ST MARY’S

SCHOOL FORMS

These forms are required to be completed by all families

Please complete and return to the office by Friday 27th November 2015

<table>
<thead>
<tr>
<th>Family Mailing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Surname</td>
</tr>
<tr>
<td>Mail to</td>
</tr>
<tr>
<td>(eg Mr &amp; Mrs Smith)</td>
</tr>
<tr>
<td>Residential Address</td>
</tr>
<tr>
<td>Town/City</td>
</tr>
<tr>
<td>Postal Address</td>
</tr>
<tr>
<td>Town/City</td>
</tr>
<tr>
<td>Family Phone Number</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Current Parish</td>
</tr>
<tr>
<td>Office Use Only: Flag</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Residential Father/Guardian</th>
<th>Residential Mother/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td>(Refer to insert “List of Parental Occupations)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Contact Number:</td>
</tr>
<tr>
<td>Relationship to student:</td>
</tr>
</tbody>
</table>

OFFICE USE
Received & Entered: ___ / ___ / ____
Code:
PARENTAL AUTHORITY AND CONSENT FORM

Valid until 27th February 2017

I/we _______________________________________________ as parent/guardian make this declaration in relation to my child/children:

1. I consent to my child/children leaving the playground (under the supervision of a teacher) to participate in school activities held at Marian College and the Church. I realise that these activities occur quite regularly.

2. I consent to my child/children participating in all activities organised or available at school, or outings and excursions organised by the school within the Ararat and wider Grampians Zone area providing that such outings and excursions are advertised beforehand on the school newsletter. I understand that this may involve travelling by bus.

3. I consent to the school, by its servants or agents, seeking such medical or dental advice on behalf of my child/children as it sees fit in the event of accident or illness if in the opinion of the attending medical or dental practitioner or medical officer my child/children require/s medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment.

4. I certify that the consent I have given on this form is valid at all times while my child/children is/are in the custody of the school including but not limited to such times as my child/children is/are at school or attending or participating in outings or excursions organised by the school.

5. I certify that I understand that the school will take all reasonable care in the event of my child/children suffering an accident or illness, but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child/children in such an event, nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child/children.

6. I understand that the school will not be held liable for ambulance or other transport costs.

7. Tick the box beside the appropriate paragraph and name children specifically for illness or medication.

☐ I certify that my child/children ___________________________________________ does/do not to my knowledge suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.

☐ I give notice that my child/children ________________________________________ suffer/s from the following illnesses or disabilities and/or take/s medication which might interfere with or inhibit any medical or dental attention or treatment but certify that to my knowledge my child/children does/do not suffer from and other illnesses or disabilities or take/s medication which might interfere with or inhibit any medical or dental attention or treatment.

Declaration:

I give my consent to all matters contained in this form. My consent will remain valid up to and including 28th February 2017.

Father/Guardian: ____________________________ Date:________________________

Mother/Guardian: ____________________________ Date:________________________

SPECIAL NOTES: At all times the school will endeavour to give prior notice of any excursion or outing.

OVERNIGHT CAMPS AND EXCURSIONS: In the case of overnight activities parents will be required to give additional permission for their children to participate. In this event, the Authority and Consent agreed to in this form remains valid.

Note: it is your personal responsibility to advise the school of any alteration to the information supplied on this form.

PRIVACY STATEMENT – COLLECTION NOTICE

In order to comply with the Commonwealth Privacy Amendment (Private Sector) Act 2000, we provide you with the following information about what we do to preserve the privacy of the information you provide to St Mary’s.

1. St Mary’s collects personal information, including sensitive information about students and parents or guardians before and during the course of a student’s enrolment at St Mary’s.

2. Some of the information we collect is to satisfy St Mary’s legal obligations, particularly to enable St Mary’s to discharge its duty of care.

3. Certain laws governing or relating to the operation of St Mary’s require that certain information is collected. These include Public Health (and Child Protection) Laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We sometimes ask that you provide medical reports about students.

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. St Mary’s from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to others schools, Government departments, Catholic Education Commission, your local Diocese and the Parish, medical practitioners and people providing services to St Mary’s including specialists, visiting teachers and volunteers.

