



MEL MARIA

CATHOLIC PRIMARY SCHOOL

APPLICATION FOR ENROLMENT

PREFERRED CAMPUS (please tick):

St Joseph Pignatelli Pater Noster

Calendar Year for Enrolment: _____ **Academic Year for Enrolment:** _____

Date _____	Birth Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration Fee of \$ _____ Paid YES <input type="checkbox"/>	Baptism Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EFTPOS BSB 086006 A/C 81376 2758	Parish Priest Reference	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Payment may be made by direct debit, cheque or cash.	Immunisation Record	YES <input type="checkbox"/>	NO <input type="checkbox"/>

STUDENT INFORMATION

Student Surname: _____	First Name: _____
Preferred Name: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: _____	State: _____ Postcode: _____
Date of Birth: _____	Birthplace: _____
Birth Certificate Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>	Aboriginal/Torres Strait Islander: YES <input type="checkbox"/> NO <input type="checkbox"/>
Nationality: _____	Australian Permanent Resident: YES <input type="checkbox"/> NO <input type="checkbox"/>
Born outside of Australia _____ Date of arrival _____	Number of Years in Australia: _____
Country of Citizenship: _____	Language Spoken at Home: _____
Religious Denomination: _____	Parish Priest: _____
Parish: _____	Suburb: _____
Date of Reception of Sacraments: _____	Baptism Certificate Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>
Baptism: _____ Reconciliation: _____	First Communion: _____ Confirmation: _____
Present School: _____ Location: _____	Year Level: _____

FAMILY INFORMATION

FEMALE PARENT OF GUARDIAN	
Title: _____ Surname: _____	First Name: _____
Address: _____	State: _____ Postcode: _____
Religious Denomination: _____	Parish Priest: _____
Parish: _____	Suburb: _____
Occupation: _____	Business Name: _____
Contact Address: _____	Country of Citizenship: _____
Contact Numbers: (H) _____ (W) _____ (M) _____	
Email: _____	
MALE PARENT OF GUARDIAN	
Title: _____ Surname: _____	First Name: _____
Address: _____	State: _____ Postcode: _____
Religious Denomination: _____	Parish Priest: _____
Parish: _____	Suburb: _____
Occupation: _____	Business Name: _____
Contact Address: _____	Country of Citizenship: _____
Contact Numbers: (H) _____ (W) _____ (M) _____	
Email: _____	

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 MEL MARIA

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 person 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/Prosthesis _____

Psychological/Cognitive _____

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 authorization 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 No. _____

Please detail _____

Does your child require special Transport arrangements to and from school? (Special Education Only) YES NO

Does your child receive Respite Care on a regular basis? YES NO

EMERGENCY CONTACT DETAILS

Name: _____ Relation to Student: _____

Address: _____

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

Name: _____ Relation to Student: _____

Address: _____

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

MEDICAL INFORMATION

IMMUNISATION RECORD

F - Fully immunised

N - Not immunised

I - Incomplete immunisation

P - Personal objections

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis B Pertussis Polio (OPV) Immunisation Record Attached
(Whooping Cough)

Family Doctor/Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

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

MALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN

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

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 OR GUARDIAN

MALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN

Office Use Only

Calendar Year for Enrolment: _____ **Academic Year for Enrolment:** _____

Aboriginal/Torres Straight Islander	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments: _____
Accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Waiting List	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Interview _____			_____
Acceptance Letter _____			_____
Reply Date _____			_____

STANDARD COLLECTION NOTICE

1. The school collects personal information, including sensitive information about pupils and parents and 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.
2. 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.
3. Certain laws governing or relating to the operation of the school require that certain information is collected. These include Public Health and Child Protection laws.
4. 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.
5. The school from time to time disclosed 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, medical practitioners and people providing services to the school, including specialist visiting teachers, sports coaches and volunteers.
6. 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.
7. 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, magazines and on our website.
8. 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 the access would have an unreasonable impact on the privacy of others, where access may result in a breach of the schools duty of care to the pupil, or where pupils have provided information in confidence.
9. We may include your contact details in a class list. If you do not agree to this you must advise us now.
10. 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 this information to the school and why, that they can access the information if they wish and that the school does not usually disclose the information to third parties.