

FAMILY INFORMATION

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Home Ph: _____ Mobile: _____ Email: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____ Employer: _____ Bus Ph: _____ Mob Wk: _____

Country of Citizenship: _____

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Home Ph: _____ Mobile: _____ Email: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____ Employer: _____ Bus Ph: _____ Mob Wk: _____

Country of Citizenship: _____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relationship: _____ Phone: _____ Mobile: _____

Name: _____ Relationship: _____ Phone: _____ Mobile: _____

STUDENT INFORMATION

Student Surname: _____ First Name: _____

Preferred Name: _____ Male: _____ Female: _____

Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No

Nationality: _____ Aboriginal/Torres Strait Islander: Yes/No

Australian Permanent Resident: Yes/No

If born outside of Australia: Date of arrival: _____ No. of years in Australia: _____ Visa Category No: _____

Country of Citizenship: _____ Language Spoken at Home: _____

Present School: _____ Location: _____ Year Level: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Reception of Sacraments: _____ Baptism Certificate Attached: Yes/No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

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

Name _____ Year Level _____ Name _____ Year Level _____

Name _____ Year Level _____ Name _____ Year Level _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name _____ Year Level _____ School _____

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. _____

Does your child receive Respite Care on a regular basis? _____ Yes/No

MEDICAL INFORMATION - IMMUNISATION RECORD

F - fully immunised

N - not immunised

I - incomplete immunisation

P - personal objections

Measles

Mumps

Rubella

Diphtheria

Pertussis

(Whooping Cough)

Hepatitis B

Tetanus

Polio (OPV)

Immunisation Record Attached

Family Doctor: _____ Suburb: _____ Phone: _____

Dentist: _____ Suburb: _____ Phone: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____

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): _____
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN DATE

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

I/we understand and agree that my child is not also enrolled at a Four year old Kindergarten Program at a Government Primary School. Yes/No

AGREEMENT

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 agree that as a parent or guardian we have not knowingly withheld information relevant to the enrolment process and that the Principal reserves the right to refuse or terminate enrolment on that ground.

I/we agree to pay school fees by the due date unless prior arrangement has been made with the Principal.

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 Date: _____

A copy of your child's Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Enrolment form. Originals of these documents must be presented at the time of enrolment.

DATE OF ADMISSION: _____ FACTION: _____ CLASS: _____