



PO Box 3130, Mandurah WA 6210
 Telephone (08) 9583 8500
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ASSUMPTION CATHOLIC PRIMARY SCHOOL

Application for Enrolment 3 Year Old Kindergarten

Email: admin@assumption.wa.edu.au / www.assumption.wa.edu.au

Information Checklist:	
Please ensure you have attached copies of all relevant paperwork	
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sacrament Certificates eg. Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Reports (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Paperwork (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appointment made	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation Paperwork Given	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT INFORMATION			
Student's Surname:		First:	Middle:
Date of Birth:	Academic year:	Calendar year of Entry:	M/F:

INFORMATION				
Address				
State	Post Code	Birth date: / /	Birthplace	Aboriginal/Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	Born outside of Australia	Australian Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Visa Class:		
Date of Arrival		Country of Citizenship	No. of years in Australia	
Present School		Phone	Address	

PARENT INFORMATION	
MOTHER/GUARDIAN	FATHER/GUARDIAN
Title	Title
First Name	First Name
Surname	Surname
Address	Address
Employer	Employer
Occupation	Occupation
Phone Home	Phone Home
Phone Work	Phone Work
Phone Mobile	Phone Mobile
Email	Email
Religion	Religion
Parish	Parish
Country of Citizenship	Country of Citizenship
Language spoken at home	Language spoken at home

Religious Denomination			
Parish	Suburb		
Baptism Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:
Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:
Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:
Confirmation Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:

Custody/Guardianship	
Name of person(s) with legal guardianship of the student	
If applicable a copy of any parenting or Restraint order is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other conditions enforced at law?	

Siblings currently attending Assumption Catholic Primary School?			
Name	Current Year level	Name	Current Year level

Siblings currently attending other Schools?		
Name	Current Year level	School

IN CASE OF EMERGENCY			
Name of local friend or relative	Relationship to Student:	Home phone no.:	Mobile phone no.:
		()	
Address			
Medical Information:			
Family Doctor/Medical Clinic			
Address			
Phone No.			

Dentist/Dental Clinic	Phone No ()
Address	

Fully immunized <input type="checkbox"/> Yes <input type="checkbox"/> No	Not Immunised <input type="checkbox"/> Yes <input type="checkbox"/> No	Incomplete Imm. <input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENTS INDIVIDUAL NEEDS
<p>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” 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.</p>
Medical/Health Care
Medication
Physical
Orthoses/Prosthesis
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 authorization by the relevant practitioner.

External Service Provision	
Does your child receive any services from an external agency, which may affect educational arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please details name of Service provider and contact number.	
Does your child require special transport arrangements to and from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child receive Respite care on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE WOULD LIKE TO ADVISE THAT THIS APPLICATION IS FOR 3 YEAR OLD KINDERGARTEN ONLY AND DOES NOT PRESUME ENROLMENT AT ASSUMPTION CATHOLIC PRIMARY SCHOOL. A NEW APPLICATION FORM NEEDS TO BE COMPLETED FOR 4 YEAR OLD KINDERGARTEN TO YEAR 6.

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, anesthetic, 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 Female Parent/Guardian

Date: / /

Signature of Male Parent/Guardian

Date: / /

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.

I/we agree to pay all applicable fees charged by the school, as detailed in the Fees Schedule provided.

Signature of Female Parent/Guardian

Date: / /

Signature of Male Parent/Guardian

Date: / /

Collection of Information – Privacy Act

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at Assumption Catholic Primary 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 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 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 enroll 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, school 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 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.
9. 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 the purpose). We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and school directory. If you do not agree to this you must advise us now.
11. 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 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.