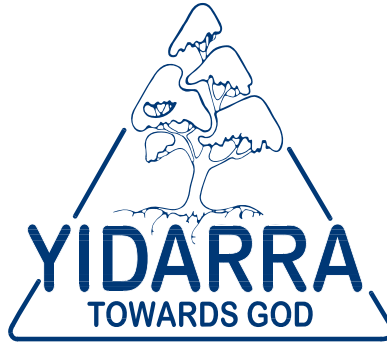


# Yidarra Catholic Primary School

Marsengo Road Bateman WA 6150

Telephone: (08) 9332 3011 Facsimile: (08) 9310 7825

## Application for Enrolment



**Student Name:** \_\_\_\_\_  
Christian Name Surname

**Date of Birth:** \_\_\_\_\_

### Office Use Only

**Calendar Year for Enrolment:** \_\_\_\_\_ **Academic Year for Enrolment:** \_\_\_\_\_

Application Fee – Yes/No  
Baptism Certificate – Yes/No  
Birth Certificate – Yes/No  
Immunisation Record – Yes/No  
Interview – \_\_\_\_\_  
Acceptance Letter – \_\_\_\_\_  
Reply Date – \_\_\_\_\_  
Accepted – Yes/No  
Waiting List – Yes/ No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT INFORMATION

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: Male/Female

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

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No

Aboriginal/Torres Strait Islander: Yes/No

Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No

Child Born Outside of Australia: Yes/No Date of Arrival: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Main 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: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M)

Country of Citizenship: \_\_\_\_\_

### 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: \_\_\_\_\_

## 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 YIDARRA CATHOLIC PS**

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

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	School	Year Level
_____	_____	_____
_____	_____	_____

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

Does your child require Special Transport arrangements to and from school? (Special Education only) 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: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(M)

Name: \_\_\_\_\_ 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 <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>	Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Pertussis <input type="checkbox"/> (Whooping Cough)	Polio (OPV) <input type="checkbox"/>	Immunisation Record Attached <input type="checkbox"/>

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 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): \_\_\_\_\_ 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 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