



THREE YEAR OLD KINDERGARTEN **APPLICATION FORM ONLY**

PLEASE NOTE: ENTRY INTO THE THREE YEAR OLD PROGRAM AT ST JOSEPH'S DOES NOT GUARANTEE ENTRY INTO OUR MAINSTREAM SCHOOL SYSTEM. IF YOU WISH TO APPLY FOR ENTRY INTO OUR KINDERGARTEN TO YEAR SIX PROGRAM YOU WILL NEED TO COMPLETE THE NECESSARY APPLICATION FORMS.

CALENDAR YEAR for which enrolment is sought 20_____

STUDENT INFORMATION

Student surname _____ Date of Birth _____

Given names _____ Known As _____

Sex Male / Female

Address _____

_____ State _____ Postcode _____

Birthplace _____ **Birth Certificate Attached** Yes / No

Nationality _____ Aboriginal / Torres Strait Islander Yes / No

Born Outside of Australia _____ Date of Arrival _____

Number of Years in Australia _____ **Australian Permanent Resident** Yes / No

Visa number & Type (if applicable) _____

Country of Citizenship _____ Language spoken at home _____

Religious denomination _____ Parish Priest _____

Parish _____ Suburb _____

Baptism Date _____ **Certificate Attached** Yes / No

FAMILY INFORMATION

CUSTODIAL PARENT - FEMALE

Title _____ Surname _____ Given Names _____
Relationship to enrolled child Mother / Stepmother / Other _____
Home Address _____
_____ State _____ Postcode _____
Postal Address (if different) _____
_____ State _____ Postcode _____
Religious denomination _____ Parish Priest _____
Parish _____ Suburb _____
Occupation _____ Employer _____
Address _____
_____ State _____ Postcode _____
Contact numbers
Home _____ Work _____ Mobile _____
Country of Citizenship _____ Email Address _____

CUSTODIAL PARENT - MALE

Title _____ Surname _____ Given Names _____
Relationship to enrolled child Father / Stepfather / Other _____
Home Address _____
_____ State _____ Postcode _____
Postal Address (if different) _____
_____ State _____ Postcode _____
Religious denomination _____ Parish Priest _____
Parish _____ Suburb _____
Occupation _____ Employer _____
Address _____
_____ State _____ Postcode _____
Contact numbers
Home _____ Work _____ Mobile _____
Country of Citizenship _____ Email Address _____

DETAILS OF NON-CUSTODIAL PARENT/S (IF APPLICABLE)

Title _____ Surname _____ Given Names _____
If applicable please specify custody / access rights (eg can non-custodial parent be contacted in case in illness / emergency?) If yes, please supply contact details _____

If applicable **a copy of any Parenting or Restraint Order is attached** Yes / No
Any other conditions enforced at law? _____

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT OR GUARDIAN)

Name _____ Relationship to student _____
Address _____
Contact Numbers _____
Name _____ Relationship to student _____
Address _____
Contact Numbers _____

STUDENTS 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 (If your child has any medical conditions you are required to complete and submit an Emergency Action Plan – yellow form) _____

Medication (You are required to complete and submit a *Student Medication Request/Record Form - green* and *Medication Instructions From Doctor Form – pink*, if medication needs to be administered in school hours). _____

Physical _____

Orthoses / Prostheses _____

Psychological /Cognitive _____

Sensory (eg Vision / Hearing) _____

Behavioural or Safety _____

Communication _____

Allergies _____

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may effect educational arrangements? Yes / No

If yes, please detail name of Service Provider and Contact No. _____

Please specify services provided _____

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

Family Doctor _____

Address _____

Telephone Number _____

Medicare Number _____ Private Health Fund _____

Ambulance Cover Yes / No Blood Group (if known) _____

Immunisation Record Attached Yes / No

MEDICAL EMERGENCY & ACCIDENT AUTHORISATION

We regret we are unable to care for sick children or children with contagious illnesses. Prescribed medicines will only be administered to children under written 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, 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 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 in one Catholic school does not guarantee the enrolment of that student into any other Catholic school.

I /We have completed this application form fully and to the best of 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 understand that acceptance into the three year old program does not guarantee entry into St Joseph's for Kindergarten to Year Six.

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

FEMALE PARENT OR GUARDIAN

_____ Date _____

MALE PARENT OR GUARDIAN

COLLECTION NOTICE

1. 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.
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 pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils 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, counsellors 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 pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils 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 pupil, or where pupils have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you maybe 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 the 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.

Parent / Guardian Signature _____ Date _____

PHOTOGRAPH / PUBLICITY PERMISSION

Today we accept that we must produce technology capable children. To live, learn and work successfully in an increasingly complex and information-rich society, students must be able to use technology effectively. Using digital technology, staff and students may wish to take photos and videos during the course of the day depicting various activities, which assist in the presentation and reporting of student education.

At St Joseph's Primary School, we use various forms of technology, including digital images, to present and promote work and activities carried out in our learning programs.

On occasion, situations may arise whereby the school, Catholic Education Office (CEO) or local media will need to take photographs and/or video footage of your child/children for publication in newspapers, school newsletters, CEO documents, training videos, the school website and/or classroom displays.

Please complete the information on the attached permission slip, by signing this you give permission for these activities to occur with your child. The form will be kept on file for future reference.

Ronan Kelly
IT Co-ordinator

AGREEMENT TO BE PHOTOGRAPHED

I give permission for my child's photograph to be used in school publications such as portfolios, newsletters and the school website.

Child's Name: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____