

SIBLINGS CURRENTLY ATTENDING THIS OR OTHER SCHOOLS

Table with 3 columns: Name, Year Level, School. Includes two rows of blank lines for entry.

SIBLINGS NOT CURRENTLY ATTENDING SCHOOL

Table with 4 columns: Name, Age, Date of Birth, Yr of Kindy. Includes one row of blank lines for entry.

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

Form for medical/health care needs including checkboxes for Asthma, Epilepsy, Diabetes, and Other. Includes fields for Allergies, Medication, Physical, Orthoses/Prostheses, Psychological/Cognitive, Sensory, Behavioural or Safety, and 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 parent on a separate sheet and attach.

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.

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.

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Form for emergency contact details with two rows for Name, Relation to Student, and 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