## **Bankstown West Public**

Respect, Believe, Succeed

## Privacy Notice – Enrolment Information

## Statement of Purpose

The information provided on \_

by

(please print child's family name) (parent/caregiver's name) is being obtained for the purpose of gaining family details. It will be used by the Department of Education and Communities personnel for supporting student needs and contacting parents/caregivers.

Provision of this information is essential. This includes the contact details of *two* emergency contacts. In addition, changes to school funding formula mean it is essential we have on file each parent's *current* occupation and highest level of education attained. Please be assured this information is kept confidential.

## Personal information guidelines

• The Department of Education and Communities, and the school in particular, will store your private information securely.

• The parent/caregiver will notify the school immediately if any change of detail occurs. This may be done through phoning the school, visiting the office or advising the class teacher.

I have read the conditions outlined in the **Privacy Notice – Enrolment Information** and I agree to provide all the information required. I will update personal information as my circumstances change.

Child's Name:	_ Class:	Child's Nar	ne:	Cla	SS:
Child's Name:	_ Class:	Child's Nar	ne:	Cla	SS:
Parent's/Carer's Name:					
Parent's/Carer's Signature:			Date	e:	
Address:					
Home phone:					
Mother's mobile:		Father's mobile:			
lother's email:		Father's email:			
Parent 1 – Mother / Father (circle)	<u>current</u> occupa	tion:			
Parent 1 – final year of high school	(circle one):	Year 9	Year 10	Year 11	Year 12
Parent 1 – Tertiary qualification/s h	eld:				
Parent 2 – Mother / Father (circle) – current occupation:					
Parent 2 – final year of high school	(circle one):	Year 9	Year 10	Year 11	Year 12
Parent 2 – Tertiary qualification/s he	eld:				
Emergency Contact 1: Name:					
Phone number:	Relationship to child			(must not be a parent)	
Emergency Contact 2: Name:					
Phone number:	Relationship to child			(must not be a parent) Teacher – Staff – Office – Consent Forr	

