



APPLICATION FOR ENROLMENT

INFORMATION TO INCLUDE IN YOUR APPLICATION

Please ensure you have the following documents readily available before you begin this application form, as you may need to refer to them. Copies of the documents need to be provided with your application.

You will also need to pay an application fee, via EFTPOS at the office or over the phone.

STUDENT DOCUMENTS CHECKLIST

- Birth Certificate*
- Australian Immunisation Register (AIR) Immunisation Status Report*
- Passport (if not born in Australia)
- Visa (if not an Australian citizen)
- Baptism (if applicable)
- Reconciliation (if applicable)
- First Communion (if applicable)
- Confirmation (if applicable)

CAREGIVER DOCUMENTS CHECKLIST

- Caregivers' Passport*
- Caregivers' Visa (if not an Australian citizen)
- Health Care Card (if applicable)

OTHER DOCUMENTS CHECKLIST

- Parish Priest Reference (if applicable)
- Custodial Court Order (if applicable)

APPLICATION FEE

- Pay the non-refundable application fee (via EFTPOS at the office or over the phone)*

SECTION 1: STUDENT INFORMATION

STUDENT

First name	
Middle name	
Surname	

Preferred name	
Date of birth	
Gender	

YEAR OF ENTRY

Year of entry	
Academic level	Pre-Kindy Kindergarten Pre-Primary Y1 Y2 Y3 Y4 Y5 Y6

DEMOGRAPHICS

Country of birth	
Aboriginal Torres Strait Islander	Yes / No
Country of citizenship	
Visa number (if not Australian citizen)	
Visa expiry date (if applicable)	
Date of arrival in Australia (if applicable)	
Main language spoken at home	
Other language/s spoken at home	

RELIGION

Religious denomination	
Parish	
Baptised	Yes / No
Reconciliation	Yes / No
First Holy Communion	Yes / No
Confirmation	Yes / No

CURRENT SCHOOL (IF APPLICABLE)

School	
Location	
Academic level	

SECTION 2: CAREGIVER INFORMATION

This section relates to the student’s primary caregivers (e.g. mother and father). You can enter up to two primary caregivers using this form. If you need to provide additional caregivers, please contact the office and we will be happy to add their details to the student record.

CAREGIVER 1

Title	
First name	
Middle name	
Surname	
Gender	
Relationship to child	
Does the child live with you?	<input type="checkbox"/> Yes - always <input type="checkbox"/> Yes - some of the time <input type="checkbox"/> No - never

CONTACT DETAILS

Email and mobile phone are our preferred methods of contact; please provide both if available.

Email	
Telephone - mobile	
Telephone - home	
Telephone - work	
Number and street	

Suburb	
Postcode	
State	
Other address (e.g. if relocating)	

DEMOGRAPHICS

Country of birth	
Country of citizenship	
Visa number (if not Australian citizen)	
Visa expiry date (if applicable)	
Date of arrival in Australia (if applicable)	
Main language spoken at home	
Other language/s spoken at home	
Occupation	
Employer	

RELIGION

Religious denomination	
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DATA COLLECTION

All schools are required to collect information on behalf of the Department of Education to enable nationally comparable reporting of students' outcomes. Results are reported in terms of total numbers of students and no individual, school or system is identifiable in the analysis. The following information, along with the child's gender, country of birth, indigenous status and main home languages, is submitted to the Department of Education.

Have you been in paid work in the past 12 months (either in full or part of)?	Yes / No
If yes, indicate your occupation group	<p>Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals</p> <p>Group 2: Other business managers/professionals and associate professionals</p> <p>Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff</p> <p>Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers</p>
Highest year of primary or secondary school completed	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Level of highest qualification completed	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification

SECOND CAREGIVER

Does the student have a second caregiver?

