

**Please answer all questions - use BLOCK LETTERS**

When submitting the Application Form please include:

1. Birth Certificate
2. Baptism Certificate
3. Immunisation Certificate
4. Parish Priest Reference Form to be submitted by Parish
5. Service Application Fee (\$100 per family)

Please note: For Kindergarten and Pre-Primary Applications, some of this information may not be relevant.

<b>Office Use Only</b>	
Date Received .....	Sibling .....
Birth Cert.....	Baptism .....
	Immunis. Cert .....
Parish Priest Form .....	
Service Application \$ .....	Receipt .....
Enrolment Confirmation \$ .....	Receipt .....

**STUDENT INFORMATION**

Calendar Year for which enrolment is sought _____
Class Level for which enrolment is sought <b>K PP 1 2 3 4 5 6</b>
Present School _____ Location _____ Year Level _____

Student Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Second Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Aboriginal/Torres Strait Islander: Yes / No  
 Language spoken at home: \_\_\_\_\_

Birth Certificate Attached: Yes / No  
 If out of Australia - Date of Arrival \_\_\_\_\_  
 Australian Permanent Resident: Yes / No  
 If yes, Group of Origin: \_\_\_\_\_

Religious Denomination _____	Parish Priest: _____
Parish: _____	Suburb: _____
Date of Reception of Sacraments: _____	Baptism Certificate Attached Yes/No
Baptism _____	Reconciliation _____
First Communion _____	Confirmation _____
Present School: _____	Location: _____
	Year Level: _____

**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_  
 Contact No (W): \_\_\_\_\_  
 Contact No (Mob): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Family Parish: \_\_\_\_\_

**MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_  
 Contact No (W): \_\_\_\_\_  
 Contact No (Mob): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Family Parish: \_\_\_\_\_

Home Address : \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Mail Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**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? \_\_\_\_\_

**PAST PUPIL**

Are you a past pupil of Loreto Nedlands? Yes/No

If no, previous schools attended \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING SCHOOL**

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

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

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

**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 persons 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 \_\_\_\_\_

Orthoses/Prostheses \_\_\_\_\_

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

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

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

Communication \_\_\_\_\_

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 SERVICE 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 No. \_\_\_\_\_

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

Does your child require special Transport arrangements to and from school? Yes/No

Does your child receive Respite Care on a regular basis? Yes/No

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

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

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

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

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

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

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

**MEDICAL INFORMATION**

**IMMUNISATION RECORD**

F- fully immunised      N - not immunised      I - incomplete immunisation      P- personal objections

Measles  Mumps  Rubella  Tetanus  Pertussis

(Whooping Cough)

Diphtheria  Polio (OPV)  Hepatitis B  HIB  BCG

Chicken Pox  Meningococcal  Other  Immunisation Record Attached

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 recommended treatment by an accredited medical practitioner on my behalf.*

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

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

**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 have read and fully understand and agree to the terms and conditions set out in the school fee collection policy and take responsibility for payment of fees. I/we understand that a term's notice must be given or a term's fee in lieu of that notice will be charged. I/we understand that failure to pay fees in full will result in the account being transferred to a debt collection agency.

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.

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

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