



APPLICATION FOR ENROLMENT

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 _____ Class for which enrolment is sought (eg. Yr 3 etc) _____
 Country of Birth: _____ Nationality: _____
 _____ Aboriginal/Torres Strait Islander: Yes/No

If Country of Birth is other than Australia please provide:

- **Copy of Australian Citizenship** (Australian Passport, Australian Citizenship Certificate) **Attached:** Yes/No
OR
- **Copy of Current Visa** (electronic or in passport) **Attached:** Yes/No Visa Number: _____
- Country of Citizenship: _____ Date of entry to Australia: _____
- **Residency Status:** Citizen Yes/No Language Spoken at Home: _____
 Permanent Resident Yes/No

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 & Address: _____
 Contact Numbers: (H) _____ (W) _____ (M) _____
 Email Address: _____ Country of Citizenship: _____

FAMILY INFORMATION

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
 Address: _____
 _____ State: _____ Postcode: _____
 Religious Denomination: _____ Parish Priest: _____
 Parish: _____ Suburb: _____
 Occupation & Address: _____
 Contact Numbers: (H) _____ (W) _____ (M) _____
 Email Address: _____ Country of Citizenship: _____

DATE PAID	OFFICE USE ONLY	RECEIPT NO
	AMOUNT	

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? _____

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 _____

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

SIBLINGS CURRENTLY ATTENDING ST THOMAS' SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

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

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

Do you agree that your contact details can be added to the other parents in your child's class. Yes/No

SCHOOL FEES

School Fees Account

This is the person who is officially responsible for paying the school fees (signature required below). If you require split billing, please make an appointment to see the Finance Officer.

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)
.....
.....

(Signature/Person responsible for payment of Fees)

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.

I/we have read and will comply with the St Thomas' Code of Conduct.

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

_____ Date: _____
MALE PARENT OR GUARDIAN

OFFICE USE ONLY:

Date of Interview: _____ Date and Grade Admitted: _____

Not Accepted (reason): _____

Interviewers Remarks:

Copies held on File:

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

Approved: _____ (Principal's Signature)