



St Paul's Primary School, Mt Lawley
Enrolment Application Form
 Year of Entry 20 To commence in K P 1 2 3 4 5 6 (Circle)
DATE:

STUDENT INFORMATION

Student Surname	First Names
Address	Suburb..... Postcode
Date of Birth	Gender M or F Birth Cert attached? YES /NO
Place of Birth	Nationality
Born outside of Australia? YES/NO	Date of arrival in Australia
Country of citizenship	Language spoken at home
Aboriginal /Torres Strait Islander? YES /NO	Australian Permanent Resident? YES/NO
Present school.....	Present Year Level

RELIGION

Religious Denomination..... Parish Priest

Parish

Date of Reception of Sacraments:

Baptism Reconciliation..... First Communion

Confirmation..... Baptism Certificate attached? YES/NO

FAMILY INFORMATION

Female Parent or Guardian:

Title..... Surname

Christian Name.....

Address.....

Suburb.....

State..... Postcode.....

Email at home.....

Email at work

Home phone

Mobile phone

Occupation

Employer

Work phone number

Country of citizenship.....

Religious denomination

Parish

Male Parent or Guardian:

Title..... Surname

Christian Name.....

Address.....

Suburb.....

State..... Postcode.....

Email at home

Email at work

Home phone

Mobile phone

Occupation

Employer

Work phone number

Country of citizenship.....

Religious denomination.....

Parish

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? YES/NO Please state:

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SIBLINGS CURRENTLY ATTENDING ST PAUL'S PRIMARY SCHOOL

Name Year level Name Year level

.....

.....

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name Year level School

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.....

YOUNGER SIBLINGS AT HOME

Name Age Name Age

.....

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STUDENT'S 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

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 authorisation by the relevant practitioner.

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EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency that may affect educational arrangements? If so, please detail the name of the Service Provider and contact number

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Please detail reason for use of external agency

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

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

1. Name Relation to Student

Address

Daytime Contact Numbers ...(H).....(W)..... Mobile Number

2. Name Relation to Student

Address

Daytime Contact Numbers ...(H).....(W)..... Mobile Number

IMMUNISATION RECORD (*Immunisation record attached?* YES/NO)

F – fully immunised N – not immunised I – incomplete information P – personal objections

Measles Mumps Rubella DiptheriaTetanus

Hepatitis B Pertussis (whooping Cough) Polio (OPV)

Family Doctor/Medical Clinic Phone Number

Address.....

Dental Clinic PhoneNumber.....

Address.....

Medicare Number Private Health Fund Name

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 or 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 Parents/Guardians Dated

Female Parent/Guardian

..... Dated

Male Parent/Guardian

BILLING DETAILS

School fees are to be paid by: Name
Address

Please note: It is School Policy that should a child be absent for an extended period of time, payment of school fees is still required.

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

COLLECTION NOTICE

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.

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.

Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.

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.

The School, from time to time, discloses 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, schools within other Dioceses, medical practitioners, and people providing services to the school, including specialist visiting teachers, sports coaches, volunteers and counsellors.

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.

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.

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 access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

As you know, the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

We may include your contact details in a class list for the purpose of school excursions, camps and swimming lessons.

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 that information to the School and why, and that they can access that information if they wish and that the School does not usually disclose the information to third parties.

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 Parents/Guardians Dated
Female Parent/Guardian
..... Dated
Male Parent/Guardian

- Parents/guardians, please attach copies of:
- Birth Certificate
 - Baptism Certificate
 - Immunisation Certificate
 - Custody/Parenting/Restraining Orders
 - Medical/Health Care Services Details – signed authorisation by relevant practitioners

Office Use Only:
\$70 Application Fee: Paid Yes / No
Date
Receipt Number
Year/ 20....