



St Joseph's School, Waroona
14 Millar Street (PO Box 129) Waroona WA 6215
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www.stjoeswaroona.wa.edu.au

APPLICATION FOR ENROLMENT

Student Information

First name: _____ Middle Name: _____ Surname: _____

Preferred name: _____ Gender: Male Female

Address: _____

_____ State: _____ Postcode: _____

DOB: _____ Birthplace: _____ Country of Birth: _____

Aboriginal: Yes/No Torres Strait Islander: Yes/No Nationality: _____

Australian permanent Resident: Yes/No

If born outside Australia: Date of Arrival _____ Visa Category Number: _____

Language mainly spoken at home _____

Religious Denomination: _____ Parish: _____

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

Present School: _____ Year level: _____

Previous 2 school reports attached: Yes/No

Birth Certificate Attached: Yes/No

Current Australian Immunisation Statement Attached: Yes/No
(this can be downloaded from myGov)

Current Visa Attached: Yes/No
(if applicable)

Administration Only:

Year Level of Entry: _____ Calendar year: _____

House Faction : _____

Enrolment Fee Amount: _____ Date Paid: _____

WA Student Number: _____ Transfer Note: _____

Acceptance of Offer signed: _____ Application #: _____

Parent/Guardian #1

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ State: _____ Postcode: _____

Email Address: _____

Language mainly spoken at home: _____

Religion Denomination: _____ Parish: _____

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

Country of Birth: _____ Nationality: _____

Occupation: _____ Employer: _____ 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

Parent/Guardian #2

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ State: _____ Postcode: _____

Email Address: _____

Language mainly spoken at home _____

Religion Denomination: _____ Parish: _____

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

Country of Birth: _____ Nationality _____

Occupation: _____ Employer: _____ 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

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? _____

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) _____

Siblings currently attending St Joseph’s School, Waroona

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 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 areas that may affect their 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/external agencies are required during school hours please give full details, name, contact number of the relevant practitioner who will attend.

Name: _____

Company/ Centre: _____

Contact Phone Number: _____

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

Medical Information

IMMUNISATION RECORD

F- Fully immunised **N-** Not immunised **I-** Incomplete Immunisation **P-** Personal Objections

Measles Mumps Rubella Diphtheria Tetanus Hepatitis Pertussis Polio

Family Doctor: _____

Medical Centre: _____ Contact numbers: _____

Dentist: _____

Dental Centre: _____ Contact numbers: _____

Medicare Card #: _____ Student Reference Number: _____

Private Health Fund: _____ Student Reference Number: _____

Blood Group _____ (if known)

Medical Emergency Authorisation

I authorise St Joseph's School, Waroona to seek medical/dental attention, call an ambulance, transport by private car or to hospitalise my child when considered necessary. 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, Waroona has the authority to agree to recommended medical treatment by an accredited medical practitioner on my behalf.

Signature of parent/guardian #1: _____ Date: _____

Signature of parent/guardian #2: _____ 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?

Signature of parent/guardian #1: _____ Date: _____

Signature of parent/guardian #2: _____ Date: _____

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 for Enrolment 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 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, explicitly 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, Waroona and CEWA Limited as they are enacted from time to time.

Signature of parent/guardian #1: _____ Date: _____

Signature of parent/guardian #2: _____ Date: _____