



St Peter's Catholic Parish of Epping, Epping  
North & Wollert Parish Schools  
Enrolment Form- Primary



St Peter's Catholic Parish of Epping, Epping North & Wollert Parish Schools operate with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS). This form is informed by the school's Enrolment Policy. Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made.

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

Please tick which school you are enrolling for:

**ST PETER'S CATHOLIC PRIMARY SCHOOL (9401 1157)**

**ST MARY OF THE CROSS MACKILLOP CATHOLIC PRIMARY SCHOOL (8432 4500)**

**GLOWREY CATHOLIC PRIMARY SCHOOL (8579 6505)**

STUDENT DETAILS			
Surname:			
Given name/s:		Preferred name:	
Does the student have a sibling at this school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

STUDENT CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)			
Title: (Dr./Mr./Mrs./Ms./Mx.)	Surname:		Given name:
House Number:	Street Name:		
Suburb:		State:	Postcode:
Telephone:	Home:	Work:	Mobile:
SMS messaging: (for emergency and reminder purposes)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:			
Relationship to student:			
Government Requirement	Occupation:	What is the occupation group? (Select from list of occupation groups in the School Family Occupation Index)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
Religion: (include rite)			

<b>Country of birth:</b> Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
<b>Aboriginal or Torres Strait Islander origin:</b> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			
<b>Nationality:</b>		<b>Ethnicity if not born in Australia:</b>	
<b>Visa subclass:</b>		<b>Visa expiry:</b>	
<b>Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified</b>			
<b>Do you speak a language other than English at home?</b> <i>Note: Record all languages spoken</i>			
<b>What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b> (Persons who have never attended secondary school, tick Year 9 or below)			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
<b>What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?</b>			
No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

STUDENT CONTACT 2 (PARENT 2 /GUARDIAN 2/CARER 2)			
<b>Title:</b> (Dr./Mr./Mrs./Ms./Mx.)		<b>Surname:</b>	
		<b>Given name:</b>	
<b>House Number:</b>		<b>Street Name:</b>	
<b>Suburb:</b>		<b>State:</b>	<b>Postcode:</b>
<b>Telephone:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>SMS messaging:</b> (for emergency and reminder purposes)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Email:</b>			
<b>Relationship to student:</b>			
<b>Government Requirement</b>	<b>Occupation:</b>	<b>What is the occupation group?</b> (Select from list of occupation groups in the School Family Occupation Index)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
<b>Religion:</b> (include rite)			
<b>Country of birth:</b> Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
<b>Aboriginal or Torres Strait Islander origin:</b> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			

<b>Nationality:</b>		<b>Ethnicity if not born in Australia:</b>	
<b>Visa subclass:</b>		<b>Visa expiry:</b>	
<b>Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified</b>			
<b>Do you speak a language other than English at home? <i>Note: Record all languages spoken</i></b>			
<b>What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed? (Persons who have never attended secondary school, tick Year 9 or below)</b>			
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>
<b>What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed?</b>			
No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>

### STUDENT DETAILS

<b>Surname</b>			
<b>Given name/s:</b>		<b>Preferred name:</b>	
<b>Entry year (YYYY):</b>		<b>Entry level/grade:</b>	
<b>Date of birth:</b>	<b>Religion: (include rite)</b>		
<b>Home Address:</b>			
M (Male): <input type="checkbox"/>	F (Female): <input type="checkbox"/>	Self identified / X (Indeterminate/Intersex/Unspecified): <input type="checkbox"/>	

### PREVIOUS SCHOOL/PRESCHOOL

<b>Name and address of previous school/preschool:</b>		
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning:	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Consent for Transferring Information form.)
Was the previous school attended interstate?	No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please complete the Interstate Data Transfer Note and Consent forms – refer to link in Enrolment Procedures)



**Parish where the student lives:**

## EMERGENCY CONTACTS – OTHER THAN STUDENT CONTACTS (PARENT/GUARDIAN/CARER)

Person 1	Person 2
<b>Surname Given Name:</b>	<b>Surname: Given Name:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>Home telephone:</b>	<b>Home telephone:</b>
<b>Mobile:</b>	<b>Mobile:</b>

## MEDICAL INFORMATION

<b>Doctor's name:</b>		
<b>Doctor's address:</b>		
<b>Telephone:</b>		
<b>Medicare number:</b>	<b>Ref number:</b>	<b>Expiry:</b>
<b>Private health insurance:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Fund:</b>	<b>Number:</b>
<b>Ambulance cover:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Number:</b>	
<b>Health Care Card:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Health Care Card No:</b>	<b>Expiry:</b>
<b>Medical condition/diagnoses:</b>	<p>Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p> <p>Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety</p>	
<b>Has the student been diagnosed as being at risk of anaphylaxis?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, does the student have an EpiPen or Anapen?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management policy, first aid policy, and supporting documents.</b>		

**If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.**

**IMMUNISATION** *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit [myGov](#)) and provide it to the school with this enrolment form.

**Immunisation history statement attached:** Yes  No  If no, please provide explanation:

**If the student entered Australia on a humanitarian visa, did they receive a refugee health check?** Yes  No

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

**ADDITIONAL NEEDS**

**Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?** Yes  No

**Does your child present with:**

- |                                                                          |                                                    |                                                                      |
|--------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> autism (ASD)                                    | <input type="checkbox"/> behavioural concerns      | <input type="checkbox"/> hearing impairment                          |
| <input type="checkbox"/> intellectual disability/<br>developmental delay | <input type="checkbox"/> mental health<br>concerns | <input type="checkbox"/> oral language/communication<br>difficulties |
| <input type="checkbox"/> ADD/ADHD                                        | <input type="checkbox"/> acquired brain injury     | <input type="checkbox"/> vision impairment                           |
| <input type="checkbox"/> giftedness                                      | <input type="checkbox"/> physical impairment       | <input type="checkbox"/> other condition <i>(please specify)</i>     |

**Has your child ever seen a:**

- |                                                  |                                                 |                                                                   |
|--------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> paediatrician           | <input type="checkbox"/> physiotherapist        | <input type="checkbox"/> audiologist                              |
| <input type="checkbox"/> psychologist/counsellor | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> speech pathologist                       |
| <input type="checkbox"/> psychiatrist            | <input type="checkbox"/> continence nurse       | <input type="checkbox"/> other specialist <i>(please specify)</i> |

**Have you attached all relevant information and reports?** Yes  No

**SIBLINGS ATTENDING A SCHOOL/PRESCHOOL**

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

### HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with immediate family	<input type="checkbox"/> Out-of-home care
<input type="checkbox"/> Guardian/Carer	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent 1/Guardian 1/Carer 1: Days with Parent 2/Guardian 2/Carer 2:
<input type="checkbox"/> Kinship care	<input type="checkbox"/> Other (please specify)

### COURT ORDERS OR PARENTING ORDERS (if applicable)

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

*If yes, copies of these court orders/parenting 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?

### SCHOOL FEES/LEVIES PAYER DETAILS

To whom the account for school fees and levies is sent?

Surname	First name	Address and email	Telephone	Relationship to the student

**Please note, the name/s of the parent / carers signing are responsible for the payment of fees for the term of the child's enrolment at the school.**

**Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School.**

**Please refer to the Terms and Conditions of the Enrolment Agreement for further details and explanation of the terms and conditions that will apply to enrolment at the School, once offered and accepted.**

**Student Contact 1  
parent 1/guardian 1/ carer  
1 signature:**

Date:

**Student Contact 2  
parent 2 /guardian 2/  
carer 2 signature:**

Date:

**Note:** The Victorian Government provides the following guidance regarding admission requirements:



## Consent

The signature of:

- parent as defined in the Family Law Act 1975
  - Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
  - may be a relative or other carer
  - have day-to-day care of the student with the student regularly living with them
  - may provide any other consent required e.g. excursions.

Notes for informal carer:

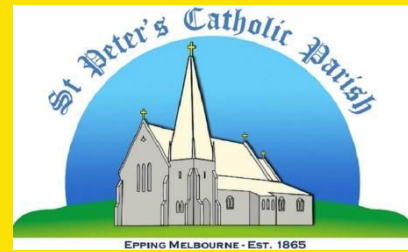
- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

**Disclaimer:** Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website.

### PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

**Please ensure that the following documents are attached to the Enrolment Application form (as applicable to your child):**

<input type="checkbox"/>	Birth certificate
<input type="checkbox"/>	Immunisation history statement
<input type="checkbox"/>	Baptism certificate
<input type="checkbox"/>	Consent to contact previous school or preschool
<input type="checkbox"/>	Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia
<input type="checkbox"/>	Visa information – visa grant notice/ImmiCard/letter of notification and passport photo page
<input type="checkbox"/>	Medical Management Plan signed by a relevant medical practitioner
<input type="checkbox"/>	All relevant information and reports concerning additional needs of your child
<input type="checkbox"/>	Any current court orders or parenting orders relating your child
<input type="checkbox"/>	Any additional information you wish the school to be aware of



## Family Occupational Index: Parent Occupation Groups

### Procedure subtitle

St Peter's Catholic Primary School, St Mary of the Cross Mackillop Catholic Primary School and Glowrey Catholic Primary School operate with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

## Purpose

The Family Occupational Index: Parent Occupation Groups collects information about the parent/guardian/carer occupations. This information is needed by the government as part of the enrolment process for our school. Please select the relevant group and use this to answer the Occupation group question on the Enrolment Form.

*Please select the appropriate group from the following list.*

### **Group N: Unemployed for more than 12 months**

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.

### **Occupation Group A: Elected officials, Senior executives/managers, management in large business organisations, government administration and defence, and qualified professionals**

#### Elected officials

- Mayor, parliamentarian, alderperson, trade union secretary, board member

#### Senior executives/managers, management in large business organisations

- Senior executive/manager/department head** in industry, commerce, media or other large organisation
- Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- Business** (e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager)
- Media** (e.g. newspaper editor, film/television/radio/stage producer/director/manager)

#### Government administration

- Public sector manager** (e.g. public service manager (section head or above), regional director, hospital/health services education)
- Defence Forces commissioned officer**

**Qualified professionals** – generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; teach others.

- Health** (e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician)
- Education** (e.g. schoolteacher, university lecturer, professor, VET, special education)
- Law** (e.g. judge, magistrate, barrister, coroner, solicitor, lawyer, legal officer)
- Social** (e.g. social/welfare/community worker, counsellor, minister of religion, urban/rural planner, sociologist, librarian, records manager, archivist, interpreter/translator)
- Engineering** (e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer)

- Science** (e.g. geologist, meteorologist, metallurgist, other scientist)
- Computing** (e.g. IT services manager, computer systems designer/manager, software engineer, systems/applications programmer)
- Business** (e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- Air/sea transport** (e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot)

## **Occupation Group B: Other business owners/managers, arts/media/ sportspersons and associate professionals**

### **Business owner/manager/professionals**

- Farm/business owner/manager** (e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- Specialist manager** (e.g. works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
- Financial services manager** (e.g. bank manager, finance/investment/insurance broker/advisor, credit/loans officer)
- Retail sales/services manager** (e.g. shop, post office, café/restaurant, club, other hospitality, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre, cinema, gallery, car rental, car/fleet/station manager, retail services manager)

### **Arts/media/sportspersons**

- Artist/writer/media** (e.g. editor, journalist, writer/author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor, proofreader, graphic designer, web designer)
- Sports** (e.g. sportsperson, coach, trainer, sports official)

