Person/s responsible for payment of fees:

_____

Accounts to be addressed to:

_____

_____

I/we, the undersigned, as the person/s responsible for payment of fees, acknowledge that I/we 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 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. We may include students' and students' parents' contact details in a class list and School directory.
13. 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:_____ _____ Date: _____
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN

……..

OFFICE USE ONLY
Enrolment accepted: _____Starting date: _____
PRINCIPAL

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

ENQ #

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

PLEASE COMPLETE ALL SECTIONS

Please note that Kindergarten to Year 6 Applications must be completed separately

Office Use

STUDENT INFORMATION

VISA #

Student Surname: _____ Preferred Name: _____

First Name:_____ (M/F)
(Please circle male or female)

Please attach copy of **Birth Certificate and Immunisation Certificate**

Address: _____

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

_____State: _____Post Code:_____

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:_____

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

Office Use

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 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? 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

Office Use

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

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