Australian resident
- ☐ Overseas full fee paying student
- ☐ In Australia on a Visa
- ☐ Receives Austudy
- ☐ Receives Abstudy
- ☐ Has refugee status
- ☐ Requires Learning Support

Is the student of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both Aboriginal and Torres Strait Islander

SECTION 1 (continued): Student Address

Title and Name:	
Address:	
	Postcode:
Home Phone:	Student's Mobile:
Email Address:	

SECTION 2: Alternative Student Emergency Contacts (please DO NOT include parent details)

Name:	
Relationship to Student:	Mobile Phone:
Home Phone:	Work Phone:

SECTION 3: Family Information

Parent/Guardian 1:	Parental School Education
Title and Surname:	What is the highest year of primary or secondary school the student's Parent/Guardian 1 has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Given Names:	
Date of Birth:	
Occupation:	
Mobile Phone:	
Work Phone: Extension:	
Work Address:	Parental Post-School Education
Email:	What is the level of the highest qualification the student's Parent/Guardian 1 has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc trade certificate) <input type="checkbox"/> No non-school qualifications
Nationality:	
Country of Birth:	
Home Language:	
Religion:	
Place a cross 'x' in the box(es) which apply to you: <input type="checkbox"/> I am a sole parent <input type="checkbox"/> I require an interpreter <input type="checkbox"/> I am from a non-English speaking background	

SECTION 3 (continued): Family Information

Parent/Guardian 2:	Parental School Education
Title and Surname:	What is the highest year of primary or secondary school the student's Parent/Guardian 2 has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Given Names:	
Date of Birth:	
Occupation:	
Mobile Phone:	
Work Phone: Extension:	
Work Address:	
Email:	Parental Post-School Education
Nationality:	What is the level of the highest qualification the student's Parent/Guardian 2 has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc trade certificate) <input type="checkbox"/> No non-school qualifications
Country of Birth:	
Home Language:	
Religion:	
Place a cross 'x' in the box(es) which apply to you: <input type="checkbox"/> I am a sole parent <input type="checkbox"/> I require an interpreter <input type="checkbox"/> I am from a non-English speaking background	

Parent not Residing at Home:	Parental School Education
Title and Surname:	What is the highest year of primary or secondary school the student's Parent/Guardian has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Given Names:	
Date of Birth:	
Occupation:	
Home Address:	
Mobile: Work Phone: Ext:	
Work Address:	
Email:	Parental Post-School Education
Nationality:	What is the level of the highest qualification the student's Parent/Guardian has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc trade certificate) <input type="checkbox"/> No non-school qualifications
Country of Birth:	
Home Language:	
Religion:	
Place a cross 'x' in the box(es) which apply to you: <input type="checkbox"/> I am a sole parent <input type="checkbox"/> I require an interpreter <input type="checkbox"/> I am from a non-English speaking background	

SECTION 4: Current Address Details

Fee Payment Details	
The full liability for College fees resides with the parents/carers who sign this Application Form. If you would like to have the fees billed to two parties please contact the College at fees@stdominics.nsw.edu.au	
Fee Billing Address (who should account fees be sent to?)	
Title and Name :	
Address:	
	Postcode:
Phone:	Email:

Residential Address - (where you live)	
Title and Name:	
Residential Address:	
	Postcode:
Phone:	Email:

Postal Address (if different to above)	
Postal Address:	
	Postcode:
Phone:	Email:

Please list any further information in support of your application

Please attach any further information on a separate page to support your application.

SECTION 5: Family Information

Brothers and Sisters		
Name(s):	School Currently Attending:	What Year Level:
Is there a brother attending this College now, or in past years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Year Left:
Name:		Year Left:
Did either parent attend this College?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Year Left:

SECTION 6: Student Medical Details

Medical Condition	Symptoms/Treatment
1.	
2.	
Doctor's Name:	Phone:
Medicare No:	Private Health Cover:
Immunisations: <input type="checkbox"/> Polio <input type="checkbox"/> Measles/Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Diptheria/Tetanus	
Medical Action Plan to be attached with your application, if applicable.	

SECTION 7: Sacraments

	Date	Church Name	Suburb/Town
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Copies of certificates for the above sacraments required with application.

Current Parish: Suburb/Town:

SECTION 8: Health and Safety

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

If yes, please provide a brief description:

.....

.....

Please provide names and contact details of health professionals of 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:
- Violence towards another 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

SECTION 9: Student Languages Spoken

Main language spoken at home (if not English):

Is the student proficient in this other language? ☐ Yes ☐ No

SECTION 10: Court Orders (if applicable):

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

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

Is there other information the College should be aware of?

.....

.....

SECTION 11: Guidelines for Parents/Guardians

Application for enrolment of your child at St Dominic's College means that you are choosing a Catholic Education for your son. It requires your commitment to support the philosophy, values and aims of the College and a willingness to co-operate in their implementation.

Specifically this means:

- Religious Education is a core subject;
- Catholic values are emphasized;
- Academic excellence and the acquisition of skills are promoted within a Catholic framework.

Your son is expected to adhere to the College's high standards for:

- Behaviour and self-discipline including adherence to anti-bullying policies;
- Application of course work and study;
- Participation in school activities;
- Growing in faith;
- Uniform code.

Your co-operation is essential to assist your child to attain these goals. Parents are expected to participate in the total life of the College through such events as Student/Parent/Teacher Interviews and Parent Information Evenings.

Please note:

- The College uses CCTV to monitor its grounds, buildings and some learning spaces for security and safety purposes.

I/we accept that enrolment carries an obligation to pay ALL College fees. I/we understand that an inability to pay fees should not prevent me/us from making an application. I/we are urged to discuss any hardship circumstances with the College.

..... Parent/Guardian 1 Full Name Parent/Guardian 1 Signature Date
..... Parent/Guardian 2 Full Name Parent/Guardian 2 Signature Date

DECLARATION

I/we have read and agree to the responsibilities stated above in “Guidelines for parents” and apply for enrolment of my/our child subject to the above conditions, including the obligation to pay all College Fees. I/we declare that the information provided in this application is, to the best of my/our knowledge and belief, accurate and complete. I/we recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application, may be reversed.

..... Parent/Guardian 1 Full Name Parent/Guardian 1 Signature Date
..... Parent/Guardian 2 Full Name Parent/Guardian 2 Signature Date

It is a requirement that both parents sign the enrolment form unless one parent has court orders granting sole custody. In the event of joint guardianship, both must sign unless a letter is supplied explaining why this is not possible.