

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

# St. Mary's Catholic Primary School

Mary Street, BUNBURY 6230

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



## Application for Enrolment Kindergarten - Year 6

**PLEASE COMPLETE ALL SECTIONS**

ENQ #

Office Use

### 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: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Aboriginal/Torres Strait Islander: \_\_\_\_\_  
Group of Origin :.....  Yes / No

Australian Permanent Resident:  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: \_\_\_\_\_

**SEEKING ENROLMENT IN:** Grade level: \_\_\_\_\_ In (month) \_\_\_\_\_ of (year e.g. 2014) \_\_\_\_\_

Name of last school attended: \_\_\_\_\_ Address: \_\_\_\_\_

Year Levels attended \_\_\_\_\_ School contact Phone No: \_\_\_\_\_

Religious Denomination of child: \_\_\_\_\_ Priest Reference Form

Please attach copy of Baptism Certificate

Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
(date) (date) (date) (date)

### FAMILY INFORMATION

#### FEMALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish Priest: \_\_\_\_\_

Parish attended: \_\_\_\_\_

Suburb: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Numbers: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### MALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish Priest: \_\_\_\_\_

Parish attended: \_\_\_\_\_

Suburb: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Numbers: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

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

Vertical column of checkboxes for marking purposes.

**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: \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN

**SIBLINGS CURRENTLY ATTENDING THIS OR OTHER SCHOOLS**

Name	Year Level	School
_____	_____	_____
_____	_____	_____

**SIBLINGS NOT CURRENTLY ATTENDING SCHOOL**

Name	Age	Date of Birth	Year 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?  Yes/No

If so please provide full details, name, contact number and signed authorisation by the relevant practitioner on a separate sheet and attach.

**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, contact number and details on a separate sheet and attach.

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

Please detail on a separate sheet and attach.

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**MEDICAL INFORMATION**

**IMMUNISATION RECORD**

**Office Use**

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: \_\_\_\_\_ Medicare Expiry: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

Position on Card: \_\_\_\_\_ Blood Group: \_\_\_\_\_ (if known) Health Fund Number: \_\_\_\_\_

Ambulance Cover Y/N: \_\_\_\_\_

**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: \_\_\_\_\_ 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.

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

...../Continued over page

Vertical box containing three checkboxes:  at the top,  in the middle, and  at the bottom.

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

- The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. As the School is a member of Catholic Education Western Australia (CEWA), it collects the information on behalf of CEWA. Collection may be in writing or in the course of conversations. The primary purpose of collecting this information is for the School and CEWA to support and administer students' safe participation in the educational programme of the school according to law, which will enable students to participate in School and CEWA activities.
- Some of the information we collect is to satisfy the School and CEWA's legal obligations, particularly to enable the Principal to discharge their duty of care.
- Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include the School Education Act, the Children and Community Services Act, and the System and funding agreements between CEWA and the State and Federal governments.
- Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
- The School may disclose personal and sensitive information for educational, administrative and support purposes. This may include to:
  - other schools and teachers at those schools;
  - government departments;
  - the Catholic Education Office, the Catholic Education Commission, the diocese and the parish, other related church agencies/entities;
  - medical practitioners;
  - people providing educational, support and health services to the School and CEWA, including specialist visiting teachers, sports coaches, volunteers, counsellors and providers of learning and assessment tools;
  - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority;
  - people providing administrative and financial services to the School and CEWA;
  - anyone you authorise the School to disclose information to; and
  - anyone to whom the School or CEWA is required or authorised to disclose the information to by law, including child protection laws.
- Personal information collected from students is regularly disclosed to their parents or guardians.
- The School or CEWA may use online or 'cloud' service providers to store personal information and to provide services to the School that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the School or CEWA's use of on online or 'cloud' service providers is contained in the School's Privacy Policy.
- The School's Privacy Policy, accessible on the School's website, sets out how parents or students may seek access to and correction of their personal information which the School has collected and holds on behalf of CEWA. However, access may be refused in certain circumstances such as 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 student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
- The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
- The School may engage 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.
- On occasions information such as academic and sporting achievements, student activities and similar news is published in School and CEWA newsletters and magazines, on our intranet and on ours or CEWA's website. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The School will obtain permissions annually from the student's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos or other identifying material in our promotional material or otherwise make this material available to the public such as on the internet.
- We may include students' and students' parents' contact details in a class list and School directory.
- If you provide the School or CEWA 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.

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

\_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

\_\_\_\_\_ Date: \_\_\_\_\_  
MALE PARENT OR GUARDIAN

OFFICE USE ONLY

Enrolment accepted: \_\_\_\_\_ Starting date: \_\_\_\_\_  
PRINCIPAL



**4 Does the student or their mother/guardian or their father/guardian speak a language other than English at home?**

(If more than one language, indicate the one that is spoken most often.)

	student	mother/ parent1/ guardian1	father/ parent2/ guardian2	
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[1201]
Yes, Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[2401]
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[7101]
Yes, Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[6302]
Yes, Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[7104]
Yes, Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[3602]
Yes, Macedonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[3504]
Yes, Arabic (incl. Lebanese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[4202]
Yes, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[2303]
Yes, Indonesian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[6504]
Yes, Other - please specify _____				

**5(a) What is the highest year of primary school the parents/guardians have completed?**

(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark one box only in each column

	mother/parent1/ guardian1	father/parent2/ guardian2	
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	[4]
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	[3]
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	[2]
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>	[1]

**5(b) What is the level of the *highest* qualification the parents/guardians have completed?**

Mark one box only in each column

	mother/parent1/ guardian1	father/parent2/ guardian2	
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	[7]
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	[6]
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	[5]
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>	[8]

6(a) What is the occupation group of the mother/parent1/guardian1?

6(b) What is the occupation group of the father/parent2/guardian2?

Please select the appropriate parental occupation group from the attached list.

\* If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation

\* If the person has not been in paid work in the last 12 months, enter '8' in the box above.

## List of Parental Occupation Groups (for question 6)

### Group 1:

#### **Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager** (Section head or above), regional director, health/education/police/fire services administrator

**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]

**Defence Forces** Commissioned Officer

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

### Group 2:

#### **Other business managers, arts/media/sportspersons and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces** senior Non-Commissioned Officer

### Group 3:

#### **Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship.

All tradesmen/women are included in this group.

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

**Skilled office, sales and service staff**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 4:

#### **Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production/processing machinery and other machinery operators.**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

### Group 8:

**If person has not been in paid work in the last 12 months**