

## APPLICATION FOR ENROLMENT

### Catholic Diocese of Bathurst Systemic Schools

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 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:

FAMILY MAILING DETAILS <small>School mail to be sent to</small>
Name:
Address:
Town and Postcode:
Email (required for Compass Parent Portal):

### STUDENT DETAILS

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	
<small>A street name MUST be supplied. A PO Box, Property Name, or Farm Number only, is NOT acceptable under Government Requirements.</small>	
No. and Street Name:	Suburb:
Postcode:	Emergency GEOCoding:

RESIDENCY STATUS		
Town of Birth:	Country of Birth:	Nationality:
Residency Status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Visa Subclass:	Visa Expiry:
Passport Number:	Date of Arrival in Australia:	Refugee Status: <input type="checkbox"/> None <input type="checkbox"/> Pending <input type="checkbox"/> Confirmed
OSHC Membership Number:	OSHC Expiry Date:	

RELIGION		
Religion:	Current Parish:	
<b>Religious Milestones:</b>	<b>Location/Parish</b>	<b>Date</b>
Sacrament of Baptism:		
Sacrament of Reconciliation:		
Sacrament of the Eucharist:		
Sacrament of Confirmation:		

ADDITIONAL STUDENT DETAILS	
Languages Other than English Spoken at Home:	Main Language Spoken at Home:
<b>Indigenous Status:</b>	
<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander Origin
<input type="checkbox"/> Aboriginal but not Torres Strait Islander Origin	<input type="checkbox"/> Torres Strait Islander but not Aboriginal Origin
<input type="checkbox"/> Not stated/ do not wish to provide	

OTHER STUDENT DETAILS		
Commencement Year 20	Preferred Start Date	Year Child will Enter on Enrolment
Previous School		Year Level
I / We give permission for the school to contact the previous school or preschool <input type="checkbox"/> Yes <input type="checkbox"/> No		
Living Arrangements		
<input type="checkbox"/> Home with both parents	<input type="checkbox"/> Home with one parent, please state which parent	
<input type="checkbox"/> Other, please state arrangements		

KINDERGARTEN ENROLMENTS			
In the year before school, has the child been in non-parental care or other educational programs on a regular basis?			
<input type="checkbox"/> Preschool	Postcode	<input type="checkbox"/> Long Day Care	Postcode
<input type="checkbox"/> Family Day Care	Postcode	<input type="checkbox"/> Day Care (with preschool program)	Postcode
<input type="checkbox"/> Grandparent	Postcode	<input type="checkbox"/> Other relative	Postcode
<input type="checkbox"/> Other Person (nanny, friend or neighbour)	Postcode	<input type="checkbox"/> No non-parental or other educational programs	
Please indicate the formal care (long day care, preschool) each week prior to enrolling at school <input type="checkbox"/> Full time <input type="checkbox"/> Part time			

## STUDENT LEARNING NEEDS

<b>STUDENT HISTORY</b>	<b>Government Requirement</b>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide a brief description:	
Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues:	

Please tick the appropriate box for each question below	YES	NO
Does your child have any history of violent behaviour?		
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 below?		
Actual violence to any person?		
Possession of a weapon or any items used to cause an injury?		
Intimidation, bullying or harassment of students or staff at a school?		
Threats of violence?		
Illegal drugs?		
Other (please specify)		
I / We will provide written consent to the school on request to contact health professionals or other relevant agencies.		

<b>ADDITIONAL NEEDS</b>	<b>Government Requirement</b>
Please indicate if your child has any of the following:	
<input type="checkbox"/> autism	<input type="checkbox"/> behaviour disorders
<input type="checkbox"/> an intellectual disability	<input type="checkbox"/> a physical disability
<input type="checkbox"/> a language disorder	<input type="checkbox"/> a hearing impairment
<input type="checkbox"/> mental health issues	<input type="checkbox"/> a vision impairment
<input type="checkbox"/> Other (please specify) include any Early Intervention Services	<input type="checkbox"/> giftedness
Please indicate any accommodations/learning adjustments that were provided for your child in their previous school/pre-school:	
<input type="checkbox"/> alternative teaching and learning strategies	<input type="checkbox"/> a reader or scribe
<input type="checkbox"/> signing	<input type="checkbox"/> access to technology
<input type="checkbox"/> modifications to equipment, furniture and learning spaces	<input type="checkbox"/> occupational therapy
	<input type="checkbox"/> Other (please specify):

