



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: _____

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

Nationality: _____ Languages Spoken at Home: _____

Aboriginal/Torres Strait Islander: Yes/No If yes please specify: _____

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: _____ School: _____

Name: _____ Year Level: _____ School: _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name: _____ Year Level: _____ School: _____

Name: _____ Year Level: _____ School: _____

OFFICE USE ONLY:

Application received:		Birth Cert provided:		Date Started:	
Application reply sent:		Parish Ref provided:		Family key:	
Interview date:		Baptism cert provided:		Student key:	
Enrolment fee paid:		Immunisation provided:		House:	
		School reports provided:			

Faith Family Friendship

FAMILY INFORMATION

MOTHER OR FEMALE GUARDIAN

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

FATHER OR MALE GUARDIAN

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

DETAILS OF NON-CUSTODIAL PARENT/S (IF APPLICABLE)

Title _____ Surname _____ Given Names _____
If applicable please specify custody / access rights (eg can non-custodial parent be contacted in case in illness / emergency?) If yes, please supply contact details _____

If applicable a *copy of any Parenting or Restraint Order is attached*: Yes / No
Any other conditions enforced at law? _____

EMERGENCY CONTACT DETAILS (LOCAL CONTACTS OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: (home/work) _____ (mobile) _____
Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: (home/work) _____ (mobile) _____

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 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

IMMUNISATION RECORD (Please provided a copy of record with this application form)

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

Measles		Mumps		Rubella		Diphtheria	
Hepatitis B		Whooping Cough		Polio (OPV)		Tetanus]	
Meningococcal		Chicken Pox					

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

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

MEDICAL EMERGENCY AUTHORISATION

I authorize 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.

Signature of Parent(s)/Guardian(s):

_____ Date: _____

MOTHER OR FEMALE GUARDIAN

_____ Date: _____

FATHER OR MALE 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.

IF THIS FORM IS NOT FULLY COMPLETE, WE WILL BE UNABLE TO PROCESS THIS APPLICATION.

Signature of Parent(s)/Guardian(s): _____ Date: _____

MOTHER OR FEMALE GUARDIAN

_____ Date: _____

FATHER OR MALE GUARDIAN