St Thomas More Catholic Primary School

PO Box 524 (Wallcliffe Road) Telephone: (08) 9757 3544

MARGARET RIVER WA 6285 Facsimile: (08) 9757 3557

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**APPLICATION FOR ENROLMENT**

Year of Admission

…………………………………………………….

School Year Level

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| STUDENT INFORMATION | | | | | | | | |  | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | Date of Birth: | | | |  | | | | | | |
| Christian Names: | |  | | | | | | | | | Birthplace: | | | |  | | | | | | |
| Preferred Name: | |  | | | | | | | | | Birth Certificate Attached: | | | | | | Yes / No | | | | |
| Male / Female *(Please Indicate)* | | | | | | | | | | | Aboriginal/Torres Strait Islander: | | | | | | Yes / No | | | | |
| Nationality: | |  | | | | | | | | | Australian Permanent Resident: | | | | | | Yes / No | | | | |
| Born Outside of Australia – Date of Arrival: | | | | | | |  | | | | Number of Years in Australia: | | | | |  | | | | | |
| Country of Citizenship: | | |  | | | | | | | | Language Spoken at Home: | | | | |  | | | | | |
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| Previous School | |  | | | | | | | | | Location |  | | | | Year Level | | | |  | |
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| Residential Address: | |  | | | | | | | | | Home Phone Number: | | | |  | | | | | | |
| Town/Locality: | |  | | | | | | | | | State |  | | | Post Code | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Religious Denomination: | | | | |  | | | | | | Parish Priest: | | | |  | | | | | | |
| Parish: | | | | |  | | | | | | Suburb: | | | |  | | | | | | |
| Dates of Reception of Sacraments: | | | | | |  | | | | | Baptism Certificate Attached: | | | | | | Yes / No | | | | |
| Baptism: | / / | | | Reconciliation: | | | | / / | | First Communion: | | | / / | Confirmation: | | | | | / / | |

Place: …………………….. …………………………. ………………….. …………………...

