



ST MICHAEL'S CATHOLIC PRIMARY SCHOOL

ENROLMENT FORM

STUDENT INFORMATION

Student's Surname: _____ First Name: _____
Preferred Name: _____
Address: _____
State: _____ Postcode: _____
Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes / No
Aboriginal/Torres Strait Islander: Yes / No
Nationality: _____ Australian Permanent Resident Yes / No
Born outside of Australia. Date of arrival: _____ Number of years in Australia: _____
Country of Birth / 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: _____
State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Occupation: _____ Work Phone No: _____
Contact Address: _____
Contact Numbers: Hm: _____ Mobile: _____
Country of Citizenship: _____ Email address _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Religious Denomination: _____ Parish Priest: _____
Occupation: _____ Work Phone No: _____
Contact Address: _____
Contact Numbers: Hm: _____ Mobile: _____
Country of Birth / Citizenship: _____ Email address: _____

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
_____	_____
_____	_____
_____	_____

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 of 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

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: _____

Address: _____

Contact Numbers: Hm: _____ Mobile: _____

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: Hm: _____ Mobile: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

F-fully immunised N-not immunised I-incomplete immunisation P-personal objections
Mumps Rubella Tetanus Diptheria Polio (OPV)
Hepatitis Pertussis Immunisation Record Attached Yes/No
(Whooping Cough)

Family Doctor / Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist / Central Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group _____

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 medically recommended treatment by an accredited medical practitioner on my behalf.

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

FEMALE PARENT OR GUARDIAN

MALE PARENT OR 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

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 as they are enacted from time to time.

Signature Parent(s) / Guardian(s) _____ Date: _____
FEMALE PARENT OR GUARDIAN

_____ Date: _____
MALE PARENT OR GUARDIAN