



SACRED HEART PRIMARY SCHOOL HIGHGATE

40 Mary Street, Highgate WA 6003
Telephone: 9328 8817 Email: admin@shpsh.wa.edu.au

ENROLMENT APPLICATION

STUDENT INFORMATION

Student Surname: _____ Year Level _____ Year for Enrolment _____

First Name: _____ Preferred Name: _____

Address: _____

Gender: Male / Female

State: _____ Postcode: _____

Date of Birth: _____

Birth Certificate Attached: Yes / No

Birthplace: _____

Aboriginal/Torres Strait Islander: Yes / No

Nationality: _____

Australian Permanent Resident: Yes / No

If born outside of Australia

Date of arrival in Australia: _____

Visa Sub Class Category Number: _____

Country of Citizenship: _____

Language Spoken at Home: _____

Present School: _____

Location: _____ Year Level: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Reception of Sacraments: _____ Baptism Certificate Attached: Yes / No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____

Contact Address: _____

Contact Numbers: _____

Email Address for newsletters etc: _____

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: _____

Email Address for newsletters etc: _____

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.....SCHOOL

| Name | Year Level | Name | Year Level |
|-------|------------|-------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

| Name | Year Level | School |
|-------|------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 need 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. _____

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

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Families **MUST** complete two contacts

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: Hm: _____ Wk: _____ Mob: _____

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: Hm: _____ Wk: _____ Mob: _____

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: _____ Contact No. _____

Address: _____

Dentist/Dental Clinic: _____ Contact No. _____

Address: _____

Medicare Number: _____

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college 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

STANDARD COLLECTION NOTICE

Publicity and the Use of Student Images

Dear Parent/Guardian

As part of the school's publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education Office Of WA (CEOWA) or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, CEOWA and Catholic agency documents (e.g. Caritas, CDF, LifeLink, etc), training videos and/or the school/CEOWA website.

Should you **not want** your child/children to feature in such publicity, please complete the notice below.

I _____ (Please print name)

parent/guardian of _____

do not give permission for the use of my son's/daughter's photo/video image in school publicity activities undertaken by the school, CEOWA or local media.

Signed: _____ Date: _____

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

EXCURSIONS

Do you give permission for your child to travel by bus and attend excursions, athletics carnivals, Performing Arts Festivals, swimming lessons and any other school based activity? 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

To assist with school planning please indicate if you made application at any other school/schools. YES / NO

Please indicate which school/schools _____

A copy of your child’s Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview.

PLEASE ENCLOSE THE FOLLOWING

Please note applications will not be registered without copies of all relevant documents.

- Priest Reference Letter YES / NO
- Birth Certificate YES / NO
- Baptism Certificate YES / NO
- Immunisation Record YES / NO
- Visa if applicable YES / NO
- Non refundable Application Fee \$35 YES / NO
- School Reports if applicable YES / NO

SCHOOL NEWSLETTERS

Weekly newsletters are available on the school’s website www.shpsh.wa.edu.au
Please provide your email address if you would like newsletters sent electronically _____
Hardcopies are available in the school’s reception area

OFFICE USE

| | | |
|--|-------------------------------|-------------------|
| Enrolment Application Fee received _____ | App Fee Paid Date _____ | Receipt No: _____ |
| Birth Certificate received _____ | | |
| Immunisation Record received _____ | Enrolment Form Complete _____ | |
| Baptism Certificate received _____ | | |
| Parish Priest Letter received _____ | Transfer Note Sent _____ | |
| Visa received (if applicable) _____ | | |
| MCEETYA Form completed _____ | Entered on MAZE _____ | |