

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical 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: _____
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 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 Australia as they are enacted from time to time.

I/we acknowledge the school fee collection procedures and agree to abide by these.

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

_____ Date: _____
Male Parent/Guardian

Signature of Principal: _____ Date: _____

Date student commenced at St Joseph's Catholic Primary School: _____

PRIVACY ACT

The school collects personal information including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.

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.

We may include your contact details in a class list or directory. If you do not agree to this you must advise us now.



St Joseph's Catholic Primary School
51 Altair Street
SOUTHERN CROSS WA 6426

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E-mail: admin@stjoessx.wa.edu.au
Twitter: @STJSX

ENROLMENT FORM

NAME: _____

ENROLMENT YEAR: _____ FOR: Year (K/PP/1/2/3/4/5/6) _____

Please Attach:

- Birth Certificate
- Baptism Certificate
- Immunisation Record
- Passport / Visa/ Citizenship Papers - Student and Parents (If applicable)

STUDENT INFORMATION

Student Surname: _____ First Name: _____
 Preferred Name: _____
 Address: _____ State: _____ Postcode: _____
 Date of Birth: _____ Birthplace: _____ Birth Certificate attached: Yes/No
 Nationality: _____ Aboriginal/Torres Strait Islander Yes/No

If born outside of Australia: Country of Birth: _____ Language spoken at home: _____
 Date of Arrival: _____ Number of Years in Australia: _____ Australian Permanent Resident Yes/No
 Country of Citizenship _____ please attach copy of Citizenship papers if a new Australian
 Passport and Visa Numbers: _____ (please attach copy of relevant documents)

Religious Denomination: _____ Parish Priest: _____
 Date of Reception of Sacraments: _____ Baptismal Certificate attached: Yes/No
 Baptism: _____ Reconciliation: _____ First Communion: _____ Confirmation: _____
 Present School: _____ Location: _____ Year Level: _____

FAMILY INFORMATION**PARENT/GUARDIAN ONE:**

Title: _____ Surname: _____ First Name: _____
 Address: _____ State: _____ Postcode: _____
 Religious Denomination: _____ Occupation: _____
 Country of Citizenship: _____
 Contact numbers: _____ / _____ / _____ Email: _____

If born outside of Australia: Country of Birth: _____ Language spoken at home: _____
 Date of Arrival: _____ Number of Years in Australia: _____ Australian Permanent Resident Yes/No
 Country of Citizenship _____ please attach copy of Citizenship papers if a new Australian
 Passport and Visa Numbers: _____ (please attach copy of relevant documents)

PARENT/GUARDIAN TWO:

Title: _____ Surname: _____ First Name: _____
 Address: _____ State: _____ Postcode: _____
 Religious Denomination: _____ Occupation: _____
 Country of Citizenship: _____
 Contact numbers: _____ / _____ / _____ Email: _____

If born outside of Australia: Country of Birth: _____ Language spoken at home: _____
 Date of Arrival: _____ Number of Years in Australia: _____ Australian Permanent Resident Yes/No
 Country of Citizenship _____ please attach copy of Citizenship papers if a new Australian
 Passport and Visa Numbers: _____ (please attach copy of relevant documents)

CUSTODY/GUARDIANSHIP

NAME OF PERSON(S) WITH LEGAL GUARDIANSHIP OF STUDENT: _____

If applicable, a copy of any Parenting or Restraint Order is attached: Yes/No

Any other conditions enforced at law? Yes/No

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Contact Numbers: _____

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S CATHOLIC PRIMARY SCHOOL, SOUTHERN CROSS

Name: _____ Year Level: _____

Name: _____ Year Level: _____

Name: _____ Year Level: _____

STUDENT'S LAST SCHOOL

The school Education Act 1999 requires 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 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 (may affect his/her learning, participation or welfare during school hours).

Medical/Health Care: (include Orthosis/Prostheses, Psychological/Cognitive, Sensory (vision/hearing), Behavioural, communication, allergies)

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: _____

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

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		

Immunisation Record attached Yes / No

Family Doctor/Medical Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____

Private Health Fund: _____ Blood Group: _____ (if known)