



Learning through Faith, Love and Laughter

THREE YEAR OLD EDUCATION PROGRAM

Student Surname: _____

Gender: Male / Female

First Name: _____

Preferred Name: _____

Address: _____

Telephone: _____

Year: _____

Date of Birth: __/__/__

Birth Certificate attached: YES / NO

Baptised: Yes/No __/__/__

Aboriginal/Torres Strait Islander: YES / NO

Baptism Certificate attached: YES / NO

Australian Permanent Resident: YES / NO

Religious Denomination: _____

Country of Birth: _____

Nationality: _____

Language spoken at home: _____

FAMILY INFORMATION

Mother (or female Guardian)

Father (or male guardian)

Title: ___ Surname: _____

Title: ___ Surname: _____

First Name: _____

First Name: _____

Address: _____

Address: _____

Contact Nos Home: _____

Contact Nos Home: _____

Work: _____ Mobile: _____

Work: _____ Mobile: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

CUSTODY/GUARDIANSHIP

Name of person (s) with legal guardianship of the student: _____

If applicable a copy of Parenting or Restraint Order is attached: YES/NO

Any other conditions enforced at law? _____

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name: _____

Relation to Student: _____

Address: _____

Contact Nos: _____

Name: _____

Relation to Student: _____

Address: _____

Contact Nos: _____

MEDICAL INFORMATION

Immunisation Record

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

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis Pertussis Polio(OPV) Immunisation Record attached

Family Doctor/Medical Clinic: _____

Address: _____

Contact Nos: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Nos: _____

Medicare Number: _____

Private Health Fund: _____

Blood Group: _____

STUDENT'S INDIVIDUAL NEEDS

To assist the school to respond to individual requirements, please detail any special needs your child has that may affect his/her learning, participation or welfare during school hours.

Medical/Health Care: _____ Medication: _____

Physical: _____ Orthosis/Protheses: _____

Psychological/Cognitive: _____ Sensory (Vision/Hearing) _____

Behavioural or Safety: _____ Communication (eg Speech): _____

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.

MEDICAL EMERGENCY AUTHORISATION

I authorise Good Shepherd 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): Mother or female Guardian: _____ Date: _____

Father or male Guardian: _____ 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 Good Shepherd Catholic Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature or Parent(s)/Guardian(s): Mother or female Guardian: _____ Date: _____

Father or male Guardian: _____ Date: _____