

**SACRED HEART PRIMARY SCHOOL HIGHGATE**

40 Mary Street, Highgate WA 6003

Telephone: 9253 2500 Email: admin@shpsh.wa.edu.au Website: www.shpsh.wa.edu.au

**APPLICATION FOR ENROLMENT - KINDERGARTEN TO YEAR 6**Year of Entry: \_\_\_\_\_  
Date of Entry: \_\_\_\_\_

Academic Year: \_\_\_\_\_

**STUDENT INFORMATION**

SURNAME:		FIRST NAME:	
PREFERRED NAME:		GENDER:	Male / Female
RESIDENTIAL ADDRESS	No./STREET	SUBURB/STATE	POST CODE
DATE OF BIRTH:		PLACE OF BIRTH:	
COUNTRY OF BIRTH:		NATIONALITY:	
CITIZENSHIP STATUS: (Please circle)	Citizen / Permanent Resident / Temporary Entry Permit/ Overseas	VISA SUB CLASS: (Copy attached)	
VISA DATE OF ISSUE:		Date of Arrival in Australia: (Passport attached)	
VISA DATE OF EXPIRY:			
LANGUAGE SPOKEN AT HOME:		ABORIGINAL / TORRES STRAIT ISLANDER: Yes / No	Group of Origin:

**RELIGION**

RELIGION:			
CURRENT PARISH:		PARISH PRIEST:	
SACRAMENTS: (Date undertaken)			
BAPTISM	RECONCILIATION	EUCCHARIST	CONFIRMATION

**PRESENT SCHOOL INFORMATION**

SCHOOL NAME/LOCATION (If applicable)		Year Level: (If applicable)	
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**FAMILY INFORMATION****PARENT