



ST THOMAS' PRIMARY SCHOOL

8 Warden Street, Claremont WA 6010

Ph: (08) 9286 9500

Email: admin@stthomas.wa.edu.au Website: www.stthomas.wa.edu.au

APPLICATION FOR ENROLMENT 3 YR OLD PRE KINDERGARTEN

**A separate Enrolment Application Form must be completed for future years at the school.
This application relates to participation in the program not enrolment into the school.**

STUDENT INFORMATION

Student Surname: _____ Male/Female _____
First Name: _____ Preferred Name: _____
Address: _____ State: _____ Postcode: _____
Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: _____ Yes/No
Calendar Year for which enrolment is sought _____ *only required if not previously sent with future years enrolment*
My child is enrolled at St Thomas' for Kindergarten in (year) _____ Child's Religion: _____
Nationality: _____ Aboriginal/Torres Strait Islander: _____ Yes/No
Born outside of Australia. Date of arrival: _____ Australian Permanent Resident: _____ Yes/No
Number of years in Australia: _____ If No Visa Category No. _____ (copy attached)
Country of Citizenship: _____ Language Spoken at Home: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
State: _____ Postcode: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
Email Address: _____

FAMILY INFORMATION

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
State: _____ Postcode: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
Email Address: _____

<u>DATE PAID</u>	<u>OFFICE USE ONLY</u> <u>AMOUNT</u>	<u>RECEIPT NO</u>
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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? _____

PLEASE BE AWARE:

- parents have the primary responsibility for the welfare of their children
- parents must provide the school with current family law or other relevant court orders where these exist
- parents have the primary responsibility to comply with their obligations under court orders
- it is not the school's responsibility to interpret Family Court Orders when parents disagree
- it is not the school's responsibility to ensure that parents comply with their obligations of parental responsibility under Family Law
- the school will not 'take sides' in family law disputes
- all amendments to Family Court Orders must be submitted to the school in writing

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?

If so please detail name of Service Provider and Contact No.

Yes/No

Please detail _____

SIBLINGS CURRENTLY ATTENDING ST THOMAS' SCHOOL

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

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

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 Yes/No

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/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted, 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

SCHOOL FEES

School Fees Account

For Billing purposes please state the exact name and address the school fees account is to be made out to:

..... (eg Mr & Mrs W Smith Or Ms B Jones etc)
.....
.....

AGREEMENT

- I/we understand that the completion of this application/enrolment form is not a formal enrolment for future years.
- I/we understand that a separate Enrolment Application must be made for future years at the 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.
- I/we have read and will comply with the St Thomas’ Code of Conduct.

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

Date: _____

MALE PARENT OR GUARDIAN

Date: _____



Office Use Only

Birth Certificate Baptism Certificate Parish Priest Reference Immunisation Record/s MCEETYA Data

Collection Form

Date of Commencement: _____

Notes:

