ENROLMENT FORM

When completed please return to:

The Office Administrator
Xavier Catholic College Wurrumiyanga
PMB 139, Winnellie NT 0822
Ph: (08) 8978 3970
admin.xcec@nt.catholic.edu.au

Office Use Only

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Student Number</th>
<th>Enrolment Officer Signature</th>
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</thead>
<tbody>
<tr>
<td>Date Enrolled</td>
<td>Date Left</td>
<td>Principal’s Signature</td>
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<tr>
<td>Date Re-enrolled</td>
<td>Date Left</td>
<td>Principal’s Signature</td>
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<td>Date Re-enrolled</td>
<td>Date Left</td>
<td>Principal’s Signature</td>
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</table>
SECTION 1. STUDENT INFORMATION

1. Legal Names
   Surname or Family Name ____________________________________________
   Given Name/s __________________________________________________
   Other Name/s __________________________________________________

2. Sex
   Male [ ]  Female [ ]

3. Date of Birth (dd/mm/yy) _____ / _____ / _______

4. Indigenous Status
   Indigenous [ ]  Non-Indigenous [ ]

5. Year Level in which the student is enrolling
   Year 7 [ ]  Year 8 [ ]  Year 9 [ ]  Year 10 [ ]
   Year 11 [ ]  Year 12 [ ]  Year 13 [ ]  Not Sure [ ]

6. Has this student attended a different secondary school? [ ] Yes [ ] No
   If YES – please give the name of the School and the dates or years attended:
   Name of the School ____________________________________________
   Dates Attended ____________________________________________

   ____________________________________________
   ____________________________________________
SECTION 1. STUDENT INFORMATION (cont.)

7. Does this student have other siblings from their immediate family at XCCW or MCPS?

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>GIVEN NAMES</th>
<th>YEAR LEVEL</th>
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</table>

8. Religion

8a. Sacraments

- Baptism
- Reconciliation
- Eucharist
- Confirmation

9. Cultural Information

Skin Group ___________________________ Dance ___________________________
SECTION 2. FAMILY INFORMATION

MOTHER / PARENT / GUARDIAN 1

1. Legal Names

Surname or Family Name __________________________________________

Given Name/s __________________________________________________

Other Name/s __________________________________________________

2. What is your relationship to the student? (mother, sister, aunty, cousin, etc.)

________________________________________

3. Are you the student’s Legal Guardian?  Yes  [ ]  No  [ ]

4. Does the student live with you?  Yes  [ ]  No  [ ]

5. Where do you live? (Forestry, Jubilee Park, Milikapiti, Darwin, etc.)

________________________________________

6. What is your phone contact number? ______________________________________

7. Employment

Are you currently employed?  Yes  [ ]  No  [ ]

If YES – please state where you are working: ______________________________________

8. Centrelink Information

Do you receive Centrelink Payments?  Yes  [ ]  No  [ ]

9. Do we contact you in case of an emergency?  Yes  [ ]  No  [ ]
SECTION 2. FAMILY INFORMATION (cont.)

FATHER / PARENT / GUARDIAN 2

1. **Legal Names**

   Surname or Family Name  
   ____________________________

   Given Name/s  
   ____________________________

   Other Name/s  
   ____________________________

2. **What is your relationship to the student?** *(mother, sister, aunty, cousin, etc.)*

   ________________________________________________________________

3. **Are you the student’s Legal Guardian?**  
   Yes [ ]  No [ ]

4. **Does the student live with you?**  
   Yes [ ]  No [ ]

5. **Where do you live?** *(Forestry, Jubilee Park, Milikapiti, Darwin, etc.)*

   ________________________________________________________________

6. **What is your phone contact number?**  
   ____________________________

7. **Employment**

   Are you currently employed?  
   Yes [ ]  No [ ]

   If YES – please state where you are working:  
   ____________________________

8. **Centrelink Information**

   Do you receive Centrelink Payments?  
   Yes [ ]  No [ ]

9. **Do we contact you in case of an emergency?**  
   Yes [ ]  No [ ]
### SECTION 3. MEDICAL INFORMATION

1. **Medicare Card**
   
   Medicare Card Number  
   
   Expiry Date  

   What number is the student on the Medicare Card?  

