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 Website: [www.stemiliescps.wa.edu.au](http://www.stemiliescps.wa.edu.au)  
 Ph.: (08) 9256 9696 Fax (08) 9256 9699

Office Use Only		Date Received
Birth certificate	<input type="checkbox"/>	Immunisation Record <input type="checkbox"/>
Baptism Certificate	<input type="checkbox"/>	Parish Reference <input type="checkbox"/>
Sibling Application received: Yes <input type="checkbox"/> No <input type="checkbox"/>		Year: _____
Application Fee Paid <input type="checkbox"/>	Data Entered <input type="checkbox"/>	
Interview date & time	<input type="text"/>	

**APPLICATION FOR ENROLMENT**

Private and Confidential

**STUDENT INFORMATION**

Student Surname: \_\_\_\_\_ Sex: Male / Female

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

Second Name: \_\_\_\_\_ Sibling of current student/s: Yes  No

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Yes / No

Australian Permanent Resident: Yes / No Visa Code: (*ie 457*) \_\_\_\_\_ Arrival Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Present School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_  
 (*If applicable*)

**REQUESTING ENROLMENT INTO YEAR ..... IN 20.....**  
 (Kindy, Pre Primary, Year 1 etc)

**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

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

Status: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Visa Code: (*ie 457*) \_\_\_\_\_

Arrival Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Permanent Resident  or Temporary Resident

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact Numbers: (W) \_\_\_\_\_ (MB) \_\_\_\_\_

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

**MALE PARENT OR GUARDIAN**

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

Status: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Visa Code: (*ie 457*) \_\_\_\_\_

Arrival Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Permanent Resident  or Temporary Resident

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact Numbers: (W) \_\_\_\_\_ (MB) \_\_\_\_\_

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

**SIBLINGS CURRENTLY ATTENDING ST EMILIE'S CATHOLIC PRIMARY**

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

**CUSTODY / GUARDIANSHIP**

Are there any custody issues: Yes  No

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

If applicable a copy of any Parenting Plan, Court Order or Restraint Order is attached. Yes  No

Any other condition enforced at law? \_\_\_\_\_

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS)**

Only if Parents are unable to be contacted

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

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

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

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

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

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

**IMMUNISATION INFORMATION**

IMMUNISATION RECORD (Please note a student is only fully immunised after the age of 5)

F–fully immunised      N–not immunised      I–incomplete immunisation      P–personal objections

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Pertussis (Whooping Cough) \_\_\_\_\_ Polio (OPV) \_\_\_\_\_ Immunisations Record Attached \_\_\_\_\_

**STUDENTS 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 EMERGENCY**

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

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

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

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

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

Blood Group (if known): \_\_\_\_\_

Medical / Health Care & Treatment Required: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Orthoses / Prosthesis: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

Allergies & Treatment Required: \_\_\_\_\_

\_\_\_\_\_

If Anaphylactic an Anaphylaxis Action Plan form needs to be completed and is required to be updated yearly or as treatments change.

### **EXTERNAL SERVICE PROVISION**

Does your child receive any services from an external agency, which may affect educational arrangements?

Yes / No. If yes please detail name of Service Provider and Contact Number.

\_\_\_\_\_

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

**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.*

**Both Parent/Guardians to sign Authorisation**

\_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

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

**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 enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

I/we agree to fulfil our financial obligations regarding payment of school fees by respecting due dates. It is an expectation that if a family is experiencing financial difficulty and needs some consideration they must initiate contact with the school as soon as possible.

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 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 Parent Orders, then the enrolment may be refused or terminated on this ground.

**Signature of Parent(s)/Guardian(s)**    *(Both parents are required to sign)*

\_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

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

\_\_\_\_\_  
DATE

**An application fee of \$30.00 (Includes GST, non-refundable) per family is to be forwarded with your application to cover administration costs.**

**The following forms must be attached before your application can be processed.**

- 1) **Birth Certificate**
- 2) **Baptism Certificate (Catholic applicants)**
- 3) **Record of Immunisation**
- 4) **Parent’s & Students copy of Passport and Visa if not an Australian Citizen**
- 5) **Parish Priest Reference**

## **STANDARD COLLECTION NOTICE**

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 organizations that assist in the School 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 contact, 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

## PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the parish priest.

Completion of this form and presentation to the parish priest forms part of the enrolment process for St Emilie's Catholic Primary School. Contact should be made with the parish secretary to find out the process for that parish. St Emilie's Parish Phone #: (08) 9456 5130

**Parent is to complete and then forward the form to the parish priest**

**To the Parish Priest at:** .....

**Name of Student:** ..... **Year of Entry:** ..... **Class:** .....

**Phone No:** .....

**Address:** .....

**Name of Mother/Guardian:** .....

**Name of Father/Guardian:** .....

**Current School:** .....

If Government school, does child attend out of school scripture classes in the Parish?

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish? (*Please attach a page containing your answer*)

**To be completed by parish priest**

**Please complete the information below in reference to the family information above.**

Q1. Is the family actively involved in the life of the Church? .....

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

.....  
.....

Q3. Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

.....  
.....

Q4. Any other comments by the priest

.....  
.....

**Signed:** .....

**To the Parish Priest: Please send or fax this completed form to:  
St Emilie's Catholic Primary School 151 Amherst Rd Canning Vale WA 6155 Fax # (08) 9256 9699.**