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| **OFFICE USE ONLY** | | | | | | | | | | |
|  |  |  | CERTIFICATES | | |  |  |  |  |  | |
| NEW/CUR | INTERVIEWED | CONFIRMATION | B/C | IMM | BAPT | DATA ENTERED | FAMILY CODE | ENTRY DATE | ROOM | HOUSE | |
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| **FAMILY INFORMATION** | | | | | | | | | | | | | | | | | | |
| **FEMALE PARENT OR GUARDIAN** | | | | | | | | | | | | | | | | | | |
| Title: |  | Surname: | |  | | | | | | | | Christian Names: | |  | | | | |
| Residential Address: | | |  | | | | | | | | | Home Phone No: | |  | | | | |
| Town/Locality: | | |  | | | | | | | | | State |  | | Post Code | | |  |
| Postal Address *(If different to above)*: | | | | | | |  | | | | | | | | Post Code | | |  |
| Nationality: | | | | |  | | | | | | | Country of Citizenship: | | |  | | | |
| Religious Denomination: | | | | |  | | | | | | | Parish Priest: | |  | | | | |
| Parish: | | | | |  | | | | | | | Suburb: | |  | | | | |
| Occupation: | |  | | | | | | | | | | Work Phone No: | |  | | | | |
| Employer: | |  | | | | | | | | | | Mobile Phone No: | |  | | | | |
| Family email address: (Newsletters)……………...................................................................................................................  Family Mobile Number for important School SMS Messages …………………………………………............................. | | | | | | | | | | | | | | | | | | |
| **MALE PARENT OR GUARDIAN** | | | | | | | | | | | | | | | | | | |
| Title: |  | Surname: | |  | | | | | | | | Christian Names: | |  | | | | |
| Residential Address: | | |  | | | | | | | | | Home Phone No: | |  | | | | |
| Town/Locality: | | |  | | | | | | | | | State |  | | Post Code | | |  |
| Postal Address *(If different to above)*: | | | | | | |  | | | | | | | | Post Code | | |  |
| Nationality: | | | | |  | | | | | | | Country of Citizenship: | | |  | | | |
| Religious Denomination: | | | | |  | | | | | | | Parish Priest: | |  | | | | |
| Parish: | | | | |  | | | | | | | Suburb: | |  | | | | |
| Occupation: | |  | | | | | | | | | | Work Phone No: | |  | | | | |
| Employer: | |  | | | | | | | | | | Mobile Phone No: | |  | | | | |
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| Married / Separated / Divorced / Defacto / Widowed *(Please Indicate)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |
| 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? | | | | | | | | | |  | | | | | | | | |
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| SIBLINGS CURRENTLY ATTENDING ST THOMAS MORE C.P.S. MARGARET RIVER | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | Year Level |  | | Name | | | | |  | Year Level | | |
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| SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | Year Level |  | | School | | | | | | | | |
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| STUDENT’S 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 | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Medication | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Physical | | |  | | | | | | | | |
| Orthoses/Prostheses | | |  | | | | | | | | |
| Psychological/Cognitive | | |  | | | | | | | | |
| Sensory (eg 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. | | | | | | | | | | | |
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| **EXTERNAL SERVICE PROVISION**  Does your child receive any services from any external agency, which may affect educational arrangements? **Yes / No**  If yes, please provide details, name of Service Provider and contact phone number. | | | | | | | | | | | |
| Details: | | |  | | | | | | | | |
| Name of Service Provider: | | |  | | | | Contact Phone Number: | | | |  |
| 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** | | | | | | | | | | | |
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| EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN) | | | | | | | | | | | |
| 1. | Name: |  | | | | | Relation to Student: | | | |  | |
|  | Address: |  | | | | | Town/Locality: | | | |  | |
|  | *Contact Numbers:* |  | |  |  | | |  |  | | |
|  | Home: |  | | Work: |  | | | Mobile: | |  | |
| 2. | Name: |  | | | | | Relation to Student: | | | |  | |
|  | Address: |  | | | | | Town/Locality: | | | |  | |
|  | *Contact Numbers:* |  | |  |  | | |  |  | | |
|  | Home: |  | | Work: |  | | | Mobile: | |  | |
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| MEDICAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IMMUNISATION RECORD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F – Fully Immunised | | | | | N – Not Immunised | | | | | | | I – Incomplete Immunisation | | | | | | | | | P – Personal Objection | | | | | | |
| Measles |  |  | | Mumps | | | |  |  | | Rubella | | |  |  | | Diptheria | |  | | |  | | Tetanus | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B |  |  | | Pertussis | | | |  |  | | Polio (OPV) | | |  |  | | Immunisation Record Attached: Yes / No | | | | | | | | | | |
|  |  |  | | (Whooping Cough) | | | | | | |  | | |  |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Family Doctor/Medical Clinic: | | | | | |  | | | | | | | | | | Phone Number: | | | | | | |  | | | | | |
| Address | | | | | |  | | | | | | | | | | Town/Locality: | | | | | | |  | | | | | |
| Dentist/Dental Clinic: | | | | | |  | | | | | | | | | | Phone Number: | | | | | | |  | | | | | |
| Medicare Number: | | |  | | | | | | | Private Health Fund: | | | | | |  | | | | | | | Blood Group: | | |  | | |
|  | | |  | | | | | | |  | | | | | |  | | | | | | | *(If Known)* | | |  | | |
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| 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.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Parent(s)/Guardian(s): | | | | | | |  | | | | | | | | | | |  | | Date: | | | | |  | | | |
|  | | | | | | | FEMALE PARENT OR GUARDIAN | | | | | | | | | | |  | |  | | | | |  | | | |
| Signature of Parent(s)/Guardian(s): | | | | | | |  | | | | | | | | | | |  | | Date: | | | | |  | | | |
|  | | | | | | | MALE PARENT OR GUARDIAN | | | | | | | | | | |  | |  | | | | |  | | | |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 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 | | | | | | | | | | |  | |  | | | | |  | | | |
| Signature of Parent(s)/Guardian(s): | | | | | | |  | | | | | | | | | | |  | | Date: | | | | |  | | | |
|  | | | | | | | MALE PARENT OR GUARDIAN | | | | | | | | | | |  | |  | | | | |  | | | |

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| THIS APPLICATION FORM MUST BE COMPLETED AS FULLY AS POSSIBLE AND SIGNED | |
| ***A copy of each of the following details must be attached to this application.***  **1) Birth Certificate 2) Immunisation**   1. **Certificate Of Baptism 4) Current Restraining Orders / Custody Orders** | |
|  | |
| **NB:** | **If your contact telephone number changes, please ensure that you notify the School Office immediately to update your child’s records.** |