



# ST VINCENT'S SCHOOL PARMELIA

PO BOX 22  
KWINANA WA 6966  
PHONE 9419 2631  
FAX 9419 5991

## APPLICATION FOR ENROLMENT KG [4 Year Olds] TO YEAR SIX

YEAR LEVEL FOR WHICH ENROLMENT IS SOUGHT? [KG to Year SIX] \_\_\_\_\_ for Calendar Year 20 \_\_\_\_\_

### STUDENT INFORMATION

Student Surname: \_\_\_\_\_ Sex of child [Male/Female]: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No  
 Aboriginal/Torres Strait Islander: Yes/No  
 Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No  
 Born outside of Australia. Date of arrival: \_\_\_\_\_ Number of years in Australia: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
 Type of Visa: \_\_\_\_\_ Copy of Visa attached: Yes/No  
**Present School:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Year level:** \_\_\_\_\_

Student's Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Date of Reception of Sacraments: \_\_\_\_\_ Baptism Certificate Attached Yes/No  
 Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
**Reference from Parish Priest Attached** \_\_\_\_\_ **Yes/No**

### FAMILY INFORMATION

#### FEMALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 Contact Numbers: [H] \_\_\_\_\_ [W] \_\_\_\_\_ [M] \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_

#### MALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 Contact Numbers: [H] \_\_\_\_\_ [W] \_\_\_\_\_ [M] \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_

### CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student: \_\_\_\_\_  
 If applicable is a copy of any Parenting or Restraint Order is attached. Yes/No  
 Any other conditions enforced at law? \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING ST VINCENT'S SCHOOL**

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

**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 \_\_\_\_\_

Mobility/Access Issues \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Communication (eg speech therapy) \_\_\_\_\_  
\_\_\_\_\_

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 detail name of Service Provider and Contact No.

Please detail services \_\_\_\_\_

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 A PARENT/GUARDIAN)**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

**MEDICAL INFORMATION****IMMUNISATION RECORD**

F - fully immunised		N - not immunised		I - incomplete immunisation		P - personal objections			
Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	Pertussis (Whooping Cough)	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>		

Immunisation Record Attached Yes/No

Family Doctor/Medical Clinic: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Dentist/Dental Clinic: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_  
(If known)**MEDICAL EMERGENCY AUTHORISATION**

*I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college 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 and to provide to the medical practitioner any relevant medical information detailed in this form.*

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

FEMALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN

Date: \_\_\_\_\_

**DISCLOSURE OF PERSONAL INFORMATION**

Personal information collected and stored by the school is subject to the Privacy Act and the CECWA Privacy Policy Statement. A copy of the CECWA Privacy Policy Statement can be obtained from the school, the Catholic Education Commission of Western Australia or the Catholic Education Office of WA website. [www.ceo.wa.edu.au](http://www.ceo.wa.edu.au)

**HOW ST VINCENT'S SCHOOL WILL USE THE PERSONAL INFORMATION YOU PROVIDE:**

- 1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
- 2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- 3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health [and Child Protection]\* laws.
- 4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
- 5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish]\* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches and volunteers.
- 6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
- 7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines [and on our website].
- 8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include 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 pupil, or where pupils have provided information in confidence.
- [9. As you may know the School from time to time engages 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.
- [10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.]
- 11. If you provide the School 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, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

\* If appropriate

**DISCLOSURE OF INFORMATION FOR PARISH RECORDS**

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

**ACKNOWLEDGEMENT**

I/we understand and accept that the completion of this application for enrolment form and acceptance by the school does not guarantee an enrolment interview nor a place at the school. 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 completion of this application for enrolment form and acceptance by the school does not guarantee the enrolment of that student in any other Catholic school.

I/we have completed this application for enrolment form fully and truthfully 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 for 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 that the school may obtain copies of the student's educational, medical, psychological and other relevant records held by previous schools.

I/we agree that the school may transfer copies of the student's educational records, and any other relevant reports or medical information given to the present school to any receiving school to which the student may transfer in the future.

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 understand that at public performances eg Assemblies, Concerts, Sports Days etc. children may be videoed or photographed by members of the School Community.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

Date: \_\_\_\_\_

\_\_\_\_\_  
MALE PARENT OR GUARDIAN

Date: \_\_\_\_\_

**OFFICE USE ONLY:** Acknowledgment sent [ ] Date \_\_\_\_\_