



## APPLICATION FORM | K - 6

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

When submitting the Application Form please include:

- Birth Certificate
- Baptism Certificate
- Immunisation Certificate
- Parish Priest Reference Form to be submitted by Parish
- Proof of Citizenship (*if required*)
- Service Application Fee (\$100 per family)

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

### STUDENT INFORMATION

Calendar Year for which enrolment is sought: \_\_\_\_\_

Class Level for which enrolment is sought:    **K**        **PP**        **1**        **2**        **3**        **4**        **5**        **6**

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

Student Surname: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

First Name: \_\_\_\_\_

Parish Priest: \_\_\_\_\_

Second Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Suburb: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Reception of Sacraments: \_\_\_\_\_

Birth Certificate Attached: Yes / No

Baptism Certificate Attached: Yes / No

Birthplace: \_\_\_\_\_

Baptism: \_\_\_\_\_

If Out of Australia - Date of Arrival: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

First Communion: \_\_\_\_\_

Australian Permanent Resident: Yes / No

Confirmation: \_\_\_\_\_

Nationality: \_\_\_\_\_

Present School: \_\_\_\_\_

Aboriginal/Torres Strait Islander: Yes / No

Location: \_\_\_\_\_

If yes - Group of Origin: \_\_\_\_\_

Year Level: \_\_\_\_\_

Laungage Spoken at Home: \_\_\_\_\_

### OFFICE USE ONLY

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

Sibling: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Baptism: \_\_\_\_\_

Immunisation Certificate: \_\_\_\_\_

Parish Priest Form: \_\_\_\_\_

Proof of Citizenship: \_\_\_\_\_

Service Application: \$ \_\_\_\_\_

Receipt: \_\_\_\_\_

Enrolment Confirmation: \$ \_\_\_\_\_

Receipt: \_\_\_\_\_



## FAMILY INFORMATION

### Parent One

Title:

First Name:

Surname:

Occupation:

Nationality:

Country of Birth:

Language:

Employer:

Religious Denomination:

Contact No (work) :

Contact No (mobile) :

E-mail:

Family Parish:

### Parent Two

Title:

First Name:

Surname:

Occupation:

Nationality:

Country of Birth:

Language:

Employer:

Religious Denomination:

Contact No (work) :

Contact No (mobile) :

E-mail:

Family Parish:

Home Address:  Postcode:

Home Telephone:

Mailing Address:  Postcode:

Billing Address:  Postcode:

## CUSTODY | GUARDIANSHIP

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

(if applicable) Copy of any Parenting or Restraining Order is attached: Yes / No

And other conditions enforced at law?



SIBLINGS CURRENTLY ATTENDING SCHOOL

Name:	Year Level:	Name:	Year Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name:	Year Level:	School:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 / Protheses:

Psychological / Cognitive:

Sensory (eg. Vision / Hearing):

Behavioural / 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

Please detail name of Service Provider and Contact No.

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 PARENT)

Name:

Relation to Student:

Address:

Contact Number:

Name:

Relation to Student:

Address:

Contact Number:

## MEDICAL INFORMATION

### Immunisation Record

**F** - Fully Immunised

**N** - Not Immunised

**I** - Incomplete

**P** - Personal Objections

Measles:

Mumps:

Rubella:

Tetanus:

Diphtheria:

Polio (OPV):

Hepatitis B:

HIB:

Chicken Pox:

Meningococcal:

Pertussis:   
(Whooping Cough)

BCG:

Other:

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:



## 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):

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 12 weeks notice (including exiting at the end of the school year) must be given or in lieu of that notice 10 weeks of tuition and amenities 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):

Date:

Date: