|  | Person responsible for paymen  | nt of fees:  |  |  |
|--|--|--|--|--|
|  | Accounts to be addressed to:   |  |  |  |
|  |  |  | <del></del>  |  |
|  | 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   |  |  |
| student's<br>CEWA.<br>to suppo<br>participa<br>Some of   | enrolment at the School. As the School i<br>Collection may be in writing or in the country and administer students' safe participate in School and CEWA activities.  | ding sensitive information about students and paren<br>is a member of Catholic Education Western Australiourse of conversations. The primary purpose of colle-<br>pation in the educational programme of the school<br>the School and CEWA's legal obligations, particular   | a (CEWA), it collects the information on behalf of<br>cting this information is for the School and CEWA<br>according to law, which will enable students to   |  |
| Act, the<br>Health in<br>may ask   | Children and Community Services Act, ar<br>aformation about students is sensitive info<br>you to provide medical reports about stud  | school require certain information to be collected and the System and funding agreements between CE ormation within the terms of the Australian Privacy dents from time to time.  Information for educational, administrative and suppose  | WA and the State and Federal governments.<br>Principles (APPs) under the Privacy Act 1988. We  |  |
|  | r schools and teachers at those schools;   | inormation for educational, administrative and suppo-  | repairoses. This may include to:   |  |
| _  | ernment departments;   |  |  |  |
|  | Catholic Education Office, the Catholic Edical practitioners;  | ducation Commission, the diocese and the parish, oth   | ner related church agencies/entities;  |  |
| <ul><li>peop</li></ul>   | •  | alth services to the School and CEWA, including speessment tools;  | cialist visiting teachers, sports coaches, volunteers  |  |
|  |  | ling the Australian Curriculum, Assessment and Repo  | orting Authority;  |  |
|  | ble providing administrative and financial   |  |  |  |
| -  | one you authorise the School to disclose in  | nformation to; and<br>tired or authorised to disclose the information to by la   | aw including child protection laws   |  |
| Personal<br>The School of person<br>informat<br>may resin<br>online on<br>The School informat<br>access where st | information collected from students is regool or CEWA may use online or 'cloud' senal information, such as services relating ion may also be provided to these service de on a cloud service provider's servers or 'cloud' service providers is contained in tool's Privacy Policy, accessible on the Scion which the School has collected and brould have an unreasonable impact on the udents have provided information in confi | egularly disclosed to their parents or guardians. ervice providers to store personal information and to ing to email, instant messaging and education and ce providers to enable them to authenticate users the which may be situated outside Australia. Further in  | provide services to the School that involve the used assessment applications. Some limited personal at access their services. This personal information about the School or CEWA's use of or may seek access to and correction of their personal be refused in certain circumstances such as where each of the School's duty of care to the student, or easons if appropriate. |  |
| handled. The Sch   | ool may engage in fundraising activities.  | s. Information received from you may be used to m ng activities solely for that purpose. We will not dis-  | ake an appeal to you. It may also be disclosed to  |  |
| their own On occas and mag school c appropri material We may If you propri                                       | n marketing purposes without your conser-<br>sions information such as academic and sp-<br>azines, on our intranet and on ours or CE<br>samps and school excursions. The Schoo-<br>ate) if we would like to include such pha-<br>available to the public such as on the inter-<br>include students' and students' parents' co  | porting achievements, student activities and similar reactivities website. This may include photographs and solo will obtain permissions annually from the studentographs or videos or other identifying material internet.  The provided HTML representation of other identifies and similar representation of other identifies an | news is published in School and CEWA newsletters videos of student activities such as sporting events ent's parent or guardian (and from the student in our promotional material or otherwise make this  |  |
|  | Signature of Parent(s) / Guardian  | n(s):  |  |  |
|  | Da   | Date:  | Date:  |  |
|  | FEMALE PARENT OR GUARI   |  |  |  |

\_Starting date:

OFFICE USE ONLY

Enrolment accepted:

PRINCIPAL

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

## **St Mary's Catholic Primary School**

18 Mary Street SOUTH BUNBURY WA 6230

## PO Box 247 BUNBURY 6231 Ph: (08) 97267500 Email: admin@stmarysbnby.wa.edu.au **Application for Enrolment 3 Year Old Program**



| STUDENT INFORMATION  |                     | VISA #  | #                                      |
|--|---------------------|---|--|
| Student Surname:   |                     | Preferred Name:   |  |
| First Name: (Please circle male or female)   | (M/F)               | Please attach copy of Birth Certificat and Immunisation Certificate                         | e                                      |
| Address:   |                     | Aboriginal/Torres Strait Islander:  | Vag. / Na                              |
| State:Post Code:   |                     | 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 Ar   | rival:                                 |
| FAMILY INFORMATION   |                     |   |  |
| FEMALE PARENT OR GUARDIAN  |                     | MALE PARENT OR GUARDIAN   |  |
| Title: First Name:   |                     | Title: First Name:  |  |
| Surname:   |                     | 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:  |  |
| Mobile Number  |                     | Mobile Number:  |  |
| Country of Citizenship:E-mail address:   |                     | Country of Citizenship:E-mail address:  |  |
| CUSTODY/GUARDIANSHIP (Complete If Appl   | icable)             |   |  |
| IF A SPLIT FAMILY: please give the name of person(s) Please attached a copy of any Parenting or Restraining of Any other conditions enforced at law? | Order c             | urrently operating.   |  |
| DISCLOSURE   |                     |   |  |
| Do you agree that the information supplied on the Stude the relevant Parish Priest?  Yes / No  | ent Info            | rmation and Family Information sections   | , can be provided                      |
| IMAGE PERMISSION   |                     |   |  |
| I/We , classroom, with classroom online applications and in St Mary  | DO / I<br>''s Catho | DO NOT give permission for my child's imag<br>lic Primary School Newsletter which is also a | ge to be used in the available online. |
| Signature of Parent (s)/Guardian(s):  FEMALE PARENT OR GI  |                     | •   |  |

Office Use

| SIBLINGS CURRENTLY ATTENDI  | NG THIS OR OTHE                           | ER SCHOOLS  |                                  |    |
|---|---|---|----------------------------------|----|
| Name  | Year Level                                | School  |                                  |    |
|   |   |   |                                  |    |
|   |   |   |                                  |    |
|   |   |   |                                  |    |
| SIBLINGS NOT CURRENTLY ATT  | ENDING SCHOOL                             |   |                                  |    |
| Name  | Age                                       | Date of Birth   | Yr of Kindy                      |    |
|   |   |   |                                  |    |
| STUDENT'S INDIVIDUAL NEEDS  |   |   |                                  |    |
| The school Education Act 1999 requires th   | e provision of: "details                  | of any condition of the enrolee that m                                | nay call for special steps to be | I  |
| taken for the benefit or protection of the en  Medical/Health Care                                | rolee or other persons                    | in the school" (16G)  |                                  |    |
| <u></u>   | Dishetes                                  | Others  |                                  |    |
| Asthma Epilepsy (please tick if any of these apply to you Allergies to:                           | Diabetes ur child)                        | <b>—</b>  |                                  |    |
| Medication  |   |   |                                  |    |
| Physical  |   |   |                                  |    |
| Orthoses/Prostheses   |   |   |                                  |    |
| Psychological/Cognitive   |   |   |                                  |    |
| Sensory (eg Vision/Hearing)   |   |   |                                  |    |
| Behavioural or Safety   |   |   |                                  |    |
| Communication   |   |   |                                  |    |
|   |   |   |                                  |    |
| Does your child require any medication If so please provide full details, name, sheet and attach. | n or medical/health of contact number and | eare services during school hours? signed authorisation by the releva | ant pra Yes/No on a separate     |    |
| External Service Provision  |   |   | 4.9                              |    |
| Does your child receive any services fi<br>If so please detail name of Service Pro                |   |   |                                  |    |
| Does your child require special transpo   | ort arrangements to a                     | nd from school?   |                                  |    |
| Does your child receive Respite Care of Please detail on a separate sheet and at                  | on a regular basis?                       | Yes/N   | 0                                | ╽┌ |
| Trease detail on a separate sheet and at  | .ucii.                                    | Yes/No  |                                  | ┞  |
| EMERGENCY CONTACT DETAILS   | G (OTHER THAN A                           | PARENT/GUARDIAN)  |                                  |    |
| Name:   |   | Relation to Student:  |                                  | _  |
| Contact Numbers:  |   |   |                                  | ╟  |
| Name:   |   |   |                                  |    |
| Contact Numbers:  |   |   |                                  |    |

