

Family Key _____ Student _____

APPLICATION FORM

Date received: _____ Fee received _____

\$20 (GST Included) NON REFUNDABLE APPLICATION FEE APPLIES.
THIS DOES NOT SECURE A POSITION AT ST JOSEPH'S SCHOOL FOR ANY CHILD.

Please circle one of all questions asked

HCC or Pensioner Concession Card holder entitlement (Copy included) Yes / No

YEAR for which enrolment is sought (please circle) K P 1 2 3 4 5 6

CALENDAR YEAR for which enrolment is sought 20 _____

STUDENT INFORMATION

Student surname _____ **Date of Birth** _____

Given names _____ **Known as** _____

Sex Male / Female

Address in Western Australia _____

Postcode _____

Birth Country _____ **Birth Certificate Attached** Yes / No

Nationality _____ **Aboriginal / Torres Strait Islander** Yes / No

If Born Outside of Australia **Date of Arrival** _____

Number of Years in Australia _____ **are you on a Permanent Resident Visa** Yes: / No

Please list Visa number & Classification (If applicable) _____

Country you currently hold Citizenship in _____

The Language mainly spoken at home _____

Religious denomination _____ **Parish Priest** _____

Parish Attended _____ **Suburb** _____

Baptism Date _____ **Is Certificate Attached** Yes / No

Reconciliation Date _____ **Is Certificate Attached** Yes / No

First Communion Date _____ **Is Certificate Attached** Yes / No

Confirmation Date _____ **Is Certificate Attached** Yes / No

TRANSFER INFORMATION

PRESENT SCHOOL

Name of present school _____ **Years there** _____

Reason for transferring from present school _____

FAMILY INFORMATION

CUSTODIAL PARENT – FEMALE

Title _____ Surname _____ Given Names _____

Relationship to enrolled child Mother / Stepmother / Other _____

Home Address _____

_____ State _____ Postcode _____

Postal Address (if different) _____

_____ State _____ Postcode _____

Email Address _____

Religious Denomination _____ Parish Priest name _____

Parish _____ Suburb _____

Occupation _____ Employer _____

Address _____ Postcode _____

Contact Numbers

Home _____ Work _____ Mobile _____

Country of Citizenship _____

CUSTODIAL PARENT – MALE

Title _____ Surname _____ Given Names _____

Relationship to enrolled child Father / Stepfather / Other _____

Home Address _____

_____ State _____ Postcode _____

Postal Address (if different) _____

_____ State _____ Postcode _____

Email Address _____

Religious Denomination _____ Parish Priest name _____

Parish _____ Suburb _____

Occupation _____ Employer _____

Address _____ Postcode _____

Contact Numbers

Home _____ Work _____ Mobile _____

Country of Citizenship _____

DETAILS OF NON-CUSTODIAL PARENT/S (IF APPLICABLE)

Title _____ Surname _____ Given Names _____

If applicable please specify custody / access rights (e.g. can non-custodial parent be contacted in case of illness / emergency?) If yes, please supply contact details _____

If applicable a copy of any Current Parenting or Restraint Court Orders must be attached Yes / No
Any other conditions enforced by law attached Yes / No

SIBLINGS

Name _____ Age _____ Current School _____ Year Level _____
Name _____ Age _____ Current School _____ Year Level _____
Name _____ Age _____ Current School _____ Year Level _____
Name _____ Age _____ Current School _____ Year Level _____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT OR GUARDIAN)

Name _____ Relationship to Student _____
Address _____
Contact Numbers _____
Name _____ Relationship to Student _____
Address _____
Contact Numbers _____

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 / Health Care (If your child has any medical conditions you are required to complete and submit an Emergency Action Plan Yes / No

Medication (You are required to complete and submit a *Student Medication Request/Record Form* appropriate to individual child’s needs if medication is required to be administered during school hours.)

The following areas must be addressed (If not relevant N/A must be submitted)

Physical requirements _____
Orthoses rosthesis _____
Psychological / Cognitive _____
Sensory (e.g. Vision / Hearing) _____
Behavioural or Safety issues _____
Communication difficulties _____
Allergies (Known) _____

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 No. _____

Please specify services provided _____

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 INFORMATION

IMMUNISATION RECORDS (please tick appropriate box)

Fully Immunised Incomplete Immunised Not Immunised Personal Objections
Measles Mumps Rubella Diphtheria Tetanus
Hepatitis B or C Pertussis (Whooping Cough) Polio

IMMUNISATION RECORDS ATTACHED Yes / No

Family Doctor _____

Address _____

Telephone Number _____

Medicare Number _____ Private health Fund _____

Ambulance Cover Yes / No 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, 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 _____

FEMALE PARENT OR GUARDIAN

_____ Date _____

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 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 the enrolment offer being made.

I/We understand that enrolment in one Catholic school does not guarantee the enrolment of that student into any other Catholic school.

I/We have completed this application form fully and to the best of 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 _____

FEMALE PARENT OR GUARDIAN

_____ Date _____

MALE PARENT OR GUARDIAN

OFFICE USE ONLY

Interview Date _____ Admission Confirmed _____

Collection Notice Signed Copy Given to Parents Yr 1-6 Familiarisation

Photograph / Publicity Notice Signed

Signed _____

COLLECTION NOTICE

1. The School (the Diocese both independently and through its Schools) 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. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the student and to enable them to take part in all the activities of the School. 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.
2. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health, School Education Act 1999 and Child Protection laws, including The Children and Community Services Act 2004.
3. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.
4. 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.
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, government agencies, statutory boards, the Catholic Education Office, the Catholic Education Commission, your local diocese and the parish and/or schools within other Catholic Dioceses. Information is also disclosed to government authorities such as Schools Curriculum and Standards Authority the Australian Curriculum, Assessment and Reporting Authority (ACARA), medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
6. In addition to the agencies and purposes cited above personal information relating to students and parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain aggregated school information relating to the circumstances of parents and students on the MySchool website.
7. The School may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
8. Personal information collected from pupils is regularly disclosed to their parents or guardians.
9. 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.

10. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.

11. 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.

12. On occasions information such as academic and sporting achievements, pupil activities and similar news is published, in both hard and digital copy, in School newsletters and magazines and on our website.

13. We may include your contact details in a class list and School directory.

14. 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.

15. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines and on our website. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines and on our intranet. The School will obtain separate permissions from the students' parent or guardian prior to publication if we would like to include photographs or other identifying material in promotional material for the school or otherwise make it available to the public such as on the internet. We may include students' and students' parents' contact details in a class list and School directory.

16. 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 this information to third parties.

Parent / Guardian Signature _____ Date _____

PHOTOGRAPH / PUBLICITY PERMISSION

Today we accept that we must produce technology capable children. To live, learn and work successfully in an increasingly complex and information-rich society, students must be able to use technology effectively. Using digital technology, staff and students may wish to take photos and videos during the course of the day depicting various activities, which assist in the presentation and reporting of student education.

At St Joseph's Primary School, we use various forms of technology, including digital images, to present and promote work and activities carried out in our learning programs.

On occasion, situations may arise whereby the school, Catholic Education Office (CEO) or local media will need to take photographs and/or video footage of your child/children for publication in newspapers, school newsletters, CEO documents, training videos, the school website and/or classroom displays.

Please complete the information on the attached permission slip, by signing this you give permission for these activities to occur with your child. The form will be kept on file for future reference.

AGREEMENT TO BE PHOTOGRAPHED

I give permission for my child's photograph to be used in school publications such as portfolios, newsletters and the school website.

Child's name: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

