

*St Mary's School
Northampton*



Name _____

Enrolment Year Level: *K PP 1 2 3 4 5 6 7*

St Mary's School, Northampton

Enrolment Form

OUR VISION

St Mary's School provides an education that endeavours to equip each child with the Christian values and life skills necessary to meet the challenges of a changing world

Office used only: Checklist

	Distributed to parents	Received
Standard Privacy Collection Notice		
Student Images Collection Notice		
Data Collection form		

	Sighted	Copied
Birth Certificate		
Immunisation Card		
Baptism Certificate		
Priest Reference		
Reconciliation Certificate		
Eucharist Certificate		
Confirmation Certificate		

STUDENT INFORMATION

Student Surname: _____
First Name: _____
Preferred Name: _____
Home Address: _____

State: _____ Postcode: _____
Postal Address: _____

State: _____ Postcode: _____
Date of Birth: _____ Birthplace: _____

Birth Certificate Attached: Yes/No
Aboriginal Yes/No Torres Strait Islander: Yes/No
Australian Permanent Resident: Yes/No
Nationality: _____
Born outside of Australia _____ Date of arrival: _____
Number of years in Australia: _____
Country of Citizenship: _____
Language Spoken at Home: _____
Bus Route: _____
Present School _____
Year level _____ Location _____

Religious Denomination: _____
Date of Sacraments:
Baptism _____ First Communion _____
Reconciliation _____ Confirmation _____

Baptism Certificate Attached: Yes/No
Parish Priest _____
Parish _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____
First Name: _____
Address: _____

State: _____ Postcode: _____
Religious Denomination: _____
Parish Priest: _____
Parish: _____
Suburb: _____
Occupation: _____
Home Tel: _____ Work Tel: _____
Mobile Tel: _____ Fax: _____
Email: _____
Country of Citizenship: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____
First Name: _____
Address: _____

State: _____ Postcode: _____
Religious Denomination: _____
Parish Priest: _____
Parish: _____
Suburb: _____
Occupation: _____
Home Tel: _____ Work Tel: _____
Mobile Tel: _____ Fax: _____
Email: _____
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 by law? _____

SIBLINGS CURRENTLY ATTENDING ST MARY'S SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

SIBLINGS CURRENTLY NOT ATTENDING SCHOOL

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

(Please list any formal tests/assessments that have been carried out in any of the above areas)

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?

If so please detail name of Service Provider and Contact No. Yes/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: _____

Home Tel: _____

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 Diphtheria Tetanus

Hepatitis B Pertussis Polio (OPV) Immunisation Record Attached Yes/No
(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/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: _____

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: _____

PARENT OR GUARDIAN

PRIVACY ACT DECLARATION

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 College. The primary purpose of collecting this information is to enable the school to provide schooling and to enable the school to discharge its duty of care for your son/daughter.

Principal: _____ Date _____