MEDICAL INFORMATION		
Doctor's Name:		Phone:
Address:		
Medicare No:	Reference No:	Expiry Date:
Private Health Fund:	Health Fund Number:	
Date of last tetanus injection/booster:		
Please specify any medical conditions the student suffers from and/or any prescribed medication taken by the student.:		
Allergies: Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details:		
The student been diagnosed as being at risk of anaphylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No The student has an EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No Please supply copies of your child's Anaphylaxis Plan if applicable		
The student been diagnosed as being at risk of asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Please supply copies of your child's Asthma Plan if applicable		

Immunisation: Please tick applicable box and complete Date of Immunisation			
Hepatitis B Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diphtheria-Tetanus-Whooping Cough Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles-Mumps-Rubella Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus Influenzae type b (Hib) Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal C disease Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chickenpox Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal disease Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Papillomavirus (HPV) (12-18 years) Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

COURT ORDERS (if applicable)		
Are there any current court orders relating to the student? Copies must be provided.	YES	NO
If current Court Orders are varied or revoked the school must be advised and provided with a copy of the 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	YES	NO
If yes, please provide a brief description of these circumstances.		

## FAMILY INFORMATION

### SIBLINGS ATTENDING A SCHOOL/ PRE-SCHOOL

Please list all children in your family attending school or preschool (from oldest to youngest) – include applicant.

Name	Date of Birth	School / Pre-school	Current Grade

### BILLING INFORMATION

Please leave address blank if it is the same as the student's home address

Payment schedules, please tick:       Weekly       Fortnightly       Monthly       Quarterly  
 Preferred payment method, please tick:       BPay       Credit Card       Centrepay       Direct Deposit       Other

School accounts to be sent to	Second person - only to be completed if a split bill is required
Name:	Name:
Address:	Address:
Town:                                      Postcode:	Town:                                      Postcode:
Email:	Email:
Percentage of Account:	Percentage of Account:

**PARENT / MOTHER / GUARDIAN 1 DETAILS**

Title:	First Name:	Middle Name:
Surname:	Preferred Name:	Preferred Last Name:
Former Name:	Former Last Name:	
Date of Birth:	Gender:	
Religion:	Nationality:	Country of Birth:

**CONTACT INFORMATION**

Home:	Business:	Mobile:
Email:	Address:	
Occupation:		

## Government Requirement:

What is the parent occupation group? Group \_\_\_\_\_  
(Please select from list of parental occupation groups page 8)

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')

<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
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What is the level of the highest qualification the mother/guardian has completed: (mark one box only)

<input type="checkbox"/> No non-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
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**PARENT / FATHER / GUARDIAN 2 DETAILS**

Title:	First Name:	Middle Name:
Surname:	Preferred Name:	Preferred Last Name:
Former Name:	Former Last Name:	
Date of Birth:	Gender:	
Religion:	Nationality:	Country of Birth:

**CONTACT INFORMATION**

Home:	Business:	Mobile:
Email:	Address:	
Occupation:		

Government Requirement:			
What is the parent occupation group? (Please select from list of parental occupation groups page 8)		Group _____	
What is the highest year of primary or secondary school the father/guardian has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below')			
<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
What is the level of the highest qualification the father/guardian has completed: (mark one box only)			
<input type="checkbox"/> No non-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

### NON RESIDENTIAL PARENT DETAILS

Title:	First Name:	Middle Name:
Surname:	Preferred Name:	Preferred Last Name:
Former Name:	Former Last Name:	
Date of Birth:	Gender:	
Religion:	Nationality:	Country of Birth:

### CONTACT INFORMATION

Home:	Business:	Mobile:
Email:	Address:	
Occupation:		

### EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/ GUARDIAN (to be used in the event of an emergency if parents cannot be contacted, e.g. grandparent or friend)

Contact 1		Contact 2	
Name:		Name:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Relationship to student:		Relationship to student:	
Language Spoken at home:		Language Spoken at home:	
Phone:	Mobile:	Phone:	Mobile:

## PARENT OCCUPATION GROUPS

<p><b>Group 1</b></p> <p><b>Senior management in large business organisation, government administration and defence and qualified professionals</b></p>	<p>Senior executive/manager/department head in industry, commerce, media or other large organisation</p> <p>Public service manager [section head or above], regional director, health/education/ police/fire services administrator</p> <p>Defence Forces Commissioned Officer</p> <p>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</p>	<p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ship's captain/officer/ pilot, flight officer, flying instructor, air traffic controller]</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p>
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<p><b>Group 2</b></p> <p><b>Other business managers, arts/media/sport persons and associate professionals</b></p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager [finance/engineering/ production/personnel/industrial relations /sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proofreader, sportsman/woman, coach, trainers, sports official]</p>	<p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/ associate professional</p> <p>Business/administration [recruitment/ employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer</p>
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<p><b>Group 3</b></p> <p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</p> <p>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]</p> <p>Skilled office, sales and service staff</p>	<p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>
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<p><b>Group 4</b></p> <p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p>	<p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Force ranks below senior NCO not included below</p> <p>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]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
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<p><b>Group 8</b></p>	<p>Has not been in paid work in the last 12 months.</p>
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*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 OFFICE DIOCESE OF BATHURST 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).

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. I/We agree to support all school policies in relation to program of studies, regular attendance, sport, pastoral care, school uniform, responsible use of technology, discipline, bullying and the general operation of the school. <i>(Copies of all policies are available upon request from the school).</i>
	2. I/We have included copies of the following documents with this application for enrolment: (please tick appropriate boxes) <b>*Originals to be produced during the enrolment interview.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth certificate *</li> <li><input type="checkbox"/> Sacramental Certificates to date</li> <li><input type="checkbox"/> Passport, visa, citizenship documentation (if applicable) *</li> <li><input type="checkbox"/> Most recent previous school reports and external test results</li> <li><input type="checkbox"/> Current Family Court Orders (if applicable) *</li> <li><input type="checkbox"/> Relevant medical and/or special needs information (if applicable)</li> <li><input type="checkbox"/> Immunisation Certificate</li> <li><input type="checkbox"/> Reports of assessments your child has received for speech, hearing, cognitive (IQ), occupational therapy (if applicable)</li> <li><input type="checkbox"/> Anaphylaxis/Asthma Plan/s (if applicable)</li> <li><input type="checkbox"/> Parish Priest Reference (if applicable)</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. I/We understand that if this application is successful it is conditional on the accuracy of the information provided to the school and, to be able to accommodate the needs of our child, that updated information must 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)
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. I/We will complete Working With Children Checks as required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Media/Communications Permission to cover <u>all</u> forms of media I/We authorise the school to take and use photographs, video or sound recordings of the student/student'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 the student in a positive light. If circumstances change, I/we undertake to inform the school if there is a need to rescind this media and communications permission.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. I/We have read the Standard Collection (Privacy) Notice about the collection and management of the personal information contained in this form.

<input type="checkbox"/> Yes <input type="checkbox"/> No	10. 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..
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. 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.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Mother/guardian* *Father/guardian*

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

FAMILY CODE \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

1 Birth Position		6 Date Offer Sent		10 Year Level entering	
2 Date Application Received		7 Date Offer Accepted		11 House Group	
3 Interview Time and Date		8 Date of enrolment at school		12 Residency Status	
4 Attended interview		9 Anticipated Roll Class		13 VISA Class, Number	
5 Documents provided and copies attached	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport/VISA if applicable	<input type="checkbox"/> Immunisation Record	<input type="checkbox"/> Court Orders if applicable	
14 Date entered into Compass		15 Entered by			



## CATHOLIC EDUCATION OFFICE DIOCESE OF BATHURST 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.
2. 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 the NSW Board of Studies and ACARA. Information provided to the NSW Board of Studies 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.