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Date:	

St. Mary's Catholic Primary School

18 Mary Street, BUNBURY 6230

PO Box 247 BUNBURY 6231 Ph: (08) 97267500 Email: admin@stmarysbnby.wa.edu.au

Application for Enrolment Play Café



PLEASE COMPLETE ALL SECTIONS		-		·C. Faich - Cor
STUDENT INFORMATION				Office Use
Student Surname:		Preferred Name:		
First Name:(Please circle male or female)	. (M/F)	Please attach copy of Birth Certifica and Immunisation Certificate	ate	
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 A	Arrival:	
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:		Home Number: Mobile Number:		
Country of Citizenship: E-mail address:		Country of Citizenship: E-mail address:		
CUSTODY/GUARDIANSHIP (Complete If App	licable)			-
IF A SPLIT FAMILY: please give the name of person Please attached a copy of any Parenting or Restraining	n(s) with g Order c	legal guardianship of the student:		
EMERGENCY CONTACT DETAILS (OTHER THA	N A PA	RENT/GUARDIAN)		
Name:		Relation to Student:		
Contact Numbers:				
Name:				
Contact Numbers:				
SIBLINGS CURRENTLY ATTENDING THIS OR O	THER S	SCHOOLS		
Name Year Level		School		
				_

SIBLINGS NOT CURRENTLY ATTENDING SCHOOL

Ν	am	e
Ν	am	e

Date of Birth

STUDENT'S INDIVIDUAL NEEDS	
The school Education Act 1999 requires the provision of: "details of any condition of the enrolee that may call for special	steps to be
taken for the benefit or protection of the enrolee 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 <u>o</u> sheet and attach.	n a separate
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 <u>on a separate sheet and attach.</u>	
MEDICAL INFORMATION	
IMMUNISATION RECORD	
Measles Mumps Rubella (MMR) Dates given	
MMR I 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 time.	a period of
Family Doctor/Medical Clinic:	
Address: Phone No:	
Dental Clinic:	
Address: Phone No:	
Medicare No: Private Health Fund: Blood Group: (if known)	n)
MEDICAL EMERGENCY AUTHORISATION	
I authorise the School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter w ered necessary. I further authorise the School that if an emergency occurs requiring surgery, anaesthetic, oxy transfusion, medication and I am unable to be contacted within a reasonable time, the School has the authority medically recommended treatment by an accredited medical practitioner on my behalf.	gen, blood
Signature of Parent (s)/Guardian(s): Date:	e:
IMAGE PERMISSION	
I/We, DO / DO NOT give permission for my child's image to be classroom, with classroom online applications and in St Mary's Catholic Primary School Newsletter which is also availab	e used in the le online.
Signature of Parent (s)/Guardian(s): Date:	»: [

AGREEMENT

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.

Signature of Parent(s)/Guardian(s):	Date:	Date:		
FEMALI	E PARENT OR GUARDIAN	MALE PARENT OR GUARDIAN	0	
Signature of Parent(s) / Guardian(s):				
Date: FEMALE PARENT OR GUARDIAN	MALE PAREN	Date: T OR GUARDIAN		
OFFICE USE ONLY Enrolment accepted: PRINCIPAL	Starting date:			