



# ST. COLUMBA'S CATHOLIC PRIMARY SCHOOL

30 York Street, South Perth WA 6151 | Phone (08) 6436 9500 Fax (08) 9367 3110  
 Email: admin@stcolumbassp.wa.edu.au | Web: www.stcolumbas.com.au

## APPLICATION FOR ENROLMENT

Calendar Year for Enrolment:

Academic Year for Enrolment:

### STUDENT INFORMATION

Student Surname:		First and Other Names:	
Preferred Name:		Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
Address:			Post Code:
Date of Birth:	Place of Birth:	Birth Certificate Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Nationality:	Aboriginal/Torres Strait Islander: YES <input type="checkbox"/> NO <input type="checkbox"/>	Australian Permanent Resident: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Born outside of Australia: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Arrival:	Number of Years in Australia:	
Country of Citizenship:		Language Spoken at Home:	
Present School:	Location:	Year Level:	
Religious Denomination:		Parish Priest:	
Parish:		Suburb:	
Date of Reception of Sacraments	Baptism:	Baptism Certificate Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reconciliation:	First Communion:	Confirmation:	

### FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN		MALE PARENT OR GUARDIAN	
Title:	Surname:	Title:	Surname:
First Name:		First Name:	
Address:		Address:	
	Post Code:		Post Code:
Mobile Phone:		Mobile Phone:	
Work Phone:		Work Phone:	
Home Phone:		Home Phone:	
Email Address:		Email Address:	
Country of Citizenship:		Country of Citizenship:	
Occupation:		Occupation:	
Business Name:		Business Name:	
Contact Address:		Contact Address:	
	Post Code:		Post Code:
Religious Denomination:		Religious Denomination:	
Parish Priest:		Parish Priest:	
Parish:		Parish:	
Suburb:		Suburb:	

### 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 <input type="checkbox"/> NO <input type="checkbox"/>
Any other conditions enforced at law?

## SIBLINGS CURRENTLY ATTENDING ST. COLUMBA'S SCHOOL

Name:	Year Level:	Name:	Year Level:
Name:	Year Level:	Name:	Year Level:

## SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name:	Year Level:	School:
Name:	Year Level:	School:
Name:	Year Level:	School:

## 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 person 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

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Medication Physical

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Orthoses/Prostheses

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Psychological/Cognitive

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Sensory (eg Vision/Hearing)

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Behavioural or Safety

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Communication

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Allergies

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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 an external agency, which may affect educational arrangements?

YES  NO

If so please detail name of Service Provider and Contact No.

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Please detail

Does your child require special Transport arrangements to and from school? (Special Education Only)

YES  NO

Does your child receive Respite Care on a regular basis?

YES  NO

## EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name:		Name:	
Relation to Student:		Relation to Student:	
Address:		Address:	
	Post Code:		Post Code:
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	
Work Phone:		Work Phone:	

## MEDICAL INFORMATION

<b>IMMUNISATION RECORD</b>				<b>F</b> - Fully immunised	<b>N</b> - Not immunised	<b>I</b> - Incomplete immunisation	<b>P</b> - Personal objections
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Pertussis (Whooping Cough)			
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Polio (OPV)	<input type="checkbox"/> Meningitis	Immunisation Record Attached YES <input type="checkbox"/> NO <input type="checkbox"/>			
Family Doctor:			Dentist:				
Medical Clinic:			Dental Clinic:				
Address:			Address:				
	Post Code:			Post Code:			
Phone:			Phone:				
Medicare Number:		Private Health Fund:			Blood Group:		

## 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

\_\_\_\_\_ 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

\_\_\_\_\_ Date: \_\_\_\_\_

MALE PARENT OR GUARDIAN

**PLEASE NOTE: There is a non-refundable Registration Fee of \$50 for a family that must accompany this application.**

## STANDARD COLLECTION NOTICE

1. The school collects personal information, including sensitive information about pupils and parents and guardians before and during the course of a pupil'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 its duty of care.
3. Certain laws governing or relating to the operation of the school require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils 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 pupils is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where the access would have an unreasonable impact on the privacy of others, where access may result in a breach of the schools duty of care to the pupil, or where pupils have provided information in confidence.
9. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing this information to the school and why, that they can access the information if they wish and that the school does not usually disclose the information to third parties.

## PARENTS TO COMPLETE

Please confirm that if your child is accepted into St. Columba's they will NOT be attending another 4 year old Registered Kindergarten    YES    NO

Please indicate which Secondary High School you would prefer your child attend

## OFFICE USE ONLY

<b>Calendar Year for Enrolment:</b>	<b>Comments:</b>
<b>Academic Year for Enrolment:</b>	
<b>Date Application Received:</b>	
Aboriginal/Torres Strait Islander:    YES    NO	
Baptism Certificate:    YES    NO	
Birth Certificate:    YES    NO	
Immunisation Record:    YES    NO	
Letter from Parish:    YES    NO	
<b>Visa Details</b>	
Residential Status:	
Visa Number:	
Expiry Date:	
Copy Attached:    YES    NO	
<b>Application Status</b>	
Accepted:    YES    NO	
Waiting List:    YES    NO	