2. **Is there a history of family illness?**  
   Yes ☐  No ☐  
   
   If **YES** – please state what illness  

3. **Does the student have any of the following health problems?**

   - Epilepsy or Fits  
     Yes ☐  No ☐  
   - Diabetes  
     Yes ☐  No ☐  
   - Heart disease or sickness  
     Yes ☐  No ☐  
   - Kidney disease or sickness  
     Yes ☐  No ☐  
   - Asthma or breathing problems  
     Yes ☐  No ☐  
   - Migraines or headaches  
     Yes ☐  No ☐  
   - Hearing problems  
     Yes ☐  No ☐  

   If **YES**, does the student have a Hearing Aid?  
   Yes ☐  No ☐
SECTION 3. MEDICAL INFORMATION (cont.)

Eye problems

Yes □ No □

If YES, does the student need to wear glasses?

Yes □ No □

Allergies

Yes □ No □

If YES, please state what they are allergic to:

________________________________________________________________________

________________________________________________________________________

Please state whether the student takes any medication for their health problems, what medication they are taking, and how often they take it.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Is there anything else the school needs to know about the student? (For example: learning difficulties, disabilities, sicknesses)

Yes □ No □

If YES – please give some information.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I give permission for the student to participate for the School Nutrition Program where the school provides breakfast, morning tea and lunch. I understand that this will deduct $43.48 out of my Centrelink payment every fortnight.

I give permission for the student to be given first-aid treatment by a member of staff or emergency medical workers, if required.

I give permission for the student to take part in immunization programs according to the NT schedule for Indigenous immunizations. These immunizations will be given by staff from the Clinic.

I give permission for the student to take part in vision (eyes), hearing (ears), and dental (teeth) checks by the clinic.

I give permission for the school to share health information about the student with the clinic, and associated organizations working with the clinic.

Parent Signature                              Date
Healthy School-Age Kids Program

2014 School Age Screening and Immunisation Consent form

Most school children are healthy; however it is important that all children are checked.

Each year we check:
- Haemoglobin (strong blood) by finger prick test of small drop of blood.
- Deworming medicine (Top End only)
- Your child’s Immunisations are up to date
- Your child’s Skin for problems like sores or scabies, Face and Eyes for signs linked with trachoma
- Your child’s Teeth

When your child is 5, 10 and 15 years old we will also check:
- Your child’s growth by measuring Height and Weight (5 and 10 years)
- Ears by looking in them (5 to 10 year olds)
- Eyes by using a Lea chart (5 year olds only)
- Heart for rheumatic heart disease by a doctor listening to it (10 & 15 year olds)
- Your child’s Hearing so they can learn at school (5 year olds only)
- Urine for protein (10 & 15 year olds) for kidney disease problems
- Mantoux test for TB - skin test using a small needle if recent TB in the Community (10 year olds)

Immunisations: At 4 years your child needs the Diphtheria, Tetanus, Pertussis & Polio, and the Measles, Mumps & Rubella needles. They should go to the clinic for this.
All 12 years children need to have 3 Human Papillomavirus (HPV) needles that protect against cancer of the private parts. To be protected the needles are given over 6 months – 0, 2 & 6 months
At 13 years your child needs the Diphtheria, Tetanus & Pertussis needle and, if they haven’t had chickenpox disease, the Chickenpox (Varicella) needle.

Has your child had chicken Pox? □ YES □ NO

At 15 years your child needs the Pneumococcal needle (Aboriginal children only)

All immunisations may cause some side effects. (See over for details)

Consents

I __________________________ parent/guardian/carer of
______________________________
(Child’s name)

CONSENT TO

☐ YES ☐ NO
My child having a School Age Health Check.

☐ YES ☐ NO
My child being given any Immunisations that are due.

I agree to the sharing of health information between the Department of Health and Families (DOH) and Department of Education (DET) as stated in the privacy statement below. ☐ YES ☐ NO

Signature______________________________ Date__________________

If your child needs any treatment the health staff will ask you for permission before carrying out any treatment.

Privacy Statement

We collect the information about your child to help your child to be healthy and properly cared for at school. We also use the information to plan health services for children. We will not tell the school about your child’s health except where you have ticked ‘YES’ on this form. You are able to ask to see your child’s health records. If you wish to do this, please ask health staff at the clinic.

