

St. Mary's Catholic Primary School

Mary Street, BUNBURY 6230

PO Box 247, BUNBURY 6231 Ph: (08) 97267500 Fax: (08) 97913219



Application for Enrolment 3 Year Old Program

PLEASE COMPLETE ALL SECTIONS

Application Fee: \$20.00
Rct:
Date:.....

ENQ #

Office Use

Person responsible for payment of fees: _____

Accounts to be addressed to: _____

I, the undersigned, as the person responsible for payment of fees, acknowledge that I have read the Fees and Charges information and accept responsibility for payment of accounts.

Signed: _____ Print Name: _____ Date: _____

Signed: _____ Print Name: _____ Date: _____

PRIVACY POLICY

1. 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 School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health [and Child Protection]* laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish]* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information, including photographic information, such as academic and sporting achievements, pupil activities and other news, is published in School newsletters, magazines [and on our website] and on occasion newspapers.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, and that the School does not usually disclose the information to third parties, so that they can access that information if they wish .
*If appropriate.
12. St Mary's Catholic Primary School will collect personal information about your family from time to time for the purpose of implementing the curriculum and discharging its legal and pastoral obligations towards you and your child. This information may be disclosed to third parties who assist the school in this purpose, including the Catholic Education Office and the parish priest. You may access this information at any time.

STUDENT INFORMATION

VISA #

Student Surname: _____ Preferred Name: _____

First Name: _____ (M/F) Please attach copy of **Birth Certificate and Immunisation Certificate**
(Please circle male or female)

Address: _____ Aboriginal/Torres Strait Islander:
Group of Origin :..... Yes / No
 Yes / No

Date of Birth: _____ Birth Place: _____ Number of years in Australia: _____

Nationality: _____ Language Spoken at Home: _____

Country of Citizenship: _____ Born Outside of Australia. Date of Arrival: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN

Title: ____ First Name: _____ Surname: _____
Title: ____ First Name: _____ Surname: _____

Address: _____ Address: _____
State: _____ Post Code: _____ State: _____ Post Code: _____

Religious Denomination: _____ Religious Denomination: _____

Parish Priest: _____ Parish Priest: _____

Parish attended: _____ Parish attended: _____

Suburb: _____ Suburb: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Numbers: _____ Work Numbers: _____

Home Number: _____ Home Number: _____

Mobile Number _____ Mobile Number: _____

Country of Citizenship: _____ Country of Citizenship: _____

E-mail address: _____ E-mail address: _____

CUSTODY/GUARDIANSHIP (Complete If Applicable)

IF A SPLIT FAMILY: please give the name of person(s) with legal guardianship of the student: _____
Please attached a copy of any Parenting or Restraining Order currently operating.
Any other conditions enforced at law? _____

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

IMAGE PERMISSION

I/We , _____ DO / DO NOT give permission for my child's image to be used in the classroom, with classroom online applications and in St Mary's Catholic Primary School Newsletter which is also available online.

Signature of Parent (s)/Guardian(s): _____ Date: _____
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN

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

Date: _____ Date: _____
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN

OFFICE USE ONLY

Enrolment accepted: _____ Starting date: _____
PRINCIPAL

Office Use vertical box with 8 checkboxes

SIBLINGS CURRENTLY ATTENDING THIS OR OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____

SIBLINGS NOT CURRENTLY ATTENDING SCHOOL

Name	Age	Date of Birth	Yr of Kindy
_____	_____	_____	_____

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)

Medical/Health Care

Asthma Epilepsy Diabetes Other

(please tick if any of these apply to your child)

Allergies to: _____

Medication _____

Physical _____

Orthoses/Prostheses _____

Psychological/Cognitive _____

Sensory (eg Vision/Hearing) _____

Behavioural or Safety _____

Communication _____

Does your child require any medication or medical/health care services during school hours? If so please provide full details, name, contact number and signed authorisation by the relevant practitioner on a separate sheet and attach. Yes/No

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, contact number and details on a separate sheet and attach. Yes/No

Does your child require special transport arrangements to and from school? Does your child receive Respite Care on a regular basis? Please detail on a separate sheet and attach. Yes/No

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Contact Numbers: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

Measles Mumps Rubella (MMR) Dates given

MMR I
MMR II Please attach copy of immunisation record.

If your child is not immunised because you have declined immunisation please tick this box In the event of a measles outbreak, without immunisation details, your child may be excluded from school for a period of time.

Family Doctor/Medical Clinic: _____

Address: _____ Phone No: _____

Dental Clinic: _____

Address: _____ Phone No: _____

Medicare No: _____ 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 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 MALE PARENT OR GUARDIAN

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 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.

I/We will abide by the policies and practices established and developed by the Principal and the School Board whilst their child/children are enrolled in St Mary's School.

I/We, as partners in the education of our child, have an obligation to communicate openly and positively, with the school. Discussing the progress of your child, attending parent information sessions, helping in the classroom, working on parent groups, talking to us when we get things wrong—and when we get things right, are all part of this process.

I/We agree that we have an obligation to be fully involved with the school and support the fundraising ventures of the Parents and Friends' (P & F) organisation. P & F funds provide the additional amenities necessary for your child's education and supplement what is provided by the School Board's budget.

I/We agree and accept that my / our child will participate in all required parts of the education program of the school, including the Religious Education Program.

I/We agree and accept that enrolment acceptance into the 3 Year Old Program is under the proviso that preference will be given to children who turn three before 30 June as they are due to begin Kindergarten the following year. Children born after 1 July will be able to attend the Program when they turn three if there are still places available. There is currently a cap of twenty students.

Signature of Parent (s)/Guardian(s): _____ Date: _____
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN