



St Cecilia's Catholic Primary School

APPLICATION FOR ENROLMENT

YEAR LEVEL for which enrolment is sought (please circle): K P 1 2 3 4 5 6

CALENDAR YEAR for which enrolment is sought: 20_____

STUDENT INFORMATION

Student Surname: _____ Gender: Male / Female (please circle)
 Christian Name(s): _____ Preferred name: _____
 Home Address: _____
 State: _____ Postcode: _____ Main Language spoken at home: _____ 2nd language: _____
 Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No
 Country of Birth _____ Citizenship: _____ Ethnicity: _____
 Aboriginal or Torres Strait Islander or both: Yes/No If yes please specify: _____
 Medicare Number: _____ Position on card: _____ Expiry date: _____

CITIZENSHIP INFORMATION: (If born outside Australia)

Date of arrival: _____ Australian Citizenship Certificate Number: _____ or Australian Passport no: _____
 (Copy of Citizenship Certificate or Australian passport required)
 OR Visa number: _____ Type: _____ Expiry date: _____
 (Copy of passport & visa required). If both parents born overseas, copies of passports & visas or citizenship to be provided)

RELIGIOUS INFORMATION

Religious Denomination: _____ Parish Priest: _____
 Parish: _____ Suburb: _____
 Parish Priest Reference Form attached: Yes/No
 Date of Reception of Sacraments:
 Baptism date: _____ Certificate Attached: Yes/No Reconciliation date: _____ Certificate Attached: Yes/No
 First Communion date: _____ Certificate Attached: Yes/No Confirmation date: _____ Certificate Attached: Yes/No

TRANSFER INFORMATION

Name of Present School _____ Year Level: _____
 School Address: _____
 School phone: _____ School fax: _____ No of years at present school: _____
 Reason for transferring: _____

SIBLINGS CURRENTLY ATTENDING ST CECILIA'S CATHOLIC PRIMARY SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

OFFICE USE ONLY

Application received:		Birth Cert provided:		School reports provided:	
Application reply sent:		Immunisation provided:		Account name:	
Interview date:		Data Collection form provided:		Date Started:	
Interview time:		Baptism cert provided:		House:	
Application fee paid:		Parish Ref provided:		WA SIRS/SCSA number:	

STUDENTS MEDICAL INFORMATION

Medical Clinic: _____
Address: _____ Contact Numbers: _____
Dentist/Dental Clinic: _____
Address: _____ Contact Numbers: _____
Private Health Fund: _____ Member Number: _____ Has Ambulance Cover: Yes/No

SWIMMING ABILITY

Stage: _____

Stages: 1 Beginner, 2 Water Discovery, 2 Preliminary, 4 Water Awareness, 5 Water Sense, 6 Junior, 7 Intermediate, 8 Water Wise, 9 Senior, 10 Junior Swim & Survive, 11 Swim & Survive, 12 Senior Swim & Survive.

IMMUNISATION RECORD

(Please provide a copy of Medicare Immunisation History Statement with this application form)

F – Fully immunized N – not immunized I – incomplete immunization P – personal objections

FAMILY INFORMATION

FEMALE PARENT/GUARDIAN (Student lives with)

Title: _____ Surname: _____ First Name: _____
Marital Status: _____ Relationship to enrolling child: Mother / Stepmother / Other _____
Home Address: _____
Postal Address (if different): _____
State: _____ Postcode: _____ Main Language spoken at home: : _____ 2nd language: _____
Contact Numbers: _____ Email address: _____
Occupation: _____ Employer: _____
Work Address: _____ (work number) _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Country of Birth _____ Citizenship: _____ Ethnicity: _____
Medicare Number: _____

MALE PARENT/GUARDIAN (Student lives with)

Title: _____ Surname: _____ First Name: _____
Marital Status: _____ Relationship to enrolling child: Father / Stepfather / Other _____
Home Address: _____
Postal Address (if different): _____
State: _____ Postcode: _____ Main Language spoken at home: : _____ 2nd language: _____
Contact Numbers: _____ Email address: _____
Occupation: _____ Employer: _____
Work Address: _____ (work number) _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Country of Birth _____ Citizenship: _____ Ethnicity: _____
Medicare Number: _____

ADDITIONAL PARENT/GUARDIAN (Student lives with) (if applicable)

Title: _____ Surname: _____ First Name: _____
Marital Status: _____ Relationship to enrolling child: Mother / Father / Stepmother / Other _____
Home Address: _____
Postal Address (if different): _____
State: _____ Postcode: _____ Main Language spoken at home: : _____ 2nd language: _____
Contact Numbers: _____ Email address: _____
Occupation: _____ Employer: _____
Work Address: _____ (work number) _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Country of Birth _____ Citizenship: _____ Ethnicity: _____

ADDITIONAL PARENT/GUARDIAN (Student lives with) (if applicable)

Title: _____ Surname: _____ First Name: _____
Marital Status: _____ Relationship to enrolling child: Mother / Father / Stepmother / Other _____
Home Address: _____
Postal Address (if different): _____
State: _____ Postcode: _____ Main Language spoken at home: : _____ 2nd language: _____
Contact Numbers: _____ Email address: _____
Occupation: _____ Employer: _____
Work Address: _____ (work number) _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Country of Birth _____ Citizenship: _____ Ethnicity: _____

EMERGENCY CONTACT DETAILS

(LOCAL CONTACTS OTHER THAN A PARENT/GUARDIAN)

Name: _____ Mobile number: _____
Address: _____
Relation to Student _____
Name: _____ Mobile number: _____
Address: _____
Relation to Student: _____

DETAILS OF CUSTODIAL ARRANGEMENTS

If applicable, please specify custody / access rights (e.g., can non-custodial parent be contacted in case in illness / emergency?)

If yes, please supply contact details below and any other conditions enforced at law? _____

If applicable a *copy of any Parenting or Restraint Order is attached*: Yes / No

BILLING ARRANGEMENTS

(who is responsible for payment and receiving account)

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 (e.g.: 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 authorization 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

MEDICAL EMERGENCY AUTHORISATION

I authorise St Cecilia's Catholic Primary School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise St Cecilia's Primary 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.

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

ACKNOWLEDGEMENT

1. I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview.
2. I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
3. 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.
4. I/we agree to abide by the policies and directions of St Cecilia's Catholic Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.
5. I/we acknowledge St Cecilia's School Fees: Setting and Collection Policy.

IF THIS FORM IS NOT FULLY COMPLETED AND SIGNED, WE WILL BE UNABLE TO PROCESS THIS APPLICATION.

NAME MOTHER OR FEMALE GUARDIAN

SIGNATURE

DATE

NAME FATHER OR MALE GUARDIAN

SIGNATURE

DATE