



St Joseph's Catholic Primary School

P.O. Box 340, Bunbury, W.A. 6230

APPLICATION TO ENROL

STUDENT INFORMATION

Student Surname: _____

First Name: _____

Home Address: _____

Second Name: _____

State: _____ Postcode: _____

Preferred Name: _____

Born outside of Australia: Date of Arrival: _____

Male / Female

Nationality: _____

Student Date Of Birth: _____

Country of Citizenship: _____

Aboriginal/Torres Strait Islander Yes/No

Visa Code: _____

Enrolling For Year (Grade) _____ in _____

Languages spoken at Home: _____

Present School: _____

Location: _____

Religious Denomination: _____

Parish Priest: _____

Parish: _____

Suburb: _____

Date Of:

Baptism: _____ Reconciliation: _____ Eucharist: _____ Confirmation: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN:

Title: _____ Surname: _____ First Name: _____ Marital Status: _____

Home Address: _____ State: _____ Postcode: _____

Is this address the same as the student: Yes/No Email Address: _____

Postal Address: _____ State: _____ Postcode: _____

Religious denomination: _____

Parish Priest: _____

Parish: _____

Suburb: _____

Occupation: _____

Place of Work: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

Country of Citizenship: _____

MALE PARENT OR GUARDIAN:

Title: _____ Surname: _____ First Name: _____ Marital Status: _____
Home Address: _____ State: _____ Postcode: _____
Is this address the same as the student: Yes/No _____ Email Address: _____
Postal Address: _____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Place of Work: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
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 ST JOSEPH'S PRIMARY SCHOOL

Name:	Year Level:	Name:	Year Level:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT /GUARDIAN)

(1) Name: _____ Relation to Student: _____
Address: _____ State: _____ Postcode: _____
Contact Phone Numbers: _____

(2) Name: _____ Relation to Student: _____
Address: _____ State: _____ Postcode: _____
Contact Phone Numbers: _____

(3) Name: _____ Relation to Student: _____
Address: _____ State: _____ Postcode: _____
Contact Phone Numbers: _____

MEDICAL INFORMANTION:

Family Doctor/Medical Clinic: _____ Address: _____
Contact Numbers: _____
Dentist/Dental Clinic: _____ Address: _____
Contact Numbers: _____
Medicare Number: _____ Private Health Fund: _____ Blood Group (if known) _____

STUDENTS 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: _____

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 authority 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.

Please detail: _____

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

MEDICAL INFORMATION

IMMUNISATION RECORD (Copy of immunisation record must be provided to the school)

PUBLICITY AND THE USE OF STUDENT IMAGES AND PERMISSION TO TRAVEL

As part of the school’s publicity activities there may on occasion, arise the situation whereby the school, Catholic Education or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, training videos and/or the school/CEO website.

I do / do not give permission for the use of my son’s/daughter photo/video image in school publicity activities.

I do / do not give permission for my son/daughter to travel by bus transport for school events.

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anesthetic, 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

Signature of Parent (s)/Guardian (s) _____ Date: _____

MALE PARENT OR GUARDIAN

Acceptance of Enrolment Confirmation Fee

An enrolment fee of \$200.00 is payable upon the acceptance of a new student to the School. This fee will be credited to the family school fee account when the student commences at the school.

SCHOOL FEES

Person responsible for payment of accounts. (only 1 name to be recorded) - _____

I, the undersigned, as the person responsible for payment of fees, acknowledge that I have read the School Fees Policy and the Fee and Charges information, and I accept the conditions as described.

Signed: _____ Date / /

AGREEMENT

I/We understand and accept that the completion of this application/enrolment form does not guarantee enrolment. Successful applicants will be determined in accordance with the school's enrolment criteria.

I/We understand and accept 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 requirement 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.

PLEASE SUPPLY THE FOLLOWING WITH THIS APPLICATION:

**Copy of Birth Certificate, Copy of Baptismal Certificate, Copy of most recent Immunisation Records
+ \$20.00 Enrolment Application Fee (non-refundable)**

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

Signature of Parent (s)/Guardian (s) _____ Date: _____

FEMALE PARENT OR GUARDIAN

Signature of Parent (s)/Guardian (s) _____ Date: _____

MALE PARENT OR GUARDIAN

Signature of Principal: _____ Date: _____

PRINCIPAL

OFFICE USE ONLY

Application Fee: _____ Receipt Number: _____ Date: _____

Enrolment Confirmation Fee: _____ Receipt Number: _____ Date: _____

Copies Provided: **Birth Certificate:** Yes/No **Baptism:** Yes/No **Immunisation:** Yes/No

COMMENT: _____