## MEDICAL INFORMATION

| IMMINICATION DECODD | Offic |
|---------------------|-------|

| MMUNISATION RECORD    Mark   |   |                                |
|--|---|--------------------------------|
| MR I   | MMUNISATION RECORD  | Office Use                     |
| Please attach copy of immunisation record.   | Measles Mumps Rubella (MMR) Dates given   |                                |
| ryour child is not immunised because you have declined immunisation please tick this box at the event of a measles outbreak, without immunisation details, your child may be excluded from school for a period of me.  |   |                                |
| cental Clinic:    ddress:  | f your child is not immunised because you have declined immunisation please tick this box<br>in the event of a measles outbreak, without immunisation details, your child may be excluded from school for a period  | lof                            |
| lental Clinic:   | amily Doctor/Medical Clinic:  |                                |
| dedicare No:   | ddress:Phone No:  |                                |
| dedicare No:   | Dental Clinic:  |                                |
| 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 anafsusion, medication and I am unable to be contacted within a reasonable time, the School has the authority to agree to be dically recommended treatment by an accredited medical practitioner on my behalf.  Ignature of Parent (s)/Guardian(s):    Date:  | .ddress: Phone No:  |                                |
| 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 ansfusion, medication and I am unable to be contacted within a reasonable time, the School has the authority to agree to nedically recommended treatment by an accredited medical practitioner on my behalf.  Date:   | Iedicare No:   Private Health Fund:   Blood Group:   (if known)   |                                |
| ansfusion, medication and I am unable to be contacted within a reasonable time, the School has the authority to agree to nedically recommended treatment by an accredited medical practitioner on my behalf.  Date:  | MEDICAL EMERGENCY AUTHORISATION   |                                |
| We understand and accept that the completion of this application/enrolment form does not guarantee an enoment interview. Successful applicants will be determined in accordance with the school's enrolment riteria.  We understand and accept that attendance at an interview does not guarantee an enrolment offer eing made.  We understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that tudent in any other Catholic school.  We have completed this application form fully and to the best of my/our knowledge. Further, I/we cknowledge and accept that if we have withheld information relevant to the application/enrolment process, specially in relation to this student's individual needs, medical conditions, health care requirements and/or arenting Orders, then the enrolment may be refused or terminated on this ground.  We agree to abide by the policies and directions of the school and the Catholic Education Commission of Vestern Australia as they are enacted from time to time.  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.  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 classboom, working on parent groups, talking to us when we get things wrong—and when we get things right, are III part of this process.  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 our child's education and supplement what is provided by the School Board's budget.  We agree and accept that my / our child will participate in all required parts of the education program of the chool, including the Religious Education Program.  We agree and accept that enrolment a | red necessary. I further authorise the School that if an emergency occurs requiring surgery, anaesthetic, oxygen, bloomansfusion, medication and I am unable to be contacted within a reasonable time, the School has the authority to agree nedically recommended treatment by an accredited medical practitioner on my behalf.  | od<br>e to                     |
| We understand and accept that the completion of this application/enrolment form does not guarantee an enolment interview. Successful applicants will be determined in accordance with the school's enrolment riteria.  We understand and accept that attendance at an interview does not guarantee an enrolment offer eing made.  We understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that tudent in any other Catholic school.  We have completed this application form fully and to the best of my/our knowledge. Further, I/we cknowledge and accept that if we have withheld information relevant to the application/enrolment process, specially in relation to this student's individual needs, medical conditions, health care requirements and/or arenting Orders, then the enrolment may be refused or terminated on this ground.  We agree to abide by the policies and directions of the school and the Catholic Education Commission of Vestern Australia as they are enacted from time to time.  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.  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 class-poom, working on parent groups, talking to us when we get things wrong—and when we get things right, are ll part of this process.  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 our child's education and supplement what is provided by the School Board's budget.  We agree and accept that my / our child will participate in all required parts of the education program of the chool, including the Religious Education Program.                                      | remature of Parent (s)/Guardian(s):  FEMALE PARENT OR GUARDIAN  MALE PARENT OR GUARDIAN  MALE PARENT OR GUARDIAN  | _ _                            |
| oliment interview. Successful applicants will be determined in accordance with the school's enrolment riteria.  We understand and accept that attendance at an interview does not guarantee an enrolment offer eing made.  We understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that tudent in any other Catholic school.  We have completed this application form fully and to the best of my/our knowledge. Further, I/we cknowledge and accept that if we have withheld information relevant to the application/enrolment process, specially in relation to this student's individual needs, medical conditions, health care requirements and/or arenting Orders, then the enrolment may be refused or terminated on this ground.  We agree to abide by the policies and directions of the school and the Catholic Education Commission of Vestern Australia as they are enacted from time to time.  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.  We, as partners in the education of our child, have an obligation to communicate openly and positively, with ne school. Discussing the progress of your child, attending parent information sessions, helping in the class-room, working on parent groups, talking to us when we get things wrong—and when we get things right, are all part of this process.  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 our child's education and supplement what is provided by the School Board's budget.  We agree and accept that my / our child will participate in all required parts of the education program of the chool, including the Religious Education Program.  We agree and accept that enrolment acceptance into the 3 Year Old Program is under the proviso that prefer-                                | AGREEMENT   |                                |
|  | oliment interview. Successful applicants will be determined in accordance with the school's enrolment riteria.  We understand and accept that attendance at an interview does not guarantee an enrolment offer eing made.  We understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that tudent in any other Catholic school.  We have completed this application form fully and to the best of my/our knowledge. Further, I/we cknowledge and accept that if we have withheld information relevant to the application/enrolment process, specially in relation to this student's individual needs, medical conditions, health care requirements and/or arenting Orders, then the enrolment may be refused or terminated on this ground.  We agree to abide by the policies and directions of the school and the Catholic Education Commission of Vestern Australia as they are enacted from time to time.  We will abide by the policies and practices established and developed by the Principal and the School Boardhilst their child/children are enrolled in St Mary's School.  We, as partners in the education of our child, have an obligation to communicate openly and positively, we school. Discussing the progress of your child, attending parent information sessions, helping in the class from, working on parent groups, talking to us when we get things wrong—and when we get things right, and I part of this process.  We agree that we have an obligation to be fully involved with the school and support the fundraising vent of the Parents and Friends' (P & F) organisation. P & F funds provide the additional amenities necessary for our child's education and supplement what is provided by the School Board's budget.  We agree and accept that my / our child will participate in all required parts of the education program of the chool, including the Religious Education Program. | t  ard  ith see ures ures fer- |
| I I  |   | 1 1                            |

 $Signature \ of \ Parent \ (s)/Guardian(s): \underbrace{Date:}_{\overline{FEMALE} \ PARENT \ OR \ GUARDIAN}$ 

Date:

MALE PARENT OR GUARDIAN

....../Continued over page