St Mary's School, Northampton

Enrolment Form

OUR VISION
St Mary’s School provides an education that endeavours to equip each child with the Christian values and life skills necessary to meet the challenges of a changing world

Office used only: Checklist

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<tr>
<th>Distributed to parents</th>
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<tr>
<td>Standard Privacy Collection Notice</td>
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<td>Student Images Collection Notice</td>
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<td>Birth Certificate</td>
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<td>Immunisation Card</td>
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<td>Baptism Certificate</td>
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<td>Priest Reference</td>
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<td>Reconciliation Certificate</td>
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<td>Eucharist Certificate</td>
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<td>Confirmation Certificate</td>
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STUDENT INFORMATION

Student Surname: _____________________________
First Name: __________________________________
Preferred Name: ______________________________
Home Address: __________________________________
_____________________________________
State: __________________ Postcode: ____________
Postal Address: _______________________________
_____________________________________
State: __________________ Postcode: ____________
Date of Birth: ___________ Birthplace: ___________

Birth Certificate Attached: Yes/No
Aboriginal Yes/No Torres Strait Islander: Yes/No
Australian Permanent Resident: Yes/No
Nationality: __________________________________
Born outside of Australia Date of arrival: ________
Number of years in Australia: ____________________
Country of Citizenship: _________________________
Language Spoken at Home: _______________________
Bus Route: ___________________________________
Present School _______________________
Year level ___________ Location ________________

Religious Denomination: _______________________
Baptism Certificate Attached: Yes/No
Date of Sacraments:
Baptism ___________ First Communion ___________
Reconciliation __________ Confirmation __________
Parish Priest: _________________________________
Parish: ___________________________

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _________________________
First Name: __________________________________
Address: ____________________________________
_____________________________________________
State: _______________ Postcode: _______________
Religious Denomination: _______________________
Parish Priest: __________________________________
Parish: ___________________________
Suburb: ______________________________________
Occupation: __________________________________
Home Tel: ___________ Work Tel: _____________
Mobile Tel: ___________ Fax: _________________
Email: _____________________________
Country of Citizenship: _______________________

MALE PARENT OR GUARDIAN

Title: _____ Surname: _________________________
First Name: __________________________________
Address: ____________________________________
_____________________________________________
State: _______________ Postcode: _______________
Religious Denomination: _______________________
Parish Priest: __________________________________
Parish: ___________________________
Suburb: ______________________________________
Occupation: __________________________________
Home Tel: ___________ Work Tel: _____________
Mobile Tel: ___________ Fax: _________________
Email: _____________________________
Country of Citizenship: _______________________

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 by law? ____________________________________
### SIBLINGS CURRENTLY ATTENDING ST MARY’S SCHOOL

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Level</th>
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### SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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<tr>
<th>Name</th>
<th>Year Level</th>
<th>School</th>
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### SIBLINGS CURRENTLY NOT ATTENDING SCHOOL

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<th>Name</th>
<th>Age</th>
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### 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)

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

*(Please list any formal tests/assessments that have been carried out in any of the above areas)*

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

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: _______________________________________________________________________
Home Tel: _______________________________________________________________________ 
Name: __________________________________ Relation to Student: ______________________
Address: _______________________________________________________________________
Contact Numbers: __________________________________________________________________

MEDICAL INFORMATION

IMMUNISATION RECORD

<table>
<thead>
<tr>
<th>F - fully immunised</th>
<th>N - not immunised</th>
<th>I - incomplete immunisation</th>
<th>P - personal objections</th>
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<tbody>
<tr>
<td>Measles</td>
<td>Mumps</td>
<td>Rubella</td>
<td>Diptheria</td>
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<tr>
<td>Hepatitis B</td>
<td>Pertussis</td>
<td>Polio (OPV)</td>
<td>Immunisation Record Attached</td>
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<td>(Whooping Cough)</td>
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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 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.

Signature of Parent(s)/Guardian(s): ______________________ Date: __________

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 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 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.

Signature of Parent(s)/Guardian(s): ______________________ Date: __________

PRIVACY ACT DECLARATION

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 College. The primary purpose of collecting this information is to enable the school to provide schooling and to enable the school to discharge its duty of care for your son/daughter.

Principal: ______________________ Date ______________________