Form 1. Consent 2013 HSAK

DEPARTMENT OF HEALTH
Healthy School-Age Kids Program

IMMUNISATIONS – Information & Advice

Side Effects Following Immunisation

All the common side effects following immunisation are usually mild and only last for a short time. Treatment is not usually required. If the side effect following immunisation is severe or persistent, or if you are worried about yourself or your child’s condition, see your doctor or health centre nurse as soon as possible, or go to a hospital.

Severe allergic reaction, or anaphylaxis, following immunisation is very rare and usually occurs within 5 minutes. The person who will be immunising your child knows how to treat a severe allergic reaction (anaphylaxis).


<table>
<thead>
<tr>
<th>Diphtheria, tetanus, acellular pertussis &amp; polio containing vaccines (Infanrix-Penta, Infanrix-IPV; Boostrix; ADT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain, redness &amp; swelling at injection site</td>
</tr>
<tr>
<td>• Temperature (fever)</td>
</tr>
<tr>
<td>• Muscle aches</td>
</tr>
<tr>
<td>• Irritable and generally unhappy – may persist for 24 – 48 hours.</td>
</tr>
<tr>
<td>• Drowsiness or tiredness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inactivated Polio containing vaccines (Infanrix-IPV, Infanrix-Penta, IPOL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain, redness &amp; swelling at injection site</td>
</tr>
<tr>
<td>• Muscle aches</td>
</tr>
<tr>
<td>• Temperature (fever)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measles mumps rubella vaccine (MMR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following may occur 7–10 days after vaccination and last for 2 – 3 days</td>
</tr>
<tr>
<td>• Temperature (fever)</td>
</tr>
<tr>
<td>• Faint rash (not infectious)</td>
</tr>
<tr>
<td>• Head cold and/or runny nose, cough and/or puffy eyes</td>
</tr>
<tr>
<td>• Swelling of the face glands about 3 weeks after vaccination</td>
</tr>
<tr>
<td>• Drowsiness or tiredness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pneumococcal vaccines (Pneumovax 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain, redness &amp; swelling at injection site,</td>
</tr>
<tr>
<td>• Low grade temperature (fever)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Varicella Zoster vaccine (Varilrix/Varivax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain, redness at injection site</td>
</tr>
<tr>
<td>• Temperature (fever)</td>
</tr>
<tr>
<td>After 5-26 days there may be</td>
</tr>
<tr>
<td>• Pustular rash (non-infectious) usually at the injection site. Occasionally covers other parts of the body</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mantoux skin test (Tuberculin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Swelling &amp; redness if child has been exposed to TB germs. May last about 2 weeks.</td>
</tr>
<tr>
<td>• Itchiness, which can be relieved with a cold compress. Don’t scratch the arm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Papilloma Vaccine (Gardasil-HPV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain, redness at the injection site</td>
</tr>
<tr>
<td>• Temperature (fever)</td>
</tr>
<tr>
<td>• Mild headache</td>
</tr>
</tbody>
</table>

**WHAT TO DO TO MANAGE INJECTION SITE DISCOMFORT**

Any injection may result in soreness, redness, itching, swelling or bruising at the injection site for 1 to 2 days.

Applying a cool wet cloth to the site and taking paracetamol (panadol) every four hours are good ways to relieve these symptoms. Sometimes small, hard lumps (injection site nodules) may last for some weeks or a month but are no cause for concern and require no treatment.

**WHAT TO DO TO MANAGE FEVER AFTER IMMUNISATION**

Drink extra fluids & remove excess clothing to keep cool. Paracetamol (panadol) can be given to help reduce fever and pain after immunisation. If fever persists – see a doctor or go to your health centre.

If adverse events following immunisation are severe and persistent or if you are concerned, contact your doctor; your local health centre, or your nearest hospital.

*For more information about screening or immunisation, please contact your health centre.*
Centrepay is a free direct bill paying service available to customers who receive a Centrelink payment.

You can arrange your deductions online, using Centrelink Online Services.
Visit www.centrelink.gov.au to register and to find out more information about Centrepay.

You can arrange your deductions by faxing the completed form to 1300 766 412.

