

Notre Dame Catholic Primary School

Foundations for Life-Long Learning

360 Daly Street, CLOVERDALE WA 6105
PO Box 1151, CLOVERDALE WA 6985
Telephone: (08) 9277 2225
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APPLICATION FOR ENROLMENT

School Year (Grade): _____ Year **20** _____ Campus: **Cloverdale** Date of Application _____
FOR OFFICE USE ONLY

Student Information

Student Surname: _____ First Name: _____ Middle Name: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____ Full Birth Certificate attached Y / N

Aboriginal/Torres Strait Islander Y / N

Australian Permanent Resident: Y / N

Nationality: _____

Date of Birth: _____ M / F Birthplace: _____

If born outside Australia - Date of arrival? _____ Visa Category : _____ Number of years in Australia: _____

Country of Citizenship: _____ Languages Spoken at home: 1st _____ 2nd _____ other _____

School currently attending: _____ Location _____ Year Level _____

RELIGIOUS DENOMINATION

Religious Denomination of Child: _____

Parish Priest: _____ Parish: _____ Suburb: _____

Parish Priest Reference (please circle): supplied _____ To be provided _____

Sacraments Received

BAPTISM : Date: _____ Place: _____ Original sighted/copy: _____

PENANCE : Date: _____ Place: _____ Original sighted/copy: _____

FIRST COMMUNION: Date: _____ Place: _____ Original sighted/copy: _____

CONFIRMATION: Date: _____ Place: _____ Original sighted/copy: _____

ACCESS ALERT (please indicate where relevant)

Custody Information YES / NO

Name of person(s) with legal guardianship of the student: _____

Other conditions enforced at law: _____

Child Services (Government): _____

Specified contact by Family _____

Custody Mother _____

Custody Father _____

Restraining Order _____

Pick up by Immediate family only _____

NOTES: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
State: _____ Postcode: _____
Country of Birth _____ Religious Denomination: _____
Parish: _____ Parish Priest: _____
Marital Status: _____
Occupation: _____
Employer: _____
Contact Address: _____
Contact Numbers: (H) _____ (Mb) _____ (W) _____
Medicare Number: _____ Country of Citizenship: _____
Private Health Fund: _____ Email: _____
Mailing Address: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
State: _____ Postcode: _____
Country of Birth _____ Religious Denomination: _____
Parish: _____ Parish Priest: _____
Marital Status: _____
Occupation: _____
Employer: _____
Contact Address: _____
Contact Numbers: (H) _____ (Mb) _____ (W) _____
Medicare Number: _____ Country of Citizenship: _____
Private Health Fund: _____ Email: _____
Mailing Address: _____

Sibling(s) Currently Attending Notre Dame Catholic Primary School (Carlisle & Cloverdale campuses)

Name _____ year level _____ Name _____ year level _____
Name _____ year level _____ Name _____ year level _____

EMERGENCY CONTACT OTHER THEN PARENT/GUARDIAN

	NAME (PLEASE PRINT)	PHONE	MOBILE	RELATIONSHIP TO STUDENT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MEDICAL INFORMATION OF STUDENT

Name of family Doctor: _____
Medical Clinic: _____
Phone No: _____ Individual Practice / Group Practice (please circle)
Address: _____
Name of Dentist/Central Clinic: _____
Phone: _____ Address: _____

ALLERGIES: Does your child suffer from any allergies YES / NO

If so, please provide information -

Medical Condition: 1. _____
2. _____

Medical Action Plan Required: _____
Medication: _____

IMMUNISATION RECORD: Fully Immunised: _____ Not Immunised _____
Incomplete Immunisation: _____ Personal Objections _____

Immunisation records attached YES / NO

MEDICARE NUMBER PRIVATE HEALTH FUND BLOOD GROUP

STUDENT'S INDIVIDUAL NEEDS / DISABILITY

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 / Protheses _____

Psychological/Cognitive: _____

Sensory (eg Vision/Hearing): _____

Behavioural or Safety: _____

Communication: _____

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 provide details:

Service Provider: _____ Contact No: _____

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

MEDICAL EMERGENCY AUTHORISATION

I/We authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalize my son/daughter when considered necessary. I/We further authorize the school/college that if an emergency occurs requiring surgery, anesthetic, oxygen, blood transfusion, medication and I/We are 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.

SIGNATURES:DATE:
(female parent/guardian)

.....DATE:
(male parent/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 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. Furthermore, 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 Order, then the enrolment may be refused or terminated on this ground.

I/We have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school.

I/We have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

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) _____ Dated _____
Mother or Female Guardian

_____ Dated _____
Father or Male Guardian

Signed in the presence of _____ Dated _____
Principal

OFFICE USE ONLY: Enrol fee Y / N Date _____	Imm. Y / N	Birth C Y / N	Bap C Y / N
Parish Priest Ref Y / N	ENROLMENT DATE: _____		

CUSTODY/ACCESS ALERT	
YES	NO

LEGAL DOCUMENTS Attached	
YES	NO

Notre Dame Catholic Parish

(St Notre Dame Catholic School, Cloverdale & St Maria Goretti, Redcliffe)

PARISH PRIEST REFERENCE FORM

The Catholic Education commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult with the Parish Priest. Completion of this form and presentation to the Parish Priest forms part of the enrolment process.

To be completed by parent:

To the Parish Priest at:

Name of Student :

Address :

Phone No : Home Mobile.....

Name of Mother :

Name of Father :

Year of enrolment :

Name of current school:.....

(If government school, does child attend school scripture classes in the Parish? **YES/NO**)

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

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.....

To be completed by Parish Priest:

Please complete the information below in reference to the family information above.

Q1. Is the family actively involved in the life of the Church?.....

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

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Q3. Any other comments

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