



# 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 INFORMATION:**

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: \_\_\_\_\_



**PARISH PRIEST REFERENCE FORM**

The Catholic Education Commission of WA Policy Statement on Student 1

Completion of this form and presentation to the parish priest forms part of the enrolment process for St Joseph's Primary School, Bunbury.

Contact should be made with the parish secretary to find out the process for that parish. The Bunbury parish telephone is 08 9721 2141

**To be completed by parent**

**To the Parish Priest at:** .....

**Name of Student:** .....  
**Student D.O.B.** ...../...../.....

**Phone No:**.....

**Address:**.....

**Name of Mother/Guardian:** .....

**Name of Father/Guardian:** .....

**Current School:** .....

If Government school, does child attend out of school scripture classes in the Parish? .....

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

**To be completed by Parish Priest or his delegate**

**Please complete the information below in reference to the family information above.**

**Q1.** Is the family actively involved in the life of the Church? .....

**Q2.** Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?  
.....  
.....

**Q3.** Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?  
.....  
.....

**Q4.** Any other comments by the priest.  
.....

Signed By  
Parish Priest:..... Print Name:.....

**TO THE PARISH OFFICE:** Please send this completed form to the Principal, St Joseph's Primary School, PO Box 340, Bunbury WA 6231 or email 8170svc\_admin@cewa.edu.au