

# OUR LADY OF LOURDES CATHOLIC PRIMARY SCHOOL

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## APPLICATION FOR PRE-PRIMARY – YEAR 3 ENROLMENT

NAME: .....

1. The School collects personal information, including sensitive information about pupils, parents or guardians, staff, school board members, Parents and Friends Association, volunteers and other school affiliated identities. The primary purpose of collecting this information is to enable the School to operate efficiently as an organization.
  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. As a member of the School Board, Parents and Friends Association and other such related and school affiliated identities the School from time to time discloses personal 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\* and other persons providing services to the School, including teachers, other staff, volunteers, parents, friends and students.
  5. If we do not obtain the information referred to above you may not be able to continue in your specified role.
  6. On occasions personal information collected from persons and/or identities sighted in point 4 is published in School newsletters, magazines and on our website.
  7. Persons and/or identities sighted in point 4 may seek access to personal information collected about them by contacting the School. 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.
  8. 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 organizations 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.
  9. 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.
  10. 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.
- \* If appropriate

## **STUDENT INFORMATION**

Student Surname: \_\_\_\_\_ Gender: F/M (Please Circle)  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No  
Aboriginal/Torres Strait Islander: Yes/No If yes to Aboriginal/Torres Strait Islander, then Group of  
Origin: \_\_\_\_\_ Nationality \_\_\_\_\_  
Australian Permanent Resident: Yes/No Visa number: \_\_\_\_\_ Copy of Visa attached: 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: \_\_\_\_\_ 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: \_\_\_\_\_

## **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 SCHOOL**

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

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 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

**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            Diphtheria            Tetanus     

Hepatitis B            Pertussis            Polio (OPV)            Immunisation Record Attached     

(Whooping Cough)

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 have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school.

I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

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