APPLICATION FOR 3-YEAR OLD KINDERGARTEN ENROLMENT

NAME: ........................................................................................................

1. The School collects personal information, including sensitive information about pupils, parents or guardians, staff, school board members, Parents and Friends Association, volunteers and other school affiliated identities. The primary purpose of collecting this information is to enable the School to operate efficiently as an organization.
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 schools require that certain information is collected. These include Public Health and Child Protection* laws.
4. As a member of the School Board, Parents and Friends Association and other such related and school affiliated identities the School from time to time discloses personal 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* and other persons providing services to the School, including teachers, other staff, volunteers, parents, friends and students.
5. If we do not obtain the information referred to above you may not be able to continue in your specified role.
6. On occasions personal information collected from persons and/or identities sighted in point 4 is published in School newsletters, magazines and on our website.
7. Persons and/or identities sighted in point 4 may seek access to personal information collected about them by contacting the School. 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.
8. As you may 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 organizations 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.
9. We may include your contact details in a class list and School directory. 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 that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.
11. Please be advised that acceptance into the 3-year old kindergarten program does not automatically guarantee your child a position in Kindergarten. A separate application form will need to be filled out.

* If appropriate
STUDENT INFORMATION

Student Surname: __________________________ Gender: F/M (Please Circle)
First Name: ___________________________ Preferred Name: __________________________
Address: __________________________________________________________________________
State: _______ Postcode: ____________________
Date of Birth: ___________ Birthplace: ___________ Birth Certificate Attached: Yes/No
Aboriginal/Torres Strait Islander: Yes/No If yes to Aboriginal/Torres Strait Islander, then Group of
Origin: __________________________ Nationality: __________________________
Australian Permanent Resident: Yes/No Visa number: ___________ Copy of Visa attached: Yes/No
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__ Reconciliation__ First Communion__ Confirmation__
Present School: __________________________ Location: __________________________ Year level: ______

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN
Title: _______ Surname: __________________________ First Name: __________________________
Address: __________________________________________________________________________
State: _______ Postcode: __________
Religious Denomination: __________________________ Parish Priest: __________________________
Parish: __________________________ Suburb: __________________________
Occupation: __________________________
Contact Address: __________________________
Contact Numbers: (H) ___________ (W) ___________ (M) ___________
Country of Citizenship: __________________________

MALE PARENT OR GUARDIAN
Title: _______ Surname: __________________________ First Name: __________________________
Address: __________________________
State: _______ Postcode: __________
Religious Denomination: __________________________ Parish Priest: __________________________
Parish: __________________________ Suburb: __________________________
Occupation: __________________________
Contact Address: __________________________
Contact Numbers: __________________________
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 SCHOOL

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### SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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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.

### 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? Yes/No

Does your child receive Respite Care on a regular basis? Yes/No
EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _________________________________________________  Relation to Student: ____________________________
Address:  ____________________________________________________________________________
Contact Numbers: _______________________________________________________________________
Name: _________________________________________________  Relation to Student: ____________________________
Address:  ____________________________________________________________________________
Contact Numbers: _______________________________________________________________________

MEDICAL INFORMATION

IMMUNISATION RECORD
F- fully immunised  N - not immunised  I - incomplete immunisation  P - personal objections

Measles   □   Mumps   □   Rubella   □   Diptheria   □   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/college to seek medical/dental attention, call an ambulance or to hospitalise my
son/daughter when considered necessary. I further authorise the school/college 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

_________________________________  Date:  ________________
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 have read and fully understand and accept that enrolment in a Catholic school means that we and our child
will participate fully in all required aspects of the educational program of the school including the Religious
Education program of the school.

I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection
policy.

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

_________________________________  Date:  ________________
MALE PARENT OR GUARDIAN