



St Joseph's School

Millar Street
PO Box 129
Waroona

Phone: 9782 6500
Fax: 9782 6590

Grade: _____

Year: 20____

House: _____

Email: admin@stjoeswaroona.wa.edu.au

Website: www.stjoeswaroona.wa.edu.au

APPLICATION FOR ENROLMENT

Student Information

First name: _____ Family Surname: _____

Preferred name: _____ Gender (Circle One): M F

Address: _____

State: _____ Postcode: _____

DOB: _____ Birthplace: _____

Birth certificate Attached: Yes/No

Aboriginal : Yes/No Torres Strait Islander Yes/No

Country of Birth: _____ Australian permanent Resident: Yes/No

If born outside Australia: Date of Arrival _____ Number of years in Australia _____

Language mainly spoken at home _____

Present School: _____ Year level: _____

Religious Denomination: _____

Parish: _____ Suburb/Town: _____

Baptism certificate: Yes/No Date Sacrament received / / Name of Church:

Reconciliation: Yes/No Date Sacrament received / / Name of Church:

Eucharist: Yes/No Date Sacrament received / / Name of Church:

Confirmation Certificate: Yes/No Date Sacrament received / / Name of Church:

Family Information

Female Parent or Guardian

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ State: _____ Postcode: _____

Email Address: _____

Language mainly spoken at home _____

Religion Denomination: _____ Parish Priest: _____

Parish: _____ Town: _____

Occupation: _____ Group

Group 1: Senior management in large business organisation, government administration/defence and qualified professionals

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Group 8: Not employed in the last 12 months for paid work.

Highest year of education completed:

Year 9 or below Year 10 Year 11 Year 12

Highest qualification completed:

No non-school qualification Certificate I to IV including trade certificate)

Advanced Diploma/Diploma Bachelor Degree or above

Contact numbers (H) _____ (W) _____ (M) _____

Country of Birth: _____

Male Parent or Guardian:

Title: _____ First Name: _____ Surname: _____

Address: _____

Email Address: _____

Language mainly spoken at home _____

_____ State: _____ Postcode: _____

Religion Denomination: _____ Parish Priest: _____

Parish: _____ Town: _____

Occupation: _____ Group

Group 1: Senior management in large business organisation, government administration/ defence and qualified professionals

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

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Group 8: Not employed in the last 12 months for paid work.

Highest year of education completed:

Year 9 or below Year 10 Year 11 Year 12

Highest qualification completed:

No non-school qualification Certificate I to IV including trade certificate)

Advanced Diploma/Diploma Bachelor Degree or above

Contact numbers (H) _____ (W) _____ (M) _____

Country of Birth: _____

Custody/Guardianship

Name of the person(s) with legal guardianship of the student _____

Is there any parenting or restraint order for this child? Yes / No

If YES, copy of parenting or restraint order for this child attached? Yes / No

Any other condition enforced at law? _____

Siblings currently attending St Joseph's School

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Siblings currently attending other schools

Name: _____ Year: _____ School: _____

Name: _____ Year: _____ School: _____

Name: _____ Year: _____ School: _____

Students not yet enrolled at a School

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Student 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/Healthcare: _____

Medication: _____

Physical: _____

Orthoses/Prostheses: _____

Psychological/ Cognitive: _____

Sensory (eg vision/hearing): _____

Behavioural or safety: _____

Communication: _____

Allergies: _____

If medication / medical / health care services are required during school hours please give full details, name, contact number by the relevant practitioner.

Name: _____

Medical Centre: _____

Contact Phone Number: _____

External Service Provision: Does your child receive any services from an external agency, which may affect educational arrangements? Yes / No

If YES please detail name of service provider and contact number.

Name: _____

Service Centre: _____

Contact Phone Number: _____

Does your child require special transport arrangements to and from school Yes/No

Does your child receive Respite care on regular basis? Yes/ No

Emergency contacts (other than a Parent/Guardian)

Name 1: _____ Relation to student: _____

Address: _____

Contact numbers (H) _____ (W) _____ (M) _____

Name 2: _____ Relation to student: _____

Address: _____

Contact numbers (H) _____ (W) _____ (M) _____

Medical information

IMMUNISATION RECORD

F- Fully immunised N- Not immunised I- Incomplete immunisation P- Personal Objections

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis B Pertussis (whooping Cough) Polio (OPV)

Immunisation Record Attached Yes / No

Family Doctor: _____

Medical Centre: _____

Contact numbers: _____

Dentist: _____

Dental Centre: _____

Contact numbers: _____

Medicare Number _____ Private Health Fund _____ Number: _____

Blood Group _____ (if known)

Medical Emergency Authorisation.

I authorise St Joseph's School to seek medical/dental attention, call an ambulance or to hospitalise my son /daughter when considered necessary. I further authorise St Joseph's School that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted with a reasonable time, St Joseph's School has the authority to agree to medically recommend treatment by an accredited medical practitioner on my behalf.

Signature of parent(s) guardian (s) _____ Date _____

Female parent or guardian

_____ Date: _____

Disclosure

Male parent or guardian

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 accept the above information may be forwarded to Educational authorities as required by the Schools Education Act (1999) or other government legislation or requirements.

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 a Catholic school does not guarantee the enrolment of the 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 process, explicable 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 of St Joseph's school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent (s)/ Guardian(s):

Female Parent _____ Date _____

Male Parent _____ Date _____