



St Patrick's Primary School Fremantle

Enrolment Application form



STUDENT INFORMATION

Student Surname: _____ First Name: _____
 Preferred Name: _____ Male or Female (please circle)
 Date Of Birth: _____ Birth Place: _____
 Birth Certificate Attached: Yes/No Aboriginal/Torres Strait Islander: Yes/No
 Nationality: _____ Australian Permanent Resident: Yes/No
 Language Spoken at Home: _____
 Address and postcode: _____

Born Outside of Australia : Yes/No Date of Arrival: _____ Years in Australia: _____
 Country of Birth: _____ Country of Citizenship: _____
 Visa Entry to Australia: Yes/No Visa Sub Class: _____

Religious Denomination: _____ Parish Priest: _____
 Parish Priest Reference Form Attached: Yes/No Parish: _____
 Date of Reception of Sacraments: _____ Baptism Certificate Attached Yes/No
 Baptism Date: _____ Reconciliation Date: _____ First Communion: _____ Confirmation: _____

Student's Present School: _____ Location: _____
 Current Year Level: _____

ENROLMENT YEAR

Year of Entry: _____ Commencing in: K PP 1 2 3 4 5 6

FEMALE PARENT OR GUARDIAN

Title: _____ First Name: _____ Surname: _____
 Address if different from above: _____
 Religious Denomination: _____
 Parish Priest: _____
 Parish and Parish Address: _____
 Occupation: _____ Name of Employer: _____
 Contact Address of Employer: _____
 Home Telephone: _____ Work Telephone: _____ Mobile: _____
 Country of Citizenship: _____ Nationality: _____ Country of Birth: _____

MALE PARENT OR GUARDIAN

Title: _____ First Name: _____ Surname: _____
 Address if different from above: _____
 Religious Denomination: _____
 Parish Priest: _____
 Parish and Parish Address: _____
 Occupation: _____ Name of Employer: _____
 Contact Address of Employer: _____
 Home Telephone: _____ Work Telephone: _____ Mobile: _____
 Country of Citizenship: _____ Nationality: _____ Country of Birth: _____

PREFERRED EMAIL CONTACT FOR ONE OR BOTH PARENTS: _____

- BC
- B
- IMM
- PPREF
- Fee

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

YOUNGER SIBLINGS AT HOME:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS CURRENTLY ATTENDING SCHOOL:

Name: _____ Year Level: _____ School: _____

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 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 e.g. Vision/Hearing: _____

Behavioural or Safety: _____

Communication: _____

Does your child have any allergies, medical or other conditions: **YES / NO** (please circle).

If **YES**, please provide further information and an Action Plan: _____

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 number.

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN):

Name: _____ Relation to Student: _____

Address: _____

Home Telephone Number: _____ Mobile Number: _____

Name: _____ Relation to Student: _____

Address: _____

Home Telephone Number: _____ Mobile Number: _____

IMMUNISATION RECORD:

F-Fully Immunised N-Not Immunised I-Incomplete Immunisation P-Personal Objection

If there is a Personal Objection to immunisation, please provide a photocopy of the Conscientious Objection Form that has been signed by your G.P

COMMUNICABLE DISEASE	FULLY IMMUNISED	NOT IMMUNISED	INCOMPLETE	PERSONAL OBJECTION
MEASLES				
MUMPS				
RUBELLA				
DIPHTHERIA				
TETANUS				
HEPATITIS B				
PERTUSSIS				
POLIO (OPV)				

IMMUNISATION RECORD ATTACHED FOR SCHOOL RECORDS YES/NO

Family Doctor/Medical Clinic: _____

Address: _____

Contact Number: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Number: _____

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: _____

FEMALE PARENT OR GUARDIAN

_____ Date: _____

MALE PARENT OR GUARDIAN

COLLECTION NOTICE

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. 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. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws. 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.

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, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.

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.

Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters. 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.

As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent. We may include your contact details in a class list for the purpose of School excursions, camps and swimming lessons.

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.

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** (please circle)

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 collections 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

_____ **Date:** _____

MALE PARENT OR GUARDIAN