



ENROLMENT FORM

DATE OF APPLICATION

/ /

STUDENT INFORMATION

Student Surname:

First name:

Preferred Name:

Date of Birth : / /

Place Of Birth :

Birth Certificate Attached: Yes No

Nationality :

Aboriginal or Torres Strait Islander: Yes No

If Yes, Group of Origin

Present School:

Year Level:

If born Outside of Australia

Date of Arrival in Australia:

Visa Category Number:

Country of Citizenship:

Language Spoken at Home:

Religious Information (if applicable):

Religious Denomination:

Parish Priest:

Parish:

Suburb:

Baptism Certificate Attached: Yes No

Date of Reception of Sacraments:

Baptism

Reconciliation

First Communion

Confirmation



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FAMILY INFORMATION

CAREGIVER 1

Surname:	<input type="text"/>	First name:	<input type="text"/>
Street Address	<input type="text"/>		
State :	<input type="text"/>	Postcode	<input type="text"/>
Contact Number:	<input type="text"/>	Country of Citizenship:	<input type="text"/>
Email Address	<input type="text"/>		
Occupation:	<input type="text"/>	Workplace:	<input type="text"/>
Religious Denomination:	<input type="text"/>	Parish Priest:	<input type="text"/>
Parish:	<input type="text"/>	Suburb:	<input type="text"/>

CAREGIVER 2

Surname:	<input type="text"/>	First name:	<input type="text"/>
Street Address:	<input type="text"/>		
State :	<input type="text"/>	Postcode:	<input type="text"/>
Contact Number:	<input type="text"/>	Country of Citizenship:	<input type="text"/>
Email Address	<input type="text"/>		
Occupation:	<input type="text"/>	Workplace:	<input type="text"/>
Religious Denomination:	<input type="text"/>	Parish Priest:	<input type="text"/>
Parish:	<input type="text"/>	Suburb:	<input type="text"/>



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FAMILY INFORMATION

CUSTODY/GUARDIANSHIP

Are there Custody Or Guardianship arrangements in place? Yes No

If yes, please provide details

Any other conditions enforced by law? Yes No

If yes, please provide details

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S

Name: Year Level:

Name: Year Level:

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name: Year Level: School:

Name: Year Level: School:

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Surname: First name:

Street Address

State : Postcode

Contact Number:

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



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MEDICAL INFORMATION

HEALTH PROVIDERS

Doctor:

Phone number:

Medicare Number:

Expiry date: /

Do you have Ambulance cover? Yes No

Medical Clinic:

Address:

Reference number:

Health care fund:

IMMUNISATION

Government regulations require schools to obtain immunisation records at the time of enrolment and keep those records. School Health Services has to be notified of children who are not immunised. Only an Australian Immunisation Register (AIR) Immunisation Status Report can be accepted. This can be obtained through your myGov or Medicare Online account. For more information visit: <https://www.servicesaustralia.gov.au/australian-immunisation-register>

AIR Immunisation Status Report attached: Yes No

MEDICAL & HEALTH CONDITIONS

Does your child have any medical or health concerns? Yes No

If yes, please provide details

MEDICATIONS

Does your child require medication? Yes No

If yes, please provide details

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 Caregiver 1 _____

Date: / /

Signature of Caregiver 2 _____

Date: / /

STUDENT 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.

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SERVICES?

Psychological or psychiatric services

Yes No

If yes, please provide details

Occupational therapy

Yes No

If yes, please provide details

Speech therapy

Yes No

If yes, please provide details

Vision and/or hearing

Yes No

If yes, please provide details

Learning support

Yes No

If yes, please provide details

Does your child have a diagnosed disability?

Yes No

If yes, please provide details

SERVICES FROM EXTERNAL AGENCIES

Does your child receive any services from an external agency which may affect educational arrangements?

Yes No

If yes, please provide details



ENROLMENT FORM

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 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 Caregiver 1 _____

Date: / /

Signature of Caregiver 2 _____

Date: / /

ATTACHED DOCUMENTS (WHERE APPLICABLE)

Birth Certificate Required

Baptism Certificate

Australian Immunisation Record Required

Passport

Visa

Custodial Court Orders