



St Thomas More Catholic Primary School

PO Box 524 (30 Wallcliffe Road)
MARGARET RIVER WA 6285

Telephone: (08) 9757 3544
Email: admin@stmcp.s.wa.edu.au

APPLICATION FOR ENROLMENT

Year of Admission

School Year Level (please circle)

Pre Kindy (3 Year Old) Kindergarten Pre Primary Year 1 2 3 4 5 6

Please note child's Schools Curriculum & Standards Authority Number (if known) SCSA#.....

STUDENT INFORMATION

Surname: Date of Birth:
Christian Names: Country of Birth:
Preferred Name: Birth Certificate Attached: Yes / No
Male / Female (Please circle) Aboriginal/Torres Strait Islander: Yes / No
Nationality: Australian Permanent Resident: Yes / No
Language Spoken at Home:

ONLY COMPLETE IF BORN OUTSIDE OF AUSTRALIA

Date of Arrival: Number of Years in Australia:
Country of Citizenship:
Visa Y/N Visa Code Expiry:

Previous School Location Year Level
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 Eucharist: ____/____/____ Confirmation: ____/____/____
Place:

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
Email Address Country of Birth
Nationality: Country of Citizenship:
Religious Denomination:
Parish: Suburb:
Occupation: Work Phone No:
Employer: Mobile Phone No:

MALE PARENT OR GUARDIAN

Title: Surname: Christian Names:
☐ **Tick if same address as above**
Residential Address: Home Phone No:
Town/Locality: State Post Code
Postal Address (*If different to above*): Post Code
Email Address Country of Birth
Nationality Country of Citizenship
Religious Denomination:
Parish: Suburb:
Occupation: Work Phone No:
Employer: Mobile Phone No:

Married / Separated / Divorced / Defacto / Widowed (*Please Indicate*)

BILLING ACCOUNT

Send School Fee Statements to: Name 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?

SIBLINGS CURRENTLY ATTENDING ST THOMAS MORE C.P.S. MARGARET RIVER

Name	Year Level	Name	Year Level
.....
.....
.....

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/Anaphylaxis

Medical Action Plan in Place Y / N

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 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

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:

MEDICAL INFORMATION

Family Doctor/Medical Clinic: Phone Number:
Address Town/Locality:
Dentist/Dental Clinic: Phone Number:
Medicare Number: Private Health Fund:
Medicare expiry

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

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 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

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 |
| 3) Certificate Of Baptism | 4) Current Restraining Orders / Custody Orders |
| 4) VISA/ CITIZENSHIP DOCUMENTS | |

NB: If your contact telephone number changes, please ensure that you notify the School Office immediately to update your child's records.

OFFICE USE ONLY

NEW/CUR	INTERVIEWED	CONFIRMATION	B/C	CERTIFICATES IMM	BAPT	DATA ENTERED	FAMILY CODE	ENTRY DATE	ROOM	HOUSE