NAME: __________________________________________________________

ENROLMENT YEAR: 20____

FOR: Year (Pre-K/K/PP/1/2/3/4/5/6) ___
STUDENT INFORMATION

Student Surname: ________________________________

First Name: ___________________________  Preferred Name: ________________________________

Address: ___________________________________________________________ State: _______  Postcode: ________

Date of Birth: ___________________________  Birthplace: ___________________________

Nationality: ___________________________

Aboriginal/Torres Strait Islander: Yes/No

Australian Permanent Resident: Yes/No

Number of Years in Australia: ___________

Language spoken at home: ________________

FEMALE PARENT/GUARDIAN:

Title: __________  Surname: ___________________________  First Name: ___________________________

Address: ______________________________________________________________________________________ State: _______  Postcode: ________

Religious Denomination: ___________________________

Occupation: ___________________________  Country of Citizenship: ___________________________

Contact numbers: _________________________/_________________________/_________________________

E-mail: ________________________________________________________________

MALE PARENT/GUARDIAN:

Title: __________  Surname: ___________________________  First Name: ___________________________

Address: ______________________________________________________________________________________ State: _______  Postcode: ________

Religious Denomination: ___________________________

Occupation: ___________________________  Country of Citizenship: ___________________________

Contact numbers: _________________________/_________________________/_________________________

E-mail: ________________________________________________________________

CUSTODY/GUARDIANSHIP

NAME OF PERSON(S) WITH LEGAL GUARDIANSHIP OF STUDENT: ___________________________

If applicable, a copy of any Parenting or Restraint Order is attached: Yes/No

Any other conditions enforced at law? Yes/No
EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name: ___________________________________________________ Relation to Student: ________________________________
Contact Numbers: ____________________________________________________

Name: ___________________________________________________ Relation to Student: ________________________________
Contact Numbers: ____________________________________________________

Name: ___________________________________________________ Relation to Student: ________________________________
Contact Numbers: ____________________________________________________

SIBLINGS CURRENTLY ATTENDING ST JOSEPH’S CATHOLIC PRIMARY SCHOOL, SOUTHERN CROSS

Name: ___________________________________________________ Year Level: ________________________________
Name: ___________________________________________________ Year Level: ________________________________
Name: ___________________________________________________ Year Level: ________________________________

STUDENT’S LAST SCHOOL

__________________________________________________________________________________

The school Education Act 1999 requires provision of:
“details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee or 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 (may affect his/her learning, participation or welfare during school hours).

Medical/Health Care: (include Orthosis/Prostheses, Psychological/Cognitive, Sensory (vision/hearing), Behavioural, communication, allergies)

__________________________________________________________________________________

__________________________________________________________________________________

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: ____________________________________________

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

IMMUNISATION RECORD

F - Fully immunised N - Not immunised I - Incomplete immunisation P- Personal objections
Measles Mumps Rubella Diphtheria Tetanus
Hepatitis B Pertussis (whooping cough) Polio

Immunisation Record attached Yes / No

Family Doctor/Medical Clinic: ____________________________________________________________
Address: ____________________________________________________________
Contact Numbers: ____________________________________________________________
Medicare Number: ____________________________________________________________
Private Health Fund: ____________________________________________________________
Blood Group: ______________________ (if known)
MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical 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/Guardian

___________________________ Date: ______________
Male Parent/Guardian

DISCLOSURE

Do you agree that the information supplied on the Student Information and Family Information sections, can be provided to the 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 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/Guardian

___________________________ Date: ______________
Male Parent/Guardian

Signature of Principal: ___________________________ Date: ______________

Date student commenced at St Joseph’s Catholic Primary School: ___________________________

PRIVACY ACT

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.

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.

We may include your contact details in a class list or directory. If you do not agree to this you must advise us now.