

STUDENT INFORMATION

Student Surname:
Other Names: Preferred Name:
Address: State: Postcode:
Male / Female: Date of Birth: Birthplace:
Birth Certificate Attached: Yes / No Aboriginal/Torres Strait Islander: Yes / No
If Yes to Aboriginal/Torres Strait Islander, then Group of Origin:
Nationality: Australian Permanent Resident: Yes / No
Born out of Australia. Date of arrival: Number of years in Australia:
Country of Citizenship: Language Spoken at Home:
Religious Denomination: Parish Priest:
Parish: Suburb:
Date of Reception of Sacraments: Baptism:
Reconciliation: First Holy Communion: Confirmation:
Present School: Location:
Calendar year for which enrolment sought:
Academic year for which enrolment sought: [eg K / Yr 8]
Details of any remedial education:

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: Surname: First Name:
Home Address: State: Postcode:
Postal Address: State: Postcode:
Occupation: Employer:
Mob: Home: Work:
Email:
Religious Denomination: Parish Priest:
Parish: Suburb:
Country of Citizenship:

MALE PARENT OR GUARDIAN

Title: Surname: First Name:
Home Address: State: Postcode:
Postal Address: State: Postcode:
Occupation: Employer:
Mob: Home: Work:
Email:
Religious Denomination: Parish Priest:
Parish: Suburb:
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?

IMMUNISATION RECORD:

Immunisation Record Attached Yes / No

F - Fully immunised N - Not immunised I - Incomplete immunisation P - Personal objections

MEDICAL INFORMATION: Serious Illnesses

..... What Year?

..... What Year?

Family Doctor / Medical Centre:

Address:

Contact Numbers:

Dentist/Central Clinic:

Address:

Contact Numbers:

Medicare Number: Private Health Fund: Blood Group:
[if known]

MEDICAL EMERGENCY AUTHORISATION

I authorise St Joseph's School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise St Joseph's 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

EMERGENCY CONTACTS DETAILS [One in Northam preferably - other than a parent/guardian]

Name: Relation to Student:

Address:

Mob: Home: Work:

Name: Relation to Student:

Address:.....

Mob: Home: Work:

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S SCHOOL

Name	Year Level	Name	Year Level
.....
.....

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
.....
.....

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

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/HealthCare.....

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 education arrangements? Yes/No.
If so please detail name of Service Provider and Contact No.

Please detail.....

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

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 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 have read and fully understand and agree to comply with the St Joseph's School Code of Conduct.
I/we have read and fully understand and agree to the terms and conditions set out in the School Fee Collection Policy.
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.

Signature of Parent[s]/Guardian[s] Date:
FEMALE PARENT OR GUARDIAN

..... Date:
MALE PARENT OR GUARDIAN



**ST JOSEPH'S SCHOOL
NORTHAM**

APPLICATION FOR ENROLMENT

Return to:

The Principal
St Joseph's School
P O Box 500
NORTHAM WA 6401
Email: admin@sjsnortham.wa.edu.au
Website: www.sjsnortham.wa.edu.au

Phone: [08] 9621 3500
Facsimile: [08] 9622 5188
ABN: 33 457 720 929