



# APPLICATION FOR ENROLMENT

Calendar Year for Enrolment: \_\_\_\_\_ Academic Year for Enrolment: \_\_\_\_\_

## STUDENT INFORMATION

Student Surname: \_\_\_\_\_ Address: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Gender: Male  Female   
Birth Certificate Attached: Yes/No If born outside of Australia:  
Aboriginal: Yes/No Date of Arrival in Australia: \_\_\_\_\_  
Torres Strait Islander Yes/No Visa Category Number: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Australian Permanent Resident: Yes/No  
Language Spoken at Home: \_\_\_\_\_

Religious Denomination \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_ Baptism Certificate Attached YES  NO   
Date of Reception of other Sacraments:  
Reconciliation: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Present School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Year Level: \_\_\_\_\_

**PLEASE NOTE:** A non-refundable Registration Fee of \$25 per family must accompany this application. This fee covers administration expenses and must be paid before the application can be processed.

FEMALE PARENT/GUARDIAN		MALE PARENT/GUARDIAN	
Title:			
First Name:			
Surname:			
Address:			
Postal Address:			
Telephone Numbers: Home			
Work			
Mobile			
Email Address:			
Religion:			
Country of Citizenship:			
Occupation:			
Employer:			
Place of Birth:			
Religious Denomination:			
Parish:			
Marital Status: (Married, Divorced, Single, Widowed, Separated, Defacto)			

### CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student: \_\_\_\_\_  
 \_\_\_\_\_

If applicable, a copy of any Parenting or Restraint Order is attached    YES                                     NO

Any other conditions enforced at law? \_\_\_\_\_

## SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S CATHOLIC PRIMARY SCHOOL PINJARRA

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____

## SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____

## STUDENT'S INDIVIDUAL NEEDS

The School *Education Act* 1999 requires the provision of:

“details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other person in the school”(16G)

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Medical/Health Care \_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_

Physical (including Occupational Therapy) \_\_\_\_\_  
\_\_\_\_\_

Orthoses/Prosthesis \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_  
\_\_\_\_\_

Sensory (eg. Vision/Hearing) \_\_\_\_\_  
\_\_\_\_\_

Behavioural or Safety \_\_\_\_\_  
\_\_\_\_\_

Communication (including Speech Therapy) \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.

### EXTERNAL SERVICES PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No

If so please detail name of Service Provider and Contact Number \_\_\_\_\_

Please detail \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

## MEDICAL INFORMATION

### IMMUNISATION RECORD

F - Fully immunised

N - Not immunised

I - Incomplete immunisation

P - Personal objections

Measles

Mumps

Rubella

Diphtheria

Tetanus

Hepatitis B

Pertussis

Polio (OPV)

(Whooping Cough)

Immunisation Record Attached: Yes/No

Family Doctor/Medical Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Dentist/Dental Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group (if known) \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommend treatment by an accredited medical practitioner on my behalf.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

FEMALE PARENT OR GUARDIAN

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

MALE PARENT OR GUARDIAN

## DISCLOSURE

Do you agree that the information supplied on the Student Information and Family Information sections, can be provided to the relevant Parish Priest?

YES  NO

## AGREEMENT

- I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.
- I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
- I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.
- I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school.
- I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.
- I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

FEMALE PARENT OR GUARDIAN

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

MALE PARENT OR GUARDIAN

A copy of your child's Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview.

## Standard Collection Notice

1. St Joseph's Catholic Primary School Pinjarra (the School) 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, School Education Act 1999 and Child Protection laws, including The Children and Community Services Act 2004..
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, the Catholic Education Office, the Catholic Education Commission, your local diocese and the parish and/ or schools within other Catholic Dioceses. Information is also disclosed to government authorities such as Schools Curriculum and Standards Authority 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 aggregated 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 School Education Act 1999 and Children and Community Services Act 2004.
8. Personal information collected from pupils is regularly disclosed to their parents or guardians.
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. On occasions information such as academic and sporting achievements, pupil activities and similar news is published, in both hard and digital copy, in School newsletters and magazines and on our website.
11. We may include your contact details in a class list and School directory
12. 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, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

### Office Use Only

Calendar Year for Enrolment: _____		Academic Year for Enrolment: _____	
Birth Certificate Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments: _____ _____ _____ _____
Aboriginal/Torres Straight Islander	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Baptism Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Immunisation Record	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Parish Priest Reference	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Interview _____			
Acceptance Letter _____			_____
Reply Date _____			_____
Accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Waiting List	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Permanent Resident	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Visa Code if Applicable _____			_____



## PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest, forms part of the enrolment process for St Joseph's Catholic Primary School. Contact should be made with the parish secretary to find out the process for that parish.

### TO BE COMPLETED BY PARENT

To the Parish Priest at: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Current School: \_\_\_\_\_

If Government school, does child attend out of school scripture classes in the Parish? YES  NO

In a Catholic School, the parish and the school work in close collaboration with parents in fostering the faith development of students. How do you see yourselves as parents fitting into the life of your parish?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TO BE COMPLETED BY PARISH PRIEST

Please complete the information below in reference to the family information above.

Is the family actively involved in the life of the Church? \_\_\_\_\_

\_\_\_\_\_

Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education? \_\_\_\_\_

\_\_\_\_\_

Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

\_\_\_\_\_

Any other comments by the priest

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

**To the Parish Priest:** Please mail or fax this completed form to the address or fax number detailed below.

St Joseph's Catholic Primary School, PO Box 30, Pinjarra, WA, 6208 or FAX: 9531 2480