

APPLICATION FOR ENROLMENT



Holy Spirit School

Thornbury East

ARCHDIOCESE OF MELBOURNE

CHILD'S NAME

BELOW FOR OFFICE USE ONLY

REGISTRATION NUMBER				YEAR LEVEL:
COMMENCEMENT DATE				ROOM:
DOCUMENTATION	SUPPLIED	DATE	SIGNATURE	FOLLOW UP
BIRTH CERTIFICATE				
BAPTISM CERTIFICATE				
IMMUNISATION CERT.				
OTHER				
OTHER				

T: 9480 0391 F: 9484 3125 E: principal@hsthornbureast.catholic.edu.au

197 CLARENDON STREET THORNBURY EAST VIC 3071



CHILD'S INFORMATION

SURNAME: _____

GIVEN NAME(S): _____

ADDRESS: _____

_____ POSTCODE: _____

PREFERRED NAME: _____

GENDER: MALE FEMALE DATE OF BIRTH: _____ / _____ / _____

PARISH: _____

(A copy of your child's Birth Certificate should be enclosed with this application)

DOES THE STUDENT HAVE A VICTORIAN SUDENT NUMBER? (Please Tick Appropriate Box)

YES – PLEASE SPECIFY: _____

YES BUT THE VSN IS UNKNOWN

NO THE STUDENT HAS NEVER BEEN ISSUED A VSN

IS THE CHILD KOORIE OR TORRES STRAIT ISLANDER? (Please Tick Appropriate Box)

No Koorie Torres Strait Islander Both Koorie & Torres Strait Islander

NUMBER OF CHILDREN IN THE FAMILY: _____

POSITION YOUR CHILD HAS IN THE FAMILY: 1st / 2nd / 3rd etc.: _____

NAMES AND AGES OTHER CHILDREN IN THE FAMILY:

COUNTRY OF CHILD'S BIRTH: _____

DATE OF ARRIVAL IN AUSTRALIA: (if relevant) _____

KINDERGARTEN ATTENDED: _____ PHONE: _____

OTHER SCHOOLS ATTENDED: _____

DO YOU GIVE CONSENT TO CONTACT WITH PREVIOUS SCHOOLS/PRE SCHOOLS? (Please Tick Box)

Yes No

Please attach copies of previous reports (School/ Pre School and any other relevant reports)

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? (Please Tick Box)

No English only Yes, other please specify: _____



SACRAMENTAL INFORMATION

A copy of your child's Baptism Certificate should be enclosed with this application.

THE RITE OF THE CATHOLIC CHURCH TO WHICH YOU BELONG: (Please Tick Appropriate Box)

- Roman (Latin)
 Armenian
 Maronite
 Chaldean
 Syrian
 Melkite
 Coptic
 Ukrainian
 Russian

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS?

	Yes	No	DATE	PLACE
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Eucharist	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____

IF NOT A MEMBER OF THE CATHOLIC CHURCH, IS YOUR CHILD A MEMBER OF ANOTHER RELIGION:

- Yes
 No
 IF YES, PLEASE SPECIFY: _____

SOCIAL LINGUISTIC PROFILE

WHAT LANGUAGES ARE SPOKEN AT HOME? _____

WHAT LANGUAGES DOES YOUR CHILD UNDERSTAND? _____

DOES YOUR CHILD ATTEND LANGUAGE SCHOOL? Yes No

IF YES PLEASE NAME _____ FOR HOW MANY YEARS: _____

IN THEIR FIRST LANGUAGE, CAN THE CHILD: READ Yes No WRITE Yes No

LANGUAGE SPOKEN AT HOME BY THE CHILD TO THE:

FATHER: _____ MOTHER: _____

GRANDPARENTS: _____ SIBLINGS: _____



CHILD'S MEDICAL HISTORY

A copy of the Immunization Certificate must be received before the child commences school.

MEDICARE CARD NUMBER _____

DO YOU HAVE PRIVATE HEALTH INSURANCE Yes No MEMBER NO _____

DO YOU HAVE AMBULANCE MEMBERSHIP Yes No MEMBER NO _____

HAS YOUR CHILD BEEN IMMUNISED AND ARE ALL IMMUNISATIONS UP TO DATE? Yes No

If not, a letter from your Doctor must be attached to this Application.

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? (Please Tick Appropriate Box/ Boxes)

- Asthma Chicken Pox Measles Hepatitis Eczema German Measles
 Diabetes Scarlet Fever Mumps Epilepsy Hay Fever Glandular Fever
 Other illnesses? Please specify _____

Any known allergies (e.g. Drug, Food, Plant)? _____ ANAPHYLAXIS Yes No EPIPEN Yes No

List any medication taken (name, dosage, regularity): _____

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 this enrolment may be revised.

