

STUDENT INFORMATION

Student Surname: _____
 First Name: _____ Preferred Name: _____
 Address: _____
 _____ State: _____ Postcode: _____
 Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No
 Aboriginal/Torres Strait Islander: Yes/No
 If yes to Aboriginal/Torres Strait Islander, then Group of Origin : _____
 Nationality: _____ Australian Permanent Resident: Yes/No
 If born outside of Australia:
 Date of arrival in Australia: _____ Visa Category Number: _____
 Country of Citizenship: _____ Language Spoken at Home: _____

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: _____

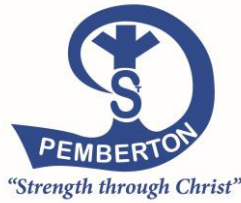
FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
 Address: _____
 _____ State: _____ Postcode: _____
 Religious Denomination: _____ Parish Priest: _____
 Parish: _____ Suburb: _____
 Occupation: _____
 Contact Address: _____
 Contact Numbers: _____
 Email
 Address: _____
 Country of Citizenship: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
 Address: _____
 _____ State: _____ Postcode: _____
 Religious Denomination: _____ Parish Priest: _____
 Parish: _____ Suburb: _____
 Occupation: _____



Contact Address: _____

Contact Numbers: _____

Email

Address: _____

Country of Citizenship: _____

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 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 _____

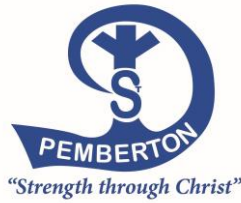
Physical _____

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 effect educational arrangements?
Yes/No

If so 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 A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

MEDICAL INFORMATION (Applicable to an imminent enrolment commencement)

IMMUNISATION RECORD

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

Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>
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Hepatitis B	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>	Immunisation Record Attached	<input type="checkbox"/>
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(Whooping Cough)

Yes/No

Family Doctor/Medical Clinic: _____

Address: _____

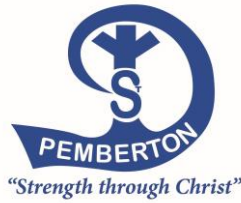
Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____



(If known)

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the school/college to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

Signature of Parent(s)/Guardian(s): _____ Date: _____
FEMALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN Date: _____

DISCLOSURE

Do you agree that the information supplied in 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.

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: _____
FEMALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN Date: _____

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.