**FAMILY NAME**_____ **Year of Entry**_____**Class**_____

**STUDENTS CHRISTIAN NAME**_____

# ST FRANCIS OF ASSISI

# CATHOLIC PRIMARY SCHOOL


**1051 Connolly Drive, Butler Western Australia 6036**
**Po Box 350, Quinns Rocks 6030**
**Phone: (08) 9562 9500**
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# APPLICATION FOR ENROLMENT

**REQUIREMENTS OF THE PRIVACY ACT**

1. St Francis of Assisi Catholic Primary School collects personal information, including sensitive information about pupils or parents or 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 child.
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 schools 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 education purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and parish, Schools within other dioceses medical
6. practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
7. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
8. 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, when available.
9. 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 access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
10. As you may know, the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. We may include your contact details in a class list and school directory.
12. If you provide the School with personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why; that they can access that information if they wish and that the School does not usually disclose the information to third parties.

**Please supply a photocopy of birth, baptism and immunisation certificates with the return of this application form to the school.**

## STUDENT INFORMATION

Student Surname: _____

First Name: _____ Preferred Name: _____

Address: _____

_____ State: _____ Postcode: _____

Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No

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: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Reception of Sacraments: Baptism Certificate Attached Yes/No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

Present School _____ Location: _____ Year level: _____

## FAMILY INFORMATION

**FEMALE PARENT OR GUARDIAN**

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____

Contact Address: _____

Contact Numbers: (H) _____ (W) _____ (M _____

Country of Citizenship: _____ Email _____

**MALE PARENT OR GUARDIAN**

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____

Contact Address: _____

Contact Numbers: (H) _____ (W) _____ (M _____

Country of Citizenship: _____ Email _____

*Is the primary caregiver the holder of a current Health Care Card or Pensioner Concession Card (PPS Code only)?*

YES _____ NO _____

** Holders of Health Care Card or Pensioner Concession Card (PPS) are entitled to a reduction in Tuition Fees.

## 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 (*Please place in order of birth*)

Name_____ Date of Birth_____
Name_____ Date of Birth_____
Name_____ Date of Birth_____
Name_____ Date of Birth_____
Name_____ Date of Birth_____

## STUDENT'S INDIVIDUAL NEEDS

The school *Education Act 1999* requires the provision of:

"details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee 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.

_____

_____

**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._____

Please detail_____

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

Does your child attend Daycare/After school Care? Yes/No

Name & Address of Centre_____

Phone: _____

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

Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: _____
Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: _____

## MEDICAL INFORMATION

**IMMUNISATION RECORD**

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

Measles ☐ Mumps ☐ Rubella ☐ Diptheria ☐ Tetanus ☐

Hepatitis B ☐ Pertussis (Whooping Cough) ☐ Polio (OPV) ☐ Immunisation Record Attached ☐

Family Doctor/Medical Clinic: _____
Address: _____
Contact Numbers: _____
Dentist/Dental Clinic: _____
Address: _____
Contact Numbers: _____
Medicare Number: _____ Private Health Fund: _____ Blood Group: _____
*(If known)*

## MEDICAL EMERGENCY AUTHORISATION

***I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college 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