ADDITIONAL NEEDS

Does your child have:

autism	<input type="checkbox"/>	behaviour disorders	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>
intellectual disability	<input type="checkbox"/>	language disorder	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>
other (please specify)	<input type="checkbox"/>				

Has your child ever seen a:

behavioural optometrist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
educational psychologist	<input type="checkbox"/>	paediatrician	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>
psychologist	<input type="checkbox"/>	other specialist	<input type="checkbox"/>		

If your child does have a special need, please can you assist us by providing the following information:

	Yes	No
Details of additional learning needs/additional needs provided (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

Please state any recent family situation which may affect your child's health and well-being

(eg. death or serious illness in family): _____



DO YOU GIVE PERMISSION FOR YOUR CHILD TO UNDERGO HEAD LICE INSPECTIONS? Yes No

MEDICAL AND EMERGENCY INFORMATION

DOCTOR: _____ TELEPHONE: _____

ADDRESS: _____ POSTCODE: _____

EMERGENCY INFORMATION:

Please nominate two relations, neighbours or friends (if possible with a vehicle), who may be contacted if you are unavailable to collect your child from school. This person should have permission to collect your child.

EMERGENCY CONTACT NAME: 1. _____ 2. _____

EMERGENCY CONTACT NUMBER: 1. _____ 2. _____

RELATIONSHIP TO YOUR CHILD: 1. _____ 2. _____

AUTHORISATION FOR MEDICAL CARE

ONLY IMPLEMENTED IN EMERGENCY SITUATION

(Every effort would be made to contact the parents).

In the event of any illness or accident I authorise the obtaining on my behalf of such medical assistance as my child may require. After notification by the school, I will accept responsibility as soon as possible for any further action necessary in the care of my child, including prompt attendance at any place to which my child may be taken for treatment. I accept all operations, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Signature of Parent/Guardian: _____ Date: ____/____/____



FAMILY INFORMATION

FATHER'S DETAILS

FULL NAME: _____

OCCUPATION: _____ EMPLOYER: _____

PHONE: _____ MOBILE: _____ BUSINESS: _____

EMAIL ADDRESS _____

COUNTRY OF BIRTH: _____ YEAR OF ARRIVAL: _____

STATUS OF ENTRY: _____ FIRST LANGUAGE: _____

RELIGION: _____

MOTHER'S DETAILS

FULL NAME: _____

OCCUPATION: _____ EMPLOYER: _____

PHONE: _____ MOBILE: _____ BUSINESS: _____

EMAIL ADDRESS _____

COUNTRY OF BIRTH: _____ YEAR OF ARRIVAL: _____

STATUS OF ENTRY: _____ FIRST LANGUAGE: _____

RELIGION: _____

MARRIED DIVORCED SEPARATED SINGLE WIDOWED

If separated/divorced, please specify custody arrangements.

(Please supply a copy of the court orders-Custody arrangement)

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:

<input type="checkbox"/> Living with Mother & Father	<input type="checkbox"/> Single parent: Mother / Father (please circle)
<input type="checkbox"/> Living in a step-family	<input type="checkbox"/> Shared parenting eg. One week with mother , next with father
<input type="checkbox"/> Guardian	FTE with Mother: _____ FTE with Father: _____
	<input type="checkbox"/> Out-Of-Home Care

COURT ORDERS (IF APPLICABLE)

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

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

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



ACCOUNTS

ARE YOU A HOLDER OF A:

Health Benefit Card: Yes No Card Number: _____

Health Care Card: Yes No Card Number: _____

Pensioner Health Benefits Card Yes No Card Number: _____

SCHOOL ACCOUNTS TO BE ADDRESSED TO:

MR. MR. & MRS. MRS. MS.

INITIAL: _____ SURNAME _____

ADDRESS: _____

POSTCODE: _____

Please note this person will be the fee payer. If separated/divorced, please specify if fees need to be split between two fee payers.

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement

Please tick the relevant category below and record the Visa Subclass number:

(original documents to be sighted and copies to be retained by the school)

Australian Citizen not born in Australia

<input type="checkbox"/>	Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia)		
<input type="checkbox"/>	Australian Passport Number (If applicable)	Passport No:	
	Visa Subclass recorded on entry to Australia	Visa Subclass No:	
	Date of Arrival into Australia	Date:	

If not currently an Australian Citizen, please provide further details as appropriate below:

<input type="checkbox"/>	Permanent resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:	
<input type="checkbox"/>	Temporary resident, (if ticked, record the Visa Subclass Number)	Visa Subclass No:	
<input type="checkbox"/>	Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number)	Visa Subclass No:	

***Please attach Visa/document of travel/letter of notification and passport photo page.**



PERMISSION TO USE STUDENT PHOTOS / VIDEO

Child's name: _____

- I give permission for my child's photograph/video and name to be published in:
 - the school website/s and school publications
 - social media
 - online learning environments (such as online portfolios/learning journals)
 - promotional materials
 - newspapers and other media.
- I authorise Catholic Education Melbourne/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the Catholic Education Melbourne /CECV's promotional, marketing, media and educational purposes.
- I authorise the CEM/CEVN to use photographs/recordings in material free of charge to schools and educational departments around Australia for the CEM/CEVN's promotional and educational purposes under the NEALS.
Licensed under NEALS
The photograph/recording may appear in material which will be available to schools and education departments around Australia under the National Education Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.
- **I understand that this agreement will stay in place for the duration of my child's enrolment at Holy Spirit (unless withdrawn or superseded). I understand and agree that if I wish to withdraw this authorisation, it is my responsibility to notify the school.**

Parent/guardian name: _____ Date: _____

Signed: _____

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988

OR

I do not give permission for my child's photograph/video to be used for the above purposes.

Parent/guardian name: _____ Date: _____

Signed: _____



ENROLMENT AGREEMENT

I/WE HAVE INCLUDED COPIES OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION FOR ENROLMENT (PLEASE TICK APPROPRIATE BOXES)

- BIRTH CERTIFICATE
- BAPTISM CERTIFICATE
- CITIZENSHIP DOCUMENTATION (WHERE APPLICABLE)
- MOST RECENT PREVIOUS SCHOOL REPORTS AND EXTERNAL TEST RESULTS (WHERE APPLICABLE)
- RELEVANT FAMILY COURT ORDERS (WHERE APPLICABLE)

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.

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)

IF THIS ENROLMENT APPLICATION IS SUCCESSFUL I AGREE TO HONOUR THE FINANCIAL COMMITMENTS REQUIRED BY THE SCHOOL AS PER THE SCHEDULE OF FEES AND CHARGES

I/WE ARE NOT AWARE OF ANY OUTSTANDING FEES OR CHARGES, IN RELATION TO THE STUDENT APPLYING TO ENROL, THAT I/WE ARE RESPONSIBLE FOR AT ANOTHER CATHOLIC SCHOOL.

I/WE HAVE INCLUDED THE ENROLMENT FEE OF \$50.00 WITH THIS APPLICATION FOR ENROLMENT AND I/WE UNDERSTAND THAT THIS MONEY WILL NOT BE REFUNDABLE IF THE APPLICATION IS SUCCESSFUL BUT I/WE DON'T ACCEPT THE OFFER.

I/WE HAVE READ ALL OF THE INFORMATION IN THE ENROLMENT FORM AND UNDERSTAND THE POLICIES THAT WE NEED TO ABIDE BY SHOULD THIS ENROLMENT APPLICATION BE SUCCESSFUL. 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.

SIGNED: _____ (Father/Carer)
and/or
_____ (Mother/Carer)

DATE: _____

Please Note:

- Acceptance of this application for enrolment is subject to the approval of the Parish Priest.
- Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).



PARENT / GUARDIAN DETAILS (Government Requirement)

Q2 Does the mother/guardian or father/ guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

	Mother / Parent /Guardian 1 <small>TICK ONE BOX ONLY IN THIS COLUMN</small>	Father / Parent /Guardian 2 <small>TICK ONE BOX ONLY IN THIS COLUMN</small>
No, English only	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other - please specify:	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>

Q3. What is the highest year of primary or secondary school the parent/guardian has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

	Mother / Parent /Guardian 1 <small>TICK ONE BOX ONLY IN THIS COLUMN</small>	Father / Parent /Guardian 2 <small>TICK ONE BOX ONLY IN THIS COLUMN</small>
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

Q4. What is the level of the highest qualification the parents/guardians have completed?

	Mother / Parent /Guardian 1 <small>TICK ONE BOX ONLY IN THIS COLUMN</small>	Father / Parent /Guardian 2 <small>TICK ONE BOX ONLY IN THIS COLUMN</small>
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (inc. trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

Q5. What is the occupation of the parents/guardians?

- If 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 'N'.

	Mother / Parent /Guardian 1	Father / Parent /Guardian 2
Occupation Group Letter	<input style="width: 100px; height: 70px;" type="text"/>	<input style="width: 100px; height: 70px;" type="text"/>
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>Please select the appropriate occupation group letter from the attached list.</p> </div>	Occupation _____	Occupation _____



OCCUPATION GROUPS - QUESTION 5

Please select the appropriate group from the following list. If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS:

OCCUPATION GROUP A

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)

OCCUPATION GROUP B

Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager

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



OCCUPATION GROUPS - QUESTION 5 CONTINUED

OCCUPATION GROUP C

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 / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

OCCUPATION GROUP D

Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff

[hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants:

- Office [typist, word processing / data entry / business machine operator, receptionist, office assistant]
- Sales [sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- Assistant / aide [trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

- Defence Forces - ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand]
- Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]



PRIVACY POLICY (PLEASE DETACH AND KEEP FOR YOUR RECORDS)

In light of the new Commonwealth privacy laws, The Privacy Amendment (Private Sector) Act 2000, that came into effect on 21st December, 2001, we as a school affirm a commitment to the responsible management of the information given to us.

Listed below are the purposes for our collection of personal information:

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 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. 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, [Catholic Education Melbourne, the Catholic Education Commission, your local diocese and the parish, Schools within other Dioceses/other Dioceses, medical practitioners, and people providing services to the school, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
6. 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.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information and photographs relating to academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and other media.
8. 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.
9. 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 be disclosed to organizations 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.
10. We may include your contact details in a class list or School directory.
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.

Should you have any questions or objections regarding this statement about our collection of personal information, please contact the Principal.