



# APPLICATION FOR ENROLMENT Catholic Education Diocese of Bathurst Limited (CEDB)

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into a Catholic Education Diocese of Bathurst Ltd school. It will assist the school to develop appropriate strategies to meet the specific needs of your child. Please note the diocese is relying on the accuracy of the information provided in considering this application. If the information provided is incomplete or misleading, any decision to enrol may be revised.

SCHOOL to which Application is	made:			
School Name:		Town:		
	STUDENT	DETAIL	S	
STUDENT DETAILS				
First Name:	Middle Name:			Surname:
Preferred Name:	Preferred Last Name:			
Former Name:	Former Last Name:			
Date of Birth:	Gender:			
HOME ADDRESS OF STUDENT A street name MUST be supplied. A PO Box, Pro	operty Name, or Farm Numb	er only, is NO	Г accepta	ble under Government Requirements.
No. and Street Name:		Suburb:		
Postcode:		Emergency GEOCoding:		
RESIDENCY STATUS				
Town of Birth:	Country of Birth:			Nationality:
Residency Status:  Australian Citizen Permanent Temporary	Visa Subclass:			Visa Expiry:
Passport Number:	Date of Arrival in Austra	alia:		Refugee Status:  ☐ None ☐ Pending ☐ Confirmed
ADDITIONAL STUDENT DETAILS				
Languages Other than English Spoken at H	Home:	Main Language Spoken at Home:		
Indigenous Status:				
☐ Neither Aboriginal nor Torres Strait I	slander	☐ Bot	h Aborig	inal and Torres Strait Islander Origin
☐ Aboriginal but not Torres Strait Islan	der Origin	☐ Tor	res Stra	it Islander but not Aboriginal Origin
☐ Not stated/ do not wish to provide				

RELIGION					
Religion:	Curre	Current Parish:			
Religious Milestones:	Location/Parish Date				Date
Sacrament of Baptism:					
Has completed Reconciliation:		yes			
Sacrament of the Eucharist:					
Sacrament of Confirmation:					
OTHER STUDENT DETAILS					
Commencement Year 20	F	Preferred Start Date		Year Child will Ent	er on Enrolment
Current School				Dates attended	
Previous School				Dates attended	
I / We give permission for the school to	contac	ct the previous schoo	ls or preschools	□ Yes □ No	
Note: In some circumstances, the school or CEDB may be required to contact a previous school consistent with legal obligations					
Living Arrangements					
☐ Home with both parents		☐ Home with one	e parent, please st	ate which parent	
☐ Other, please state arrangements	S				
KINDERGARTEN ENROLMEN	TS				
In the year before school, has the child	been i	n non-parental care o	or other educationa	al programs on a reg	jular basis?
☐ Preschool Name		Postcode	☐ Long Day Ca	are Name	Postcode
☐ Family Day Care Name		Postcode	☐ Home School		Postcode
☐ Grandparent		Postcode	☐ Other Family	/ Care	Postcode
☐ Other Person (nanny, friend or neigh	hbour)	Postcode	☐ Other Formal	l or Informal Care	•
Please indicate the formal care (long da Name of Preschool/Family Day Care/Lo	-		•	-	time ☐ Part time r of days per week
Please indicate the reasons you are ap	plying	for a position in a Ca	tholic school		
FAMILY MAILING DETAILS School mail to be sent to					
Name:			Name:		
Address:			Address:		
Town and Postcode:			Town and Postco	de:	
Email (required for Compass Parent Po	ortal):		Email (required for Compass Parent Portal):		

# STUDENT LEARNING NEEDS

STUDENT HISTORY		Gover	nment Req	uirement	
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, or other students, or staff at this school?   Yes   No  If yes please provide a brief description:					
Please provide names and contact details of hea	Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues:				
			1		
Please tick the appropriate box for each questio	n below		YES	NO	
Does your child have any history of violent beha	viour?				
Does your child have any history of behavioural	problems (including verbal bullying)?				
Has your child ever been suspended or expelled	from any previous school?				
If yes, was this for any of the reasons listed belo	ow?				
Actual violence to any person?					
Possession of a weapon or any items us					
Intimidation, bullying or harassment of s					
Threats of violence?					
Illegal drugs?					
Other (please specify)	Other (please specify)				
I / We will provide written consent to the school	on request to contact health profession	onals or other relevant	agencies.		
ADDITIONAL NEEDS		Govern	nment Req	uirement	
Please indicate if your child has any of the follow	ving and attach supporting documenta	ation:			
□ autism	☐ behaviour disorders	☐ a physical disab	ility		
☐ an intellectual disability	☐ a hearing impairment	☐ giftedness			
☐ a language disorder	☐ a vision impairment	☐ difficulties in the	basic areas o	of learning	
☐ mental health issues	□ mental health issues □ ADD / ADHD □ occupational therapy				
☐ Other (please specify) include any Early Inte	☐ Other (please specify) include any Early Intervention Services				
Please indicate any accommodations/learning adjustments that were provided for your child in their previous school/pre-school:					
□ alternative teaching and learning strategies	es ☐ a reader or scribe ☐ personal carer support				
□ signing	□ access to technology □ braille				
☐ modifications to equipment, furniture and learning spaces	☐ Other (please specify):				

COURT ORDERS (if applicable)							
Are there any current court orders relating	to the stu	ıdent? Co	pies must be provided.		YES	NO	
If current Court Orders are varied or revoke	ed the scl	hool must be	e advised and provided with a copy of t	he new	document		
Is there other information you wish the school to be aware of?							
SPECIAL CIRCUMSTANCES							
Are there any circumstances about the student that the school should know prior to enrolment?  e.g. mature age, living apart from parental supervision, court order, state out of home care arrangement							
If yes, please provide a brief description of	these cir	cumstances.		L	Į.		
MEDICAL INFORMATION							
Doctor's Name:				Phone:			
Address:							
Medicare No:	ledicare No: Reference No:			Expiry Date:			
Private Health Fund: Health Fund Number:							
Date of last tetanus injection/booster:							
Please specify any medical conditions the	student s	uffers from a	and/or any prescribed medication taker	n by the	student:		
Allergies: Please list any known allergies t	he stude	nt has, eg al	lergy to nuts, penicillin, bee stings inclu	uding sp	ecific deta	ails:	
The student been diagnosed as being at ri	isk of ana	aphylaxis [	☐ Yes ☐ No				
The student has an EpiPen Please supply copies of your child's	s Anaphy	□ laxis Plan if	=				
The student been diagnosed as being at ris			]Yes □ No icable				
Immunisation: Please tick applicable	e box and	l provide dod	cumentation				
Hepatitis B	☐ Yes	□ No	Rotavirus		□ Yes	□ No	
Diptheria-Tetanus-Whooping Cough	☐ Yes	□ No	Measles-Mumps-Rubella		□ Yes	□ No	
Haemophilus Influenzae type b (Hib)	☐ Yes	□ No	Meningococcal C disease		□ Yes	□ No	
Polio	☐ Yes	□ No	Chickenpox (Varicella)		□ Yes	□ No	
Pneumococcal disease	□ Yes	□ No	Human Papillomavirus (HPV) (12-18	vears)	□ Yes	□ No	

# **FAMILY INFORMATION**

SIBLINGS ATTENDING A SCHOOL/ PRE-SCHOOL					
Please list all children in your family attending sc	hool or preschool	(from oldest to youngest) – including applicant.			
Name	Date of Birth	School / Pre-school	Current Grade		
BILLING INFORMATION					
Both parents/guardians who sign this Enrolment	Form have joint a	nd several liability for the payment of school fees.			
Payment schedules, please tick: Preferred payment method, please tick:	•	Fortnightly	erly   Other		
School accounts to be sent to		Second person - if applicable			
Name:		Name:			
Address:		Address:			
Town: Postcode:		Town: Postcode:			

Email:

Email:

PARENT / MOTHER / GUARDIAN 1 DETAILS								
Title:		First Name:		Middle Na	ame:			
Surname:		Preferred Name:		Preferred	eferred Last Name:			
Former Name:	Former Last Name:							
Date of Birth:	Gender:			Language	e spoken at home:			
Religion:		Nationality:		Country of	of Birth:			
CONTACT INFORMATI	ON							
Home:		Business:		Mobile:				
Email:		Address:						
Occupation:		Employer:						
0 10 1	·							
Government Requirement:								
What is the parent occupation go (Please select from list of parent		G on groups page 8)	roup					
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 1	0 or equivalent		lent	☐ Year 12 or equivalent			
What is the level of the highest of	qualification	the mother/guardian h	nas completed: (mark o	ne box only	r)			
☐ No non-school qualification		cate I to IV			☐ Bachelor degree or above			
PARENT / FATHER / G	UARDIA	N 2 DETAILS						
Title:		First Name:		Middle Name:				
Surname:		Preferred Name:		Preferred	Last Name:			
Former Name:		Former Last Name:						
Date of Birth:		Gender:		Language spoken at home:				
Religion:		Nationality:		Country of	f Birth:			
CONTACT INFORMATI	ON	<u> </u>						
Home:		Business:		Mobile:				
Email:		Address:		1				
Occupation:		Employer:						

Government Requirement:						
What is the parent occupation g (Please select from list of paren	roup? tal occupati	G on groups page 8)	roup			
What is the highest year of prima				ed?		
☐ Year 9 or equivalent or below			☐ Year 11 or equiva	lent	☐ Year 12 or equivalent	
What is the level of the highest of	qualification	the father/guardian ha	as completed: (mark on	e box only)		
☐ No non-school qualification		ricate I to IV trade certificate)	☐ Advanced Diploma/Diploma		☐ Bachelor degree or above	
	•					
NON RESIDENTIAL PA	RENT D	ETAILS				
Title:		First Name:		Middle Na	ame:	
Surname:		Preferred Name:		Preferred	d Last Name:	
Former Name:		Former Last Name:				
Date of Birth: Ge		Gender:		Language spoken at home:		
Religion: Nationality:		Nationality:	Country of Birth:		of Birth:	
CONTACT INFORMATI	ON					
Home:		Business:	Mobile:			
Email:		Address:				
Occupation:		Employer:				
EMERGENCY CONTACT (to be used in the event of an emergency)	_					
Contact 1			Contact 2			
Name:			Name:			
Gender:			Gender:			
Date of Birth:			Date of Birth:			
Relationship to student:			Relationship to stude	ent:		
Phone:	Mobile:		Phone:		Mobile:	
Address:			Address:			
			1			

### PARENT 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

**Defence Forces Commissioned Officer** 

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complete system; 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]

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

## **Group 2**

Other business managers, arts/media/sport spersons 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, proofreader, sportsman/woman, coach, trainers, 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/wom en, 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]

### 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, 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 Force ranks below senior NCO not included below

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]

## **Group 8**

Has not been in paid work in the last 12 months.

If the parent/guardian is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.



# CATHOLIC EDUCATION DIOCESE OF BATHURST LIMITED (CEDB) ENROLMENT AGREEMENT

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

I/We agree to support all policies in relation to the program of studies, regular attendance, sport, pastoral care, school uniform, responsible use of technology, discipline, bullying and the general operation of the school. (Copies of all policies are available upon request from the school). I/We have been provided with a copy of Our Catholic Community Working Together - A Charter for Schools, Parents and Volunteers in Catholic Schools of the Diocese of Bathurst. I/We accept this Charter by signing and accepting the school's policies in this Enrolment Application Form. I/We have included copies of the following documents with this application for enrolment: (please tick appropriate boxes) \*Originals to be produced during the enrolment interview. □ 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) ☐ Anaphylaxis/Asthma Plan/s (if applicable) □ Parish Priest Reference (if applicable) 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 (which is attached and may be amended from time to time). This includes levies and extra school activities charges. I/We understand that if this application is successful it is conditional on the accuracy of the information provided, which is current at the time of this application, and that updated information will be provided immediately and directly to the school if circumstances change at any time during the period of enrolment (e.g. change of address, court orders, special or learning needs). If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school e.g. school liturgies, retreat programs. I/We will complete Working With Children Checks or Volunteer Declaration as required. ☐ Yes Media/Communications Permission to cover all forms of media □ No I/We authorise the school to take and use photographs, video or sound recordings of our child/child's work. These items may be used by the school or CEDB for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate that portrays our child in a positive light. I/we undertake to inform the school if there is a need to rescind this media and communications permission due to circumstances changing. 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.

I/We have read the Standard Collection (Privacy) Notice about the collection and management of the personal information contained in this form. I/We understand that if any inaccurate or 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 revoked. I/We agree to provide to the School and CEDB upon request, information from other agencies which is considered relevant to the transition and enrolment of my child. This may include medical reports, cognitive, speech, hearing and vision assessments and other relevant allied health or educational reports. I/We agree that any information collected about my child may be collated as confidential information and placed on file at the school and CEDB to support funding applications and in support of specific school programs. I/We give permission for the staff from the school and staff from CEDB to contact and clarify information from a current school/preschool regarding my child's educational, social and/or medical needs. Name: \_\_\_ \_\_ Name: \_ Mother/quardian Father/quardian Signature: \_\_\_\_\_ \_\_\_\_\_ Signature: \_\_\_\_\_ Mother/guardian Father/guardian Date: Date: Office use only STUDENT NUMBER 1 Birth Position 6 Date Offer Sent 10 Year Level entering 2 Date Application 7 Date Offer Accepted 11 House Group Received 3 Interview Time and 8 Date of enrolment at 12 Residency Status Date school 4 Attended interview 9 Anticipated Roll Class 13 VISA Class, Number ☐ Birth Certificate ☐ Passport/VISA ☐ Immunisation Record ☐ Court Orders ☐ Religious 5 Documents provided and copies if applicable if applicable Milestones attached ☐ Medical ☐ Student with Additional Needs 14 Date entered into 15 Entered by

Compass



# CATHOLIC EDUCATION DIOCESE OF BATHURST LIMITED (CEDB) Standard Collection (Privacy) Notice

- 1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the student and to enable them to take part in all activities.
- Some of the information collected is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- 3. Laws governing or relating to the operation of schools require that certain information is collected and disclosed. These include relevant Education Acts, Public Health and Child Protection Laws.
- 4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act 1988. The school may ask you to provide medical reports about students from time to time.
- 5. The school may disclose personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a student to another school. This may include to other schools; government departments; CEDB; Catholic Schools NSW; the school's local diocese and parish; schools in other dioceses; medical practitioners; providers of educational health and support services; providers of learning and assessment tools; assessment and educational authorities; providers of administrative and financial services; anyone who it is required or authorised by law (including child protection laws) to provide information to; and anyone you authorise.
- 6. 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. Information may also be collected and exchanged for the purposes of NESA and ACARA. Information provided to NESA and ACARA may be published in accordance with government requirements on the MySchool website
- 7. Personal information collected is regularly disclosed to parents or guardians.
- 8. The school stores personal information in our Student Information System and Finance Management System which is administered and managed by the owners of these software services. The school may also store other personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia
- 9. The CEDB Privacy Policy sets out how parents or students may seek access to personal information collected 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 student; or where students have provided information in confidence Requests for information need to be made formally in writing and any refusal will be notified in writing with reasons if appropriate.
- 10. The CEDB Privacy Policy also sets out how complaints about a breach of privacy should be notified, and how such a complaint will be dealt with.
- 11. 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. The School will not disclose your personal information to third parties for their own marketing purposes without your consent.
- 12. On occasions, information and photographs, videos or sound recordings related to academic and sporting achievements, student activities and similar news is published in school newsletters and on the school website, social media sites and public platforms. Such information of student activities may be used by the school or the Catholic Education Diocese of Bathurst for the purposes of advertising, promotion, media publicity, publication, display, web page usage or other use deemed appropriate that portrays the student in a positive light. If circumstances change it is a parental responsibility to inform the school if there is a need to rescind this media and communications permission. Parents should be aware that information published on public websites and social media channels can be accessed by third parties and may be discoverable online for a number of years or permanently.
- 13. If you provide the School with the personal information of others, such as doctors or emergency contacts, you are encouraged to inform them that you are disclosing that information to the School and that they can access that information if they wish and that the School does not usually disclose the information to third parties.



# St John's Catholic Primary School - Dubbo

# ENROLLING YOUR CHILD AT ST JOHN'S CATHOLIC PRIMARY SCHOOL

Please outline your reasons for choosing St John's Catholic Primary School for your Child's education:				
Name	Signature—			
Date				





# St John's Catholic Primary School - Dubbo

# St. John's Primary School - Expectations upon enrolment

The Catholic education of the young people of St. John's Primary School is undertaken with Jesus Christ as our inspiration and guide and in partnership with the family, the local parish community and the civic community. Upon enrolment, parents enter into an agreement with St. John's Primary School requiring them to support the ethics and philosophy of the Catholic school.

# **Meeting 4 Mass**

Meeting 4 Mass is an initiative that began in 2019 and runs throughout each school term. All families, Catholic and non-Catholic, are invited to attend Mass once a term with their child's peers and grade teacher. The number '4' represents the four people/groups that are brought together as a community to nourish their faith by participating in the Mass: Parish, Parents, Teachers and Children. In 2022, SJP, also proudly initiated the move to offer any interested children in carrying the gifts during the Offertory Procession - an opportunity which SJP students were grateful for as it enabled them to participate in the Mass in a special way.

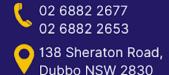
## Sacramental Information

For Year 2, 3 and 6 children who are Catholic:

Child/ren in years 2, 3 and 6 will be offered the opportunity to receive a sacrament. In year 2 = the Sacrament of Reconciliation, year 3 = the Sacrament of First Holy Communion/Eucharist and in year 6 = the Sacrament of Confirmation. Each one of the sacraments that are offered, are significant in their own way.

The sacraments are rituals that provide opportunities to learn, strengthen and express our faith. At SJP, we affirm that parents are the first educators of their children in the faith, and as a Catholic school, we support you in this journey.

**Year 2 = Sacrament of Reconciliation** is a Sacrament of Healing. In this sacrament we acknowledge our weaknesses and, more importantly, God's unconditional love.











# St John's Catholic Primary School - Dubbo

Receiving this sacrament provides an opportunity for our Year 2 children to learn that God is always calling us to greater love, and that our wrong choices can be forgiven.

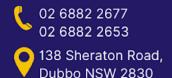
Year 3 = Sacrament of First Holy Communion/Eucharist is a Sacrament of Initiation, following on from Baptism. The word 'communion' means to share or be united with. During Holy Communion we are united in a special way with Jesus as we believe we receive his body and blood. This is a very important moment that our Year 3 children identify as one of the highlights of their school year.

**Year 6 = Sacrament of Confirmation** is also a Sacrament of Initiation. This sacrament gives our Year 6 children the opportunity to confirm the promises made on their behalf by their parents at baptism, and in doing so, strengthen their relationship with God. After receiving the Sacrament of Confirmation, children become fully initiated members of the Catholic Church. Candidates are required to ask a sponsor to support them when they celebrate being confirmed by our Diocesan Bishop - Michael McKenna.

Often, children require parental support to assist them in understanding the purpose of each sacrament. At a school level, we specifically teach a 5 week unit of work around the relevant sacrament at the time it is being celebrated here in Dubbo. Furthermore, St. Brigid's Parish coordinates enrolment weekends and preparation sessions to ensure children fully understand and are ready to commit to receiving the sacrament. St. Brigid's sacramental programs are parish based, with St. John's Primary staff supporting the parish and the programs on numerous levels. At the beginning of each year, a Sacramental Information Evening is held for parents, whereby the Parish Priest and Sacramental Coordinator discuss the importance of the sacraments for your child/ren and explain how the parish based program is coordinated. Dates on enrolment weekends, preparation session times and the celebration of the sacrament themselves will all be discussed.

Are you willing to support the strong connections between St. John's Primary and our parish of St. Brigid's, which will include encouragement to attend weekend Masses when your child's grade is invited (Meeting 4 Mass), and for baptised Catholics, full participation in sacramental preparations and celebrations? **Yes / No** 

Parent Signature:	 	
Parent Name:	 	







# St John's Primary School Dubbo Fee Schedule 2025



Some facts on your school fees:

- 1. The 2025 School Fee increase equates to an average of \$1.48 per week for a primary student and \$2.81 per week for a secondary student for the 42 weeks of the school year. The Capital Works Levy has increased by \$0.34 per week for a family.
- 2. Fee instalments are billed over 3 Terms not 4.
- 3. For those parents who face financial hardship for any reason, fee relief is available. If you have not done so already, please contact your school for a Fee Relief Application. There are also Health Care Card concessions for eligible parents. Please do not hesitate to discuss with your school principal the concessions available.

You may also email the Fees Liaison Officer at Catholic Education Diocese of Bathurst <a href="mailto:flocedb@bth.catholic.edu.au">flocedb@bth.catholic.edu.au</a> or phone 6338 3067 for assistance with concessions.

#### School Fee Changes from 2024 to 2025:

The Diocesan School Fee increase has been kept consistent with recent CPI trends of 3.8% for 2025, whilst the 2025 Capital Works Levy per family has been limited to an increase of 2.5%.

Year Group School Fee	Annual Total	Additional Information	Term Total	Weekly Direct Debit*
Kindergarten	\$2,015.00		\$671.67	\$47.98
Year 1	\$2,015.00		\$671.67	\$47.98
Year 2	\$2,015.00		\$671.67	\$47.98
Year 3	\$2,015.00		\$671.67	\$47.98
Year 4	\$2,155.00		\$718.33	\$51.31
Year 5	\$2,846.00		\$948.67	\$67.77
Year 6	\$2,846.00		\$948.67	\$67.77

The 2025 "School Fee" covers all compulsory and curriculum based charges for your child's specific year group and will include costs of excursions/retreats for the year group and year group activities.

\*Please add \$13.96 per week for eldest child (Capital Works Levy). Weekly direct debit is based on 42 weeks covering from the date of the 1st billing instalment up to the last week of term 4.

Sibling Discount applies only to the "School Fee": 2nd Child 15%, 3rd Child 30%, 4th and over 45%

## Other Charges:

### Diocesan Capital Works Levy:

The Diocesan capital works levy will appear on the invoice of the eldest child.

2025 Levy	Annual Total	Additional Information	Term Total	Weekly Total
Capital Works Levy 2025	\$586.00	per family	\$195.33	\$13.96

These fees do not include optional and ad hoc activities such as music and representative sport.

These will be charged separately.

Instalment amounts are billed over the first three terms of the school year.

Payment plans are available as indicated on your invoice.

Direct Debit payment plans are recommended - please contact school administration for information on how to set up a periodic direct debit.





# **SCHOOL FEE AGREEMENT**

School F		is reached betweer		ese of Bathurst Enrolment Poli of Name) <u>St John's Primary Scl</u>	•		
Student	t's Name:						
Student	's Date of Birtl	h: / /					
		•		SECTION A or B) You will utilise to pay your school fee	e account:		
METHO	OD OF PAYMENT				Please Tick		
	-	(E PAYMENTS BY TER TWO AND THREE BY	•	THIN 14 DAYS OF THE ISSUED <u>IN</u>	IVOICE		
A	BPAY	EFTPOS		CARD (Credit card option will be printed on Scho	ool Fee Statements)		
OR							
В	WEEK	FOR	TNIGHT	MONTH			
	ALL PERIODICA	LLY PAYMENTS WILL	BE MADE BY:	•			
	ВРАҮ	Please note the preferred method of payment is Direct Debit	EFTPOS	CREDIT CARD (Credit card option will be printed on School  CHEQUE  CASH  CENTREPAY			
I/We undertake to contact the finance office of my child/children's school to ascertain the amount required for the elected period.							
SCHOC The follo • Acco	DL FEE ACCO owing should be ounts will be add ounts will be mai	UNT BILLING noted by parents/cardressed to all parties v	ers in relation to who have signed one party or give	o account billing: I the enrolment application en to the oldest child in a family	to take home		

## SIBLING/FAMILY DISCOUNT

As set out in the Diocesan School Fees Policy, Sibling/Family Discounts, families must provide information to schools in relation to all children attending Catholic schools in the Diocese. This information will be used to determine eligibility and apply Sibling/Family Discounts.

<b>FAMILY NAME</b>	GIVEN NAME	DATE OF BIRTH	GENDER	SCHOOL ATTENDING	YEAR

#### **AGREEMENT**

- I/We acknowledge as parents/carers, that we are jointly and severally responsible for the payment of school fees in full and/or in accordance with arrangements made.
- I/We understand that the amount of School Fees invoiced by the school will be provided to me/us.
- I/We agree to meet my commitment by the Payment Method indicated on this agreement.
- I/We understand that any costs associated with collection of outstanding school fees will be further invoiced to the school fee account and payment will be required.
- I/We acknowledge that personal information and details of outstanding school fees may be disclosed to outside agencies for debt collection activities should I/we default in payment.
- I/We undertake to contact the school to make amendments should circumstances change that may result in differences to this agreement including but not limited to sibling enrolment, change of bank accounts, change of payment method, etc.
- I/We understand that personal information and details of outstanding school fees will be shared by other schools in the Diocese in which siblings on this form are enrolled.

Parent(s)/Carer(s) Name:	Signature:			
Parent(s)/Carer(s) Name:	Signature:			
Date: / /				