- Yes
 No, I am the sole caregiver

CAREGIVER 2

Title	
First name	
Middle name	
Surname	
Gender	
Relationship to child	
Does the child live with you?	<input type="checkbox"/> Yes - always <input type="checkbox"/> Yes - some of the time <input type="checkbox"/> No - never

CONTACT DETAILS

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Email	
Telephone - mobile	
Telephone - home	
Telephone - work	
Number and street	
Suburb	
Postcode	
State	
Other address (e.g. if relocating)	

DEMOGRAPHICS

Country of birth	
Country of citizenship	
Visa number (if not Australian citizen)	
Visa expiry date (if applicable)	
Date of arrival in Australia (if applicable)	
Main language spoken at home	
Other language/s spoken at home	
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SECTION 3: GUARDIANSHIP

Please identify the legal guardian(s) of the student	<input type="checkbox"/> Caregiver 1 <input type="checkbox"/> Caregiver 2 <input type="checkbox"/> Other (please specify)
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Are there any legally binding parenting or restraining orders, or other conditions we should be aware of? (Please specify).	Yes / No
Caseworker's name	
Office	
Email	
Phone	

SECTION 4: SIBLINGS

This section relates to the student's siblings who attend this school or another Catholic school.

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL	YEAR LEVEL

Are there siblings attending another Catholic school?	Yes / No
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SECTION 5: MEDICAL INFORMATION

EMERGENCY CONTACT 1 (OTHER THAN CAREGIVERS)

Name	
Telephone	
Relationship to child	

EMERGENCY CONTACT 2 (OTHER THAN CAREGIVERS)

Name	
Telephone	
Relationship to child	

HEALTH PROVIDERS

Family doctor	
Medical clinic	
Telephone	
Medicare number	
Private Health Fund and number (if applicable)	

IMMUNISATION

Government regulations require schools to obtain immunisation records at the time of enrolment and keep records. School Health Services has to notified of children who are not immunised.

Only an Australian Immunisation Register (AIR) Immunisation Status Report can be accepted.

Do you have an AIR Immunisation Status Report for the student?	Yes / No
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SECTION 6: OTHER INFORMATION

Any other information you would like to provide.

SECTION 7: BILLING

SCHOOL FEES

Who is responsible for paying the school fees?

- Both caregivers
- Caregiver 1 only
- Caregiver 2 only
- Other (provide details below)

Name	
Email	

HEALTH CARE CARD

The Health Care Card Discount Scheme provides fee concession to the holders of eligible means-tested family concession cards.

Do you possess a valid concession card?

- Family Health Care Card
- Pensioner Concession Card

Card number	
Date of expiry	

- I have not claimed, nor do I intend to claim, Aboriginal Secondary Grants Scheme (ABSTUDY).
- The student is not in receipt of any Bursary/Scholarship more than \$1,000.
- I will notify the school if my concession card status changes and will present a new card when this card expires.

SECTION 8: CONSENT AND AGREEMENT

Consent and agreement are provided for the duration of the student’s enrolment. Any changes need to be notified in writing.

MEDICAL EMERGENCY AUTHORISATION

<p>I/We authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I/We further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and I/we 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/our behalf.</p>	<p><input type="checkbox"/> Yes</p>
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USE OF STUDENT IMAGES

<p>As part of the school’s communication activities, a student’s image may be required for use. I/We hereby give permission for use of my child’s image in school / Catholic Education WA’s website, social media, local media and promotional material.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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CLASS REPRESENTATIVE LIST

<p>I/We give permission for my/our email details to be included in my/our child’s class mailing list, managed by the Class Representatives.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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APPLICATION AGREEMENT

This agreement makes reference to the following documents, available on our website:

- [Privacy Policy](#)
- Enrolment Policy in the [Parent Handbook](#)
- School Fees Policy in the [Parent Handbook](#)

Your application requires you to agree to each of the following statements:

- 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, educational and 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.
- I have read the Privacy Policy
- I have read the Enrolment Policy and understand the conditions for admission
- I have read the School Fees Policy

I/We hereby provide consent to this agreement for the duration of my/our child’s enrolment unless I/we withdraw this consent in writing.

Name of Caregiver 1	Signature	Date
Name of Caregiver 2	Signature	Date