



St Patrick's Primary School Fremantle Enrolment Application

A Catholic Co-educational School

8 Ellen Street, Fremantle, WA, 6160 Telephone (08) 9239 1100

Email admin@stpatsfremantle.wa.edu.au www.stpatsfremantle.wa.edu.au

| Student Name: | | |
|--|--------------|---------------|
| Date of Birth: | | |
| Academic Year of Entry (Please Circle): PK KG PP 1 2 3 | 4 5 6 | |
| Calendar Year of Entry: | | |
| | | |
| Entry age for Pre-Kindy is when your child turns 3. If enrolling for Pre-Kindy (3 Year Old's), do you wish to enrol for 4-Year-Olyear? Yes/No | old Kindy th | ne following |
| Entry age for Kindergarten is the year your child turns 4 if born prior to 1 on 1 July or after enter the year they turn 5. | July. Child | ren turning 4 |
| | | |
| | | |
| | | |
| Please complete and return this form to the school. | | |
| OFFICE USE ONLY | | |
| Application Fee Paid – Date: | \$20.00 E | FTPOS / Cash |
| Entered AoS - Date: | Sibling: | Yes / No |
| | | |

STUDENT INFORMATION Academic Year for which Enrolment is sought (e.g., Year 6): ______ Calendar Year for which Enrolment is sought (e.g., 2017): Current School: _____ Year Level: ____ STUDENT SURNAME: _____ First Name: _____ Second Name: ____ Preferred Name: _____ Gender: M / F Date of Birth ____/___ Place of Birth: _____ Country of Birth: _____ Birth Certificate attached Yes/No Country of Citizenship: _____ Residency Status: Citizen Permanent Resident Temporary Resident Visa Class / No. _____ (Please provide a copy of passport and visa) Date of Arrival in Australia: _____ Passport Number: _____ Nationality: _____ Country of Citizenship: _____ Aboriginal/Torres Strait Islander Descent Yes/No If yes then Group of Origin: ______ Language Spoken at Home: _____ Religion: _____ Parish: _____ Baptism Certificate Attached Yes/No ☐ Baptism ____/___ ☐ Reconciliation ____/____ ☐ Holy Communion ____/___ ☐ Confirmation ____/____ FAMILY INFORMATION Caregiver 1 / Guardian Title: ____ Surname: ____ Given Name (in full): ____ Nationality: _____ Occupation: _____ Country of Birth: Language: Employer: _____ Religion: Work Phone: _____ Mobile: Email Address: Marital Status: Relationship to Student: _____ Residential Address: _____

Suburb: _____ Post Code: ____ Home Telephone: _____

Post Code:

Postal Address (if different):

Suburb:

| Caregiver 2 / Guardian | | | | |
|---|--------------------------------|-------------------------------|---------------------------------|--|
| Title: Surname: | Given | Name (in full) |): | |
| Occupation: | | Nationality: | | |
| Country of Birth: | | Language: _ | | |
| Employer: | | Religion: | | |
| Work Phone: | | | | |
| Email Address: | | | | |
| Marital Status: | | Relationship | to Student: | |
| Residential Address: | | | | |
| Suburb: | Post Code: | Home | e Telephone: | |
| Postal Address (if different) | : | | | |
| Suburb: | | Post Code: | | |
| Custody / Guardianship (| if other than Care | egiver 1 or 2 | e.g. DCP) | |
| Name of Person(s) with lega | al guardianship of | the student: | | |
| Are there any current Familto the child? \square Yes \square No | y Court Orders or | current Rest | raining Orders that would apply | |
| If applicable, please attach arrangements. | a copy outlining c | letails of any | special or restricted access | |
| Why would you like your ch | ild educated at St | : Patrick's Prir | nary School? | |
| | | | | |
| | | | | |
| SIBLINGS | | | | |
| Siblings enrolled at St Patric | | | | |
| Name | Date of Birth | Year Level | School | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Name (1): | her than Parer Relat | its) Jonship to Stu | dent: | |
| | Mobile: | | | |
| | Relationship to Student: | | | |
| Telephone: | | | | |

IMMUNISATION / MEDICAL INFORMATION

| IMMUNISATION RECO | RD | |
|--|--|---|
| Immunisation Record attac | thed | |
| F – fully immunised. N – not i | mmunised. I – incomplete im | munisation. P – personal objections* |
| Measles | Whooping Cough | Hib |
| Mumps | Diphtheria | BCG |
| Rubella | Polio (OPV) | Chicken Pox |
| Tetanus | Hepatitis B | Meningococcal |
| Other: | | |
| Family Doctor/Medical Clinic: Address: | Contact | Number: |
| Dentist/Dental Clinic: | | Contact Number: |
| Private Health Fund: | Blood Gi | roup if known: |
| Medicare Number: | Ref# | Expiry Date: |
| MEDICAL EMERGENCY | | |
| or to hospitalise my son, Patrick's Primary School th blood transfusion, medicat | daughter when considere at if an emergency occurs r ion and I am unable to be to agree to medically reco | al /dental attention, call an ambulance d necessary. I further authorise Strequiring surgery, anesthetic, oxygen, contacted within a reasonable time, ammended treatment by an accredited |
| Signature of Caregiver 1 / | Legal Guardian | Date |

Signature of Caregiver 2 / Legal Guardian _____

Date _____

DISCLOSURE

Do you agree that the relevant information supplied on the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? YES / NO

UNIFORM

I understand that the uniform is compulsory for Pre-Primary – Year 6 and I will ensure my child is wearing the correct uniform, as set out in the Uniform Policy, **at all times**.