**Associate professionals** – generally have diploma/technical qualifications and provide support to managers and professionals

- Medical, science, architectural, building, surveying, engineering, computer** technician/associate professional
- Health/social welfare** (e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- Law** (e.g. police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer, bailiff)
- Business/administration** (e.g. recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, mail supervisor, other managing supervisor, management and organisation analyst, contract, program)
- Defence Forces** (e.g. senior non-commissioned officer)
- Other** (e.g. library assistant, museum/gallery technician, research assistant, proofreader)

## **Occupation Group C: Tradespeople, clerks and skilled office, sales, carer and service staff**

**Tradespeople** – generally have completed a four-year trade certificate, usually by apprenticeship. All tradespeople are included in this group.

- Trades** (e.g. metal fitter/machinist, electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter, decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer, mechanic, chef/cook, hairdresser)

### Advanced/intermediate clerical, office, sales, carer and service staff

- Clerk** (e.g. bookkeeper, bank clerk, post office clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply/logistics/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service desk, hospital admissions clerk)
- Office** (e.g. secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales** (e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate agent)
- Carer** (e.g. aged/disability/refuge/welfare support worker, child care assistant, nanny, nursing support)
- Service** (e.g. meter reader, parking inspector, postal worker, travel agent, tour guide, flight attendant, fitness instructor, inspector, regulatory officer)

### Occupation Group D: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

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

- Driver or mobile plant operator** (e.g. car/taxi/truck/bus/tram/train driver, driving instructor, courier/deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator)
- Production/processing machine operator** (e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood, paper, glass, clay, stone, concrete, production/processing machine operator)
- Other Machine operator** (e.g. photographic developer/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signals/points, crane/hoist/lift/bulk materials handling machinery, driller, miner)

#### Sales, office, hospitality and other assistants

- Sales staff** (e.g. sales assistant, motor vehicle/caravan/parts salesperson, sales representative, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, sales demonstrator, shelf stacker)
- Office staff** (e.g. typist, word processing/data entry/business machine operator, receptionist, office assistant, general clerk)
- Hospitality staff** (e.g. hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchenhand, fast food cook, usher, porter, housekeeper)
- Assistant/aide** (e.g. trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant)

#### Labourers and related workers

- Defence Forces** (other ranks (below senior NCO) without trade qualification not included above)
- Agriculture, horticulture, forestry, fishing, mining worker** (e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nursery worker, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
- Other worker** (e.g. labourer, factory hand, storeperson, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

From *List of Parental Occupation Groups published in Student Background Characteristics*, [ACARA](#), 2022.



STUDENT DETAILS			
Surname:		Given names:	
Date of birth:			

SCHOOL TRANSFER DETAILS		
Current school:		
E No.:	School:	Suburb:
New School/College:		
E No.:	School:	Suburb:

The teacher/principal has discussed with me/us how and why certain information about my child is provided to the new school. I understand that in addition to formal reports, details regarding the educational program will be supplied.

I/we provide informed and express consent for all relevant health and/or educational information held by the current school, detailed below, to be provided to the new school. I understand that this information will be collected and used by [School name] to inform health and safety management strategies and educational programming for my child.

### Type of information to be provided

Please provide all information relevant to the student. This may include personalised learning plans and student program, medical reports, specialist notes, information regarding adjustments, Medical Management Plans, attendant care plans, Behaviour Support Plans or safety plans.

STUDENT INFORMATION			
Date	Author (name of psychologist, medical practitioner)	Title (speech pathologist, paediatrician)	Description (cognitive assessment, language assessment)

### PARENT/GUADIAN/CARER CONSENT

Parent 1/Guardian 1/Carer  
1 signature:

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Date:

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Parent 2/Guardian 2/Carer  
2 signature:

Date:

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Please refer to [\[School name\]](#) website for further information about our privacy policy and the use and disclosure of information. Further clarification is available on request from the principal.