You can arrange your deductions by completing and returning this form to Centrelink.
Please use the reply paid envelope provided or address a stamped envelope to:
Centrepay Services
Reply Paid 7813
CANBERRA BC ACT 2610

You can arrange your deductions over the phone.
Simply call Centrelink who will process your deduction request and assist you with any questions you have concerning Centrepay.
Please call your normal Centrelink payment number:

Newstart/Employment Services 13 2850
Family/Parenting Payment 13 6150
Disability, Sickness and Carer Services 13 2717
Age Pension/Seniors Services 13 2300
Youth and Student Services 13 2490
ABSTUDY 13 2317

Note: Calls to ‘13’ numbers from a standard phone service can be made from anywhere within Australia for the cost of a local call. Calls from public or mobile phone may be charged at a higher rate. For more information in a language other than English call Centrelink on 13 1202.

This form cannot be used for government housing authority deductions. Contact your local housing authority to start deductions.
Please use black or blue pen.

PART A — Your details

Family name

Given name(s)

Your date of birth

Phone number

Your Customer Reference Number

CENTRELLINK
Australian Government

Centrepay deductions
Pay your bills the easy way

PART B — Type of request
(For more than one deduction a separate form needs to be completed)

Do you want to:
1. START a new deduction ✗ You must complete Parts C, D and G
2. CHANGE a current deduction ☐ You must complete Parts C, E and G
3. CANCEL a current deduction ☐ You must complete Parts C, F and G

Note: Do not attach any bills to the Centrepay form.

PART C — Service provider’s details
(MUST be completed to start, change or cancel a deduction)

Service provider’s name

Service provider’s address

Service provider’s phone number

Service provider’s Centrelink Reference Number
Note: You will need to get the Centrelink Reference Number from the service provider you are making payments to. This number always starts with 555. If you are not sure, contact your service provider.

Your account number with the service provider

Reason for bill/service payment (e.g. household goods, gas, electricity, water, private rent)

Note: For TELSTRA bill payments — you must provide your account number (above) AND your bill number (below)

TELSTRA bill payments only
Note: If your bill number starts with T311 you cannot use Centrepay. Contact Telstra about your billing arrangements.

Telstra bill number

SA325.1102
PART D — to START a new deduction

From which Centrelink payment do you want the deduction to be taken (e.g. Pension, Newstart Allowance, Family Tax Benefit)?

Study

What amount do you want deducted each fortnight?
The minimum amount for most Centrepay deductions is $10 per fortnight.
If you are not sure, ask your service provider what their minimum deduction amount is.

$43 - 48

Which payment date do you want the deductions to start from?
Your next available □ OR A future payment date
payment date

Do you want to specify a target amount?
Regular deductions will be made until the total (target) amount is reached or this Centrepay deduction is cancelled.

No □
Yes □ ▶ Target amount

$ ▶ Go to PART G

PART E — to CHANGE your current deduction

CHANGE your current deduction permanently
by providing a start payment date, the amount and the Centrelink payment type.
Start payment date New deduction amount

Payment type

Change your current deduction temporarily
by also providing an end payment date.
End payment date

Your deduction will revert back to your regular amount after the end payment date nominated has been reached.

Note: The temporary period you specify can only be for a maximum of 13 weeks.

SUSPEND your current deduction temporarily
You have the option to suspend your regular deduction for a temporary period.
Start payment date End payment date

Your deduction will restart after the end payment date nominated has been reached.

Note: The period you specify can only be for a maximum of 13 weeks.

CHANGE your current TARGET AMOUNT for deductions
Deductions will continue until the amount has been reached, or less than $2 remains. Centrelink will send you a letter to let you know your target amount has been reached and your deductions will stop.

New target amount $ ▶

Do you want to change your deduction amount?
No □
Yes □ ▶ New deduction amount

$ ▶ Go to PART G

PART F — to CANCEL your current deduction

From which payment date do you want the cancellation to take effect?
Your next available □ OR A future payment date
payment date

PART G — Authorisation — read, sign and date the statement (MUST be completed)

I authorise Centrelink to:
• make the nominated deduction and pay the amount to the service provider (or as they direct).

I give permission for:
• the information provided on this form to be given by Centrelink to the service provider (or their agent).
• the service provider I have nominated on this form to provide my correct account or billing number to Centrelink if required.

