



Application for Enrolment Form

NAME (Student seeking enrolment)

Surname

First name

- 1 The school collects personal information, including sensitive information about student(s) and parents or guardians before and during the course of a student's enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.
- 2 Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.
- 3 Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
- 4 Health information about student(s) is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about student(s) from time to time.
- 5 The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, (Catholic Education Office, the Catholic Education Commission, your local diocese and the parish), medical practitioners and people providing services to the school, including specialist visiting teachers, (sports) coaches and volunteers.
- 6 If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
- 7 Personal information collected from student(s) is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in school newsletters, magazines, school social network sites and on our website.
- 8 Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the student, or where student(s) have provided information in confidence.
- 9 As you may know the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- 10 We may include your contact details in a class list.
- 11 If you provide the school with personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.

STUDENT INFORMATION

Surname: _____

First name: _____

Preferred name: _____

Gender: MALE / FEMALE

Address: _____

Telephone: _____

Date of Birth: _____

Birth place: _____

Birth Certificate attached: YES / NO

Aboriginal / Torres Strait Islander: YES / NO

If YES to Aboriginal / Torres Strait Islander, then Group of Origin:

Nationality: _____

Australian Permanent Resident: YES / NO

If born outside of Australia: Date of arrival: _____

Visa Category Number: _____

Country of citizenship: _____

Language spoken at home: _____

CALENDAR YEAR AND YEAR LEVEL FOR WHICH ENTRY IS SOUGHT

Child to commence at Good Shepherd in 20 _____

Child to commence in Year (circle one): K (4 yr), PP, 1, 2, 3, 4, 5, 6

Present school: _____

Location: _____ Year level: _____

FAMILY INFORMATION

Mother (or Female Guardian)

Title: _____ Surname: _____

First name: _____

Address: _____

Marital status: _____

Religious denomination: _____

Parish: _____

Occupation: _____

Contact No: (Home) _____

(Work) _____ (Mobile) _____

Country of citizenship: _____

Email: _____

Father (or Male Guardian)

Title _____ Surname _____

First name _____

Address: _____

Marital status: _____

Religious denomination: _____

Parish: _____

Occupation: _____

Contact No: (Home) _____

(Work) _____ (Mobile) _____

Country of citizenship: _____

Email: _____

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? _____

Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Date of Reception of Sacraments: Baptism _____ Reconciliation: _____
First Communion: _____ Confirmation: _____ Baptism Certificate attached: YES / NO

SIBLINGS CURRENTLY ATTENDING GOOD SHEPHERD SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

STUDENT'S INDIVIDUAL NEEDS

The school of *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: _____

Orthosis/Prosthesis: _____

Psychological/Cognitive: _____

Sensory (e.g. 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 number: _____

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: _____

Relation to student: _____

Address: _____

Contact No: _____

Name: _____

Relation to student: _____

Address: _____

Contact No: _____

MEDICAL INFORMATION

Immunisation Record

F – fully immunised

N – not immunised

I – incomplete immunisation

P – personal objections

Measles

Mumps

Rubella

Diphtheria

Tetanus

Hepatitis B

Pertussis
(Whooping Cough)

Polio (OPV)

Immunisation Record attached

Family Doctor/Medical Clinic: _____

Address: _____ Contact No: _____

Dentist/Dental Clinic: _____

Address: _____ Contact No: _____

Medicare No: _____ Private Health Fund: _____ Blood Group: _____

MEDICAL EMERGENCY AUTHORISATION

I authorise Good Shepherd Catholic Primary 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: _____

Mother or Female Guardian

Date: _____

Father or Male 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 Good Shepherd Catholic Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.

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

Mother or Female Guardian

Date: _____

Father or Male Guardian