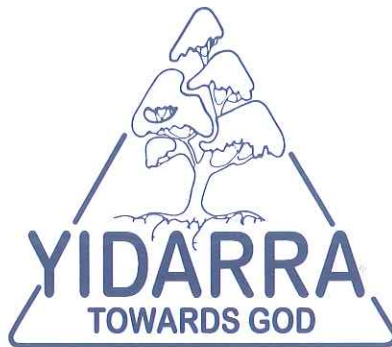


Yidarra Catholic Primary School

Marsengo Road Bateman WA 6150

Telephone: (08) 9332 3011 Facsimile: (08) 9310 7825

Application for Enrolment



Student Name: _____
Christian Name _____ Surname _____

Date of Birth: _____

Office Use Only	
Calendar Year for Enrolment: _____	Academic Year for Enrolment: _____
Application Fee – Yes/No	Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Baptism Certificate – Yes/No	
Birth Certificate – Yes/No	
Immunisation Record – Yes/No	
Parish Priest Reference (new families only) – Yes/No	
Sibling of Yidarra Student – Yes/No	
Interview – _____	
Acceptance Letter – _____	
Reply Date – _____	
Accepted – Yes/No	
Waiting List – Yes/ No	

STUDENT INFORMATION

Student Surname: _____ First Name: _____
Preferred Name: _____ Gender: Male/Female
Address: _____
State: _____ Postcode: _____
Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No
Aboriginal/Torres Strait Islander: Yes/No
Nationality: _____ Australian Permanent Resident: Yes/No
Child Born Outside of Australia: Yes/No Date of Arrival: _____
Country of Citizenship: _____ Main Language Spoken at Home: _____

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: _____ 20__

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

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

MALE PARENT OR GUARDIAN

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

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? _____

SIBLINGS CURRENTLY ATTENDING YIDARRA CATHOLIC PS

Name	Year Level	Name	Year Level	
_____	_____	_____	_____	20__
_____	_____	_____	_____	20__

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	Name	Year Level	
_____	_____	_____	_____	20__
_____	_____	_____	_____	20__

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? Yes/No

If so please detail name of Service Provider and Contact No: _____

Does your child require Special Transport arrangements to and from school? (Special Education only) 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 Numbers: _____ (H) _____ (W) _____ (M)
Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: _____ (H) _____ (W) _____ (M)

MEDICAL INFORMATION

IMMUNISATION RECORD

F- fully immunised N - not immunised I - incomplete immunisation P- personal objections
Measles Mumps Rubella Diptheria Tetanus
Hepatitis B Pertussis Polio (OPV) Immunisation Record Attached
(Whooping Cough)

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 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: _____
FEMALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN

Date: _____

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 the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

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

MALE PARENT OR GUARDIAN

Date: _____