



# St Elizabeth's Catholic Primary School

PO Box 2126  
WANGARA DC 6947

## APPLICATION FOR ADMISSION Private and Confidential

AN APPLICATION FEE OF \$25.00 TO ACCOMPANY THIS APPLICATION PLEASE

### STUDENT INFORMATION

Student's Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Yes/No

If yes to Aboriginal/Torres Strait Islander, then Group of Origin: \_\_\_\_\_

Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No

If born outside of Australia: \_\_\_\_\_ Date of arrival in Australia: \_\_\_\_\_

Visa Category Number : \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

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

Date of reception of Sacraments:

Baptism: \_\_\_\_\_ Reconciliation: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Present School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_

REQUESTING ADMISSION INTO YEAR LEVEL: \_\_\_\_\_ IN 20\_\_\_\_\_  
(Kindy, Pre-Primary, Year 1 etc)

**A copy of your child's Birth Certificate, Baptism Certificate, Parish Priest Reference, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Application for Admission. Originals of these documents are to be presented at the enrolment interview.**

Checklist of inclusive paperwork: (Please do not send originals)

- |                              |                          |                               |                          |                                |                          |
|------------------------------|--------------------------|-------------------------------|--------------------------|--------------------------------|--------------------------|
| 1. Birth Certificate         | <input type="checkbox"/> | 2. Immunisation Certificate   | <input type="checkbox"/> | 3. Baptism Certificate         | <input type="checkbox"/> |
| 4. Parish Priest's Reference | <input type="checkbox"/> | 5. Reconciliation Certificate | <input type="checkbox"/> | 6. First Eucharist Certificate | <input type="checkbox"/> |
| 7. Confirmation Certificate  | <input type="checkbox"/> |                               |                          |                                |                          |

**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

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

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

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

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

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

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

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

Contact Numbers :

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**MALE PARENT OR GUARDIAN**

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

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

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

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

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

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

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

Contact Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**CUSTODY/GUARDIANSHIP**

Name of person(s) with legal guardianship of the student: \_\_\_\_\_

If applicable a copy of any Parenting or Restraint Order is attached. Yes / No

Any other conditions enforced at Law? \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Year Level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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)

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Medical/Health Care: \_\_\_\_\_

Medication: \_\_\_\_\_

Physical: \_\_\_\_\_

Orthoses / Prostheses: \_\_\_\_\_

Psychological / Cognitive: \_\_\_\_\_

Sensory (eg Vision / Hearing): \_\_\_\_\_

Behavioural or Safety: \_\_\_\_\_

Communication: \_\_\_\_\_

Allergies: \_\_\_\_\_

If medication or medical / health care services are required during school hours please provide full details: name, contact number and signed authorisation by the relevant practitioner.

## EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? Yes / No

If so please provide the name of Service Provider and Contact Number: \_\_\_\_\_

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

## EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS/GUARDIANS)

1. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

## MEDICAL INFORMATION (Applicable to an imminent enrolment commencement.)

### IMMUNISATION RECORD

F-fully immunised

N-not immunised

I-incomplete immunisation

P-personal objections

Measles  Mumps  Rubella  Diphtheria  Tetanus  Hep B  Pertussis  Polio (OPV)   
(Whooping Cough)

Please include a copy of your child's immunisation record along with other documents required.

Family Doctor / Medical Clinic: \_\_\_\_\_ Tel No: \_\_\_\_\_

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

Dentist / Dental Clinic: \_\_\_\_\_ Tel No: \_\_\_\_\_

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

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

*I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, I/we authorise the school to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.*

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 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

## AGREEMENT

I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applications 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 if an enrolment offer is made a deposit of \$200 is required to confirm your child/ren's enrolment. This amount will be deducted from the first fee account issued.

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 it can be demonstrated that I/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 have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school.

I/We have read and fully understand and agree to the terms and conditions set out in the School Fee Collection Policy.

I/We agree to abide by the policies and directions of St Elizabeth's Catholic Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION

*I give permission for my child to attend excursions/incursions and physical education activities within the guidelines of the School's Camp and Excursion Policy. I understand that I will be informed prior to the activity taking place.*

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission for my child to travel to and from excursions and/or sporting activities by using a chartered bus.*

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission for my child to walk to and from venues within the immediate vicinity when accompanied by a teacher and the appropriate ratio of adults to children.*

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*I agree/do not agree for visual media to be used in publications in relation to the promotion of St Elizabeth's Catholic Primary School and/or Catholic Education Office of Western Australia*

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_