Application for Enrolment Form

NAME (Student seeking enrolment)

______________________________________  _______________________________________
Surname                                      First name

1. The school collects personal information, including sensitive information about student(s) and parents or guardians before and during the course of a student’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 it’s 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 student(s) is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about student(s) 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 student(s) is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines, school social network sites and on our website.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Students 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 student, or where student(s) 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. 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.

11. If you provide the school with 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.
STUDENT INFORMATION

Surname: ____________________________  Aboriginal / Torres Strait Islander: YES / NO
First name: __________________________
Preferred name: _____________________
Gender: MALE / FEMALE
Address: ____________________________________________
Telephone: __________________________________________
Date of Birth: ____________________________
Birth place: ________________________________________
Birth Certificate attached: 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: ____________
Visa Category Number: ____________________________
Country of citizenship: _____________________________
Language spoken at home: _________________________

CALENDAR YEAR AND YEAR LEVEL FOR WHICH ENTRY IS SOUGHT

Child to commence at Good Shepherd in 20 __________
Child to commence in Year (circle one):  K (4 yr),  PP,  1,  2,  3,  4,  5,  6
Present school: ____________________________  Location: ____________________________  Year level: ______

FAMILY INFORMATION

Mother (or Female Guardian)

Title: __________ Surname: ____________________________
First name: ____________________________
Address: ________________________________________

Marital status: ____________________________
Religious denomination: ______________________
Parish: ____________________________
Occupation: ____________________________
Contact No: (Home) ____________________________  (Mobile) ____________________________
Country of citizenship: ____________________________
Email: ____________________________

Father (or Male Guardian)

Title: __________ Surname
First name
Address: ____________________________

Marital status: ____________________________
Religious denomination: ____________________________
Parish: ____________________________
Occupation: ____________________________
Contact No: (Home) ____________________________  (Mobile) ____________________________
Country of citizenship: ____________________________
Email: ____________________________

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? ____________________________
Religious Denomination: ___________________________ Parish Priest: ___________________________
Parish: ___________________________ Suburb: ___________________________
Date of Reception of Sacraments: Baptism ___________________________ Reconciliation: ___________________________
First Communion: ___________________________ Confirmation: ___________________________ Baptism Certificate attached: YES / NO

SIBLINGS CURRENTLY ATTENDING GOOD SHEPHERD SCHOOL
Name: ___________________________ Year Level: ___________________________ Name: ___________________________ Year Level: ___________________________
______________________________________________________________________________
______________________________________________________________________________
SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS
Name: ___________________________ Year Level: ___________________________ School: ___________________________
______________________________________________________________________________
______________________________________________________________________________

STUDENT'S INDIVIDUAL NEEDS
The school of 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: ___________________________
Orthosis/Prosthesis: ___________________________
Psychological/Cognitive: ___________________________
Sensory (e.g. 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 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
EMERGENCY CONTACT DETAILS OTHER THAN A PARENT / GUARDIAN

Name: ____________________________ Relation to student: ____________________________
Address: __________________________ Contact No: ____________________________
Name: ____________________________ Relation to student: ____________________________
Address: __________________________ Contact No: ____________________________

MEDICAL INFORMATION

Immunisation Record

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

☐ Measles  ☐ Mumps  ☐ Rubella  ☐ Diphtheria  ☐ Tetanus
☐ Hepatitis B  ☐ Pertussis (Whooping Cough)  ☐ Polio (OPV)  ☐ Immunisation Record attached

Family Doctor/Medical Clinic: ____________________________
Address: ____________________________ Contact No: ____________________________

Dentist/Dental Clinic: ____________________________
Address: ____________________________ Contact No: ____________________________

Medicare No: ____________________________ Private Health Fund: ____________________________ Blood Group: __________

MEDICAL EMERGENCY AUTHORISATION

I authorise Good Shepherd Catholic Primary 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.

Signature of Parent(s)/Guardian(s): ____________________________ Date: __________
Mother or Female Guardian

______________________________ Date: __________
Father or Male 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 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 Good Shepherd Catholic Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s): ____________________________ Date: __________
Mother or Female Guardian

______________________________ Date: __________
Father or Male Guardian