PERMISSION TO TRAVEL

I give permission for my child to travel on any excursion the school organises, on transport that the school deems suitable. I understand this will generally be either: -

- * public transport bus or train
- * private charted bus
- * private transport where necessary
- * excursions on foot e.g. around Fremantle or Fremantle Library.

Should I NOT wish my child to travel by these means on specific occasions, then I shall notify the school in writing. This permission is valid <u>FOR THE DURATION OF</u> my child's enrolment at St Patrick's Primary School.

PUBLICITY AND USE OF STUDENT IMAGES

As part of the school's publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education Office WA (CEWA) or local media will be taking photographs and/or video footage of your child for publication in newspapers, school documents, CEWA documents, training videos and/or the school/CEWA/Parish website and school blogs.

** No names are used in these locations to identify students.

This permission is valid **FOR THE DURATION OF** my child's enrolment at St Pat's. I understand it will be my responsibility to notify the school in writing should I wish to change this authority at any time.

| CAREGIVER 1 / GUARDIAN | Date: |
|------------------------|-------|
| CAREGIVER 2 / GUARDIAN | Date: |

AGREEMENT

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 agree to give priority to my/our role as supportive and involved parents in the school community and to participate in meetings and procedures that are part of my/our child's/children's educational program.

I/we agree to support the Catholic objectives and ethos of the school.

I/we agree to support the Code of Conduct of the school.

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.

I/we agree that while my/our child/children is/are in Pre Kindy, Kindergarten and Pre-Primary that I/we or another adult will accompany my/our child/children to and from the classroom for every session.

FEE RESPONSIBILITY

Payment of School Fees are the joint responsibility of the Caregivers/Legal Guardians signing this enrolment application. Unless otherwise stated, fee statements will be issued jointly to both parents/guardians. Do you have a Health Care Card? This will give you a discount on your fees.

| Caregiver (e.g., 50%, 100%) | lit billing, please indicate below the pe | rcentage per | |
|--|--|---------------------|--|
| Caregiver 1: | % Caregiver 2: | % | |
| If the child is a ward of the Dept of Child Protection & Family Services, please provide billing contact name & details: | | | |
| Please provide an email addres addresses if the fees are to be | s to which the school fees will be forward | arded (or two email | |
| Billing Account Name | Billing Account Name | | |
| Email Address | Email Address | | |
| Signature of Caregiver(3) / | Guaruran(s) | | |
| | | _ Date | |
| CAREGIVER 1/GUARDIAN | CAREGIVER 2/GUARDIAN | | |

ENROLMENT PROCEDURE

Please return this application to the school office in person, via email admin@stpatsfremantle.wa.edu.au or post to P.O. Box 8153 Fremantle WA 6160, marked **Attention Enrolment Officer**. An application fee of \$20.00 per child is payable via cash, cheque, or credit card on lodgement of this application.

This Enrolment Application does NOT mean automatic acceptance. All enrolments are subject to an interview with the Principal.

INTERVIEW PROCESS

All new students to the school and their parents are interviewed by the Principal or delegate. This interview is the final stage in the enrolment process and items discussed may include:

- The school's nature as a faith community
- Sacramental programmes and parish connection
- Fee structure
- Uniform requirements
- An opportunity to update information on Enrolment Application form
- An overview of the school's curriculum
- An outline of the school's expectation of parents
- An outline of the parent's expectations of the school
- Broad discussion about the interests/abilities of the child, medical conditions etc.
- Information regarding orientation, letter of offer of position, waiting lists etc

The interview process will be followed by a letter offering a position or one explaining that no position can currently be offered and waiting lists are kept as appropriate.

The final decision for any enrolment/placement is at the discretion of the Principal. Please take the time to read the information regarding our Student Enrolment Policy.

ENROLMENT PRIORITY

St Patrick's Primary School exists for the primary purpose of providing Catholic children from the parish of St Patrick's with a Catholic education thus enrolment priority is given to:

- Siblings of existing Catholic families within the school
- Catholic students from within the Parish with a Parish Priest Reference
- Catholic students from outside the Parish with a Parish Priest Reference
- Siblings of existing non-Catholic families within the school
- Non-Catholic students from other Christian denominations
- Other Non-Catholic students
- Aboriginal and Torres Strait Islanders will be given enrolment preference wherever possible and practical.

This Enrolment Application is consistent with the Enrolment Policy as stated by Catholic Education.

PLEASE NOTE:

- Completion of this document does NOT guarantee an enrolment interview or offer
- Enrolment will involve an interview with the Principal. A letter of invitation will follow and enrolment in the school will be processed on receipt of all requested documents
- Once accepted a time will be made for a uniform fitting and a brief meeting with our finance officer to go over the payment plans available.

St Patrick's Primary School is conscious of each person's right to privacy for personal information. Information relating to the Schools Privacy and Information Collection notice can be found on the school's website under Policies.

| Please enclose the following supporting documentation: |
|---|
| □ Birth Certificate |
| ☐ Baptism Certificate (if Baptised Catholic) |
| ☐ Current Immunisation Certificate (must come from the Australian Immunisation |
| Register) |
| ☐ Most recent school reports |
| □ NAPLAN report (if applicable) |
| $\hfill \Box$ Other relevant educational or psychological assessments |
| \square Copy of Parenting, Restraint or Custodial Order (if applicable) |
| \Box Copy of Passport, Visa, or Travel Documents – including date of entry stamp (if born overseas) |

St Patrick's Primary School 8 Ellen Street PO Box 8153 FREMANTLE WA 6160

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Web: www.stpatsfremantle.wa.edu.au