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: _______________________

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<tr>
<td>Calendar Year for Enrolment: ___________________________</td>
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<tr>
<td>Application Fee – Yes/No</td>
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<tr>
<td>Baptism Certificate – Yes/No</td>
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<td>Birth Certificate – Yes/No</td>
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<td>Immunisation Record – Yes/No</td>
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<tr>
<td>Parish Priest Reference (new families only) – Yes/No</td>
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<td>Sibling of Yidarra Student – Yes/No</td>
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<td>Interview –</td>
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<td>Acceptance Letter –</td>
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<td>Reply Date –</td>
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<tr>
<td>Accepted – Yes/No</td>
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<td>Waiting List – Yes/No</td>
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STUDENT INFORMATION

Student Surname: ___________________________________________
Preferred Name: ___________________________________________
Address: __________________________________________________
_________________________ State: __________________________
_________________________ Postcode: _______________________
Date of Birth: ____________________ Birthplace: ________________
Birth Certificate Attached: Yes/No
Aboriginal/Torres Strait Islander: Yes/No
Australian Permanent Resident: Yes/No
Nationality: ______________________________________________
Child Born Outside of Australia: Yes/No
Country of Citizenship: ___________________________________
Date of Arrival: ____________________ Main Language Spoken at Home: ____________________

Religious Denomination: ____________________ Parish Priest: __________
Parish: ____________________ Suburb: ____________________
Date of Reception of Sacraments:
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 Restraining Order is attached: Yes/No
Any other conditions enforced at law? ____________________
SIBLINGS CURRENTLY ATTENDING YIDARRA CATHOLIC PS

<table>
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<tr>
<th>Name</th>
<th>Year Level</th>
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SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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<th>Name</th>
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STUDENT’S INDIVIDUAL NEEDS

The school Education Act 1999 requires the provision of:
“…details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee 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 [ ] Diphtheria [ ] 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 ___________________________ 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

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 ___________________________ Date: ___________________________
MALE PARENT OR GUARDIAN ___________________________