I understand that:
• if I transfer to another eligible Centrelink payment in the future that my deductions will continue.
• it is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time.
• if I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct Centrelink to stop the deduction.
• if I change service providers, I may also need to advise Centrelink to stop my previous deduction.

Your signature

Date

Privacy
Your personal information is protected by law. Centrelink may give your information to the service provider that you have nominated for the purpose of:
• checking your account number and the amount you want to pay
• reconciling your payment deduction details.

Limited personal information may be used to conduct customer surveys run by Centrelink, its policy departments or by research organisations on their behalf (refer to the factsheet titled Market research and you for more information). Centrelink can give your information to someone else in special circumstances where Commonwealth legislation allows or requires or where you give permission. You can get more information from the factsheet titled Your Right to Privacy.
SECTION 5. TALENT RELEASE FORM

Every now and again, the school would like to use photos or videos of students, or the students’ work to promote the hard work done at XCCW. Photos or videos may be taken while students are in class, in the school grounds, or participating in school activities or excursions elsewhere. Student work done in classes, such as Art or English, may also be used to promote XCCW.

These photos, videos, or student work may be used in the following ways:

1. In the classroom as part of an activity or display.
2. In the Head Office of XCCW as a display.
3. In magazines, newsletters, displays, journals, personal development materials for XCCW or the Catholic Education Office (CEO).
4. On the website for XCCW or CEO.
5. Around the community to promote XCCW and the hard work done by the students.
6. As a part of an exhibition – at XCCW, in the community, or in outside of the community (for example, in Darwin).
7. It is also possible for photos and videos of the students to be used on a school-run and managed Facebook page, if and when this is created.

Wherever possible, XCCW and CEO will remain sensitive to, and understanding of cultural, family and personal sensitivities. If you have any special requests, please state them below.

☐ I give permission for the school to use photos or videos of the student.
☐ I give permission for the school to use the student's work.

Parent Signature

Date
SECTION 6. TRANSPORT / EXCURSION PERMISSION FORM

Travel away from the school is sometimes needed for school activities, sports, or access to training or facilities. More information about each excursion will be handed out to you closer to the date.

Student Behaviour

☐ I acknowledge that during excursions, acceptable standards of behaviour will be expected.

☐ I accept that the student must comply with the school policy in respect to the use of alcohol, cigarettes, as well as illegal and prohibited substances.

☐ I understand that in the event of the student's serious misbehaviour during the excursion, they may be sent home under appropriate supervision. I further understand that in such circumstances, I will be informed and any costs associated with their return will be my responsibility.

☐ I give permission for the student to attend local excursions on Bathurst or Melville Island organised by Xavier Catholic College Wurrumiyanga that occur during the day and within school hours.

☐ I give permission for the student to be transported in school vehicles, including on the school bus for the daily bus service.

Parent Signature

__________________________________________________________________________

Date

__________________________________________________________________________
This section is for the STUDENT enrolling at XCCW to read and sign.

I understand that by enrolling at Xavier Catholic College Wurrumiyanga, I am agreeing to abide by the three school rules:

1. Stay Safe
2. Respect Everyone
3. Learn Everyday

I understand that XCCW has a Zero Tolerance Towards Fighting Policy. I understand that this means if I am involved in a fight or any serious threatening behaviour at the school, I will receive an automatic minimum two week suspension.

Student Signature ____________________________ Date ____________________________
SECTION 8. PARENT AGREEMENT

1. We wish to enrol the above student at Xavier Catholic College Wurrumiyanga.

1. We accept and agree to support the policies of the school.

1. We agree to support this student to attend school every day and stay in school all day.

1. We agree to inform the school of any absences that may occur for this student.

1. We have completed this Enrolment Form fully and to the best of my / our knowledge.

Parent / Guardian 1 Signature

Date

Parent / Guardian 2 Signature

Date
SECTION 9. PRIVACY STATEMENT

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 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 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 to other schools, government departments, government agencies, statutory boards [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, School within other Catholic Dioceses. Also government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA)*, medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.

6a. In addition to the agencies and purposes cited at 6 above, 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. On occasions, information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines and on our website.

12. We may include your contact details in a class list and School directory. **

13. 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, so that they can access that information if they wish and that the School does not usually disclose the information to third parties.

* If appropriate

** Schools may wish to seek specific consent to publish contact details in class lists and School directories.