



**STUDENT INFORMATION**

**ENROLMENT YEAR LEVEL:** \_\_\_\_\_

**Student Surname:** \_\_\_\_\_ **Male / Female:** \_\_\_\_\_

**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

Born outside of Australia. \_\_\_\_\_ **Date of arrival:** \_\_\_\_\_ **Visa Code:** \_\_\_\_\_

**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**

**MOTHER OR FEMALE GUARDIAN**

**Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Religious Denomination:** \_\_\_\_\_ **Parish Priest:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Contact Numbers: Home** \_\_\_\_\_ **Wk** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Country of Birth** \_\_\_\_\_ **Nationality** \_\_\_\_\_

**FATHER OR MALE GUARDIAN**

**Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Religious Denomination:** \_\_\_\_\_ **Parish Priest:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Contact Numbers: Home** \_\_\_\_\_ **Wk** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Country of Birth** \_\_\_\_\_ **Nationality** \_\_\_\_\_

**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 THE 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 number: .....

Please detail services: .....

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: ..... Contact Numbers: .....

Address: ..... Relation to Student: .....

(2) Name: ..... Contact Numbers: .....

Address: ..... Relation to Student: .....

## **MEDICAL INFORMATION**

**IMMUNISATION RECORD:** (please complete boxes using one of the corresponding letters in each box)

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**  Yes  No

(Whooping Cough)

**Family Doctor/Medical Clinic:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Dentist/Dental Clinic:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Private Health Fund:** \_\_\_\_\_ **Blood Group:** \_\_\_\_\_ (If known)

## **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): .....

MOTHER OR FEMALE GUARDIAN

Date: / /

.....

FATHER OR MALE 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**

## **ACKNOWLEDGEMENT**

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.

I/we give permission for copies of school authored documents related to my child to be forwarded to the next school at which they are enrolled.

**Signature of Parent(s)/Guardian(s):** ..... Date: / /

Female Parent or Guardian

..... Date: / /

Male Parent or Guardian

**ENCLOSURES**

- Copy of most recent school semester report.
- Copy of National Assessment Program in Literacy and Numeracy (NAPLAN) report.
- Copy of Custodial Court Orders.
- Copy of Birth Certificate.
- Copy of Baptism, Reconciliation, Eucharist, and Confirmation Certificates.
- Copy of Immunisation Record.
- Copy of Passport & Visa (for non residents and overseas students)

**Originals of the above documents must be sighted by the School.**

**ENROLMENT AGREEMENT**

**NOTE: It is essential that parent(s) or guardian read and sign the following agreement prior to submitting this application for consideration.**

In order to uphold the traditions and reputation of the school and for the mutual benefit of all students, their families and members of the community, the expectations of their parent(s)/guardian are set out below.

**PARENT(S)/GUARDIAN(S) UNDERTAKING**

As parent/guardian of a student attending Santa Clara School, I/we jointly and severally

1. agree to abide by the School’s policies and other regulations which may be made from time to time.
2. will endeavour to help in the various school support activities eg canteen, camp, excursions and other official school committees.
3. agree to pay promptly all tuition and other fees and charges as determined by the School Board (unless other arrangements have been made on a confidential basis).
4. agree that a full term’s notice in writing must be given to the Principal before the removal of a student from the School. Failure to give such notice will involve the payment of the fee for the term notice period, irrespective of the date the student leaves the School. Should the student be required to leave the School for any reason, the fee for the notice period will be charged.
5. understand that if fees are not paid, the debt shall be transferred to a collection agency. I/We further understand that I/we will be responsible for all fees incurred in the collection of the fees payable to the collection agency.

**Signature of Parent(s)/Guardian(s):** ..... Date: / / /  
Female Parent or Guardian

..... Date: / / /  
Male Parent or Guardian

<b>OFFICE USE ONLY</b>		
SURNAME.....	YEAR.....	IN.....
APPLICATION FEE PAID.....	RECEIPT ISSUED.....	DATE.....



# **Santa Clara School**

## **Standard Collection Notice for the National Privacy Act (2001)**

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 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 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 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 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 that 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.