APPLICATION FOR KINDERGARTEN ENROLMENT

NAME: ...............................................................
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 Certificate Attached: Yes/No
Baptism: __________ Reconciliation: __________ First Communion: __________ Confirmation: __________
Present School: __________________________ Location: __________________________ Year Level: ________

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN
Title: ______ Surname: __________________________ First Name: __________________________
Address: __________________________________________________________________ Postcode: ________________
Religious Denomination: __________________________ Parish Priest: __________________________
Parish: __________________________ Suburb: __________________________
Occupation: __________________________
Contact Address: __________________________
Contact Numbers: (H) _______________ (W) _______________ (M) _______________
Country of Citizenship: __________________________ Email: __________________________

MALE 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: __________________________ 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 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 AUTHORIZATION

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 agree 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