7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic or sporting achievements, photos, student activities and other news is published in school newsletters and on our school intranet site. This site is protected and can only be accessed by school students and staff.

8. On the school website there are images of students but we only ever use group photographs and we never identify the student’s name, only class and year number. We invite local press to school events and they are expected to follow school policy on the publication of photographs of students. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child, only group photos are published and students identified by first name and year only.

9. Parents may seek access to personal information collected about them and their son/daughter by contacting the Principal. 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 St Mary’s duty of care to the student, or where students have provided information in confidence.

10. St Mary’s from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their marketing purposes. Silent telephone numbers will not be disclosed.

11. We will include your contact details in a school directory, access to which is restricted to staff only.

12. If you provide St Mary’s with the personal information of others, such as emergency contacts, we ask you to inform them that you are disclosing that information to St Mary’s and why, and that they can access that information and that St Mary’s does not usually disclose the information to third parties.

13. I understand that my child will use technology to access and store information as a result data will be stored locally and may also be stored on servers that are located outside of Australia. Students will be educated around protecting their privacy and staying safe online.

Please sign and return this slip to the school office to acknowledge that you have read and accept the school’s provision for protecting the privacy of students and parents as described in the Collection Notice above.

Father/Guardian: ___________________________ Date: ___________________________

Mother/Guardian: ___________________________ Date: ___________________________

COMMUNICATION

SMS

In the event that we need to convey a message to the whole school community whether due to an emergency or other reason, the default contact will be the student’s mother. In the case of a separated family both parents will be contacted. Please indicate your preferred mobile phone contact name and number to ensure records are up to date:

Contact Name: ___________________________ Mobile Phone No: ___________________________

SKOOL BAG APP

Please indicate with a tick in the box if you are using our Skool Bag App.

If you would like help downloading this App please contact the front office. The school uses this method as our quickest line of communication between parents and the school.
SCHOOL TUITION FEES 2016

The total Fees charged for your family will be detailed on your Term 1 account statement which will be sent home at the start of Term 1. Statements are sent at the start of each term showing all transactions and the progressive account balance.

You should contact the Principal if you have any concerns about paying for school fees.

**Family Fee Assistance**

Family Fee Assistance is available to families eligible if they hold a current health care card. Families that qualify will receive a rebate on their fees, which means that the lesser amount of $520 per annum is payable for school fees and capital levy rather than the full fee amount. Application forms are available from the school office.

**What are my options for paying fees?**

- Fees can be paid at any time with cash, cheque or credit card at the Office.
- Fees can be paid via Direct Debit (as per the Direct Debit 'Schedule of Payment Dates').
- Fees can be paid utilising Centrepay, a Centrelink service (application forms at the Office).
- Fees can be paid via Electronic Funds Transfer (you set up your own online banking – ask at the Office for account details).
- EFTPOS is not available.

Please nominate below your method and frequency of fee payments for 2016:

Method: cash □ cheque □ credit card □ EFT □ Direct Debit □ Centrepay □

Frequency: weekly □ fortnightly □ monthly □ per term x 4 □ yearly □

If you have selected to pay your fees as a yearly lump sum, please write the month you intend to make payment here: ______________________. All yearly fees must be paid in full by 30 June 2016.

Name of Fee Paying Parent/Guardian: _____________________________________________

Address: ___________________________________________________________

Fee Payer’s Signature: ___________________________ Date: _______________________

WAYS IN WHICH FAMILIES CAN SUPPORT THE SCHOOL

There are many ways that families can support St Mary’s with the running of the School, which in turn enables us to keep our fees at a reasonable rate.

We understand that families are busy, however, we ask that you commit to assisting with one of the following options listed below by ticking the applicable box and you will then be contacted in regard to this commitment.

- Fundraising Committee (night meetings to be held in 2016) □
- School Fete (anything from donation of goods to assisting on a stall) □
- Mowing Roster (each family is only usually required to mow once for the year) □
- Gardening/Weeding (as availability permits – there is no set roster) □
- Working Bees (as required) □
- Classroom Helper □
- Choir (we are looking for someone to assist with running the school choir) □
- $100 Levy (to be charged to your family fee account) □

Signed: ___________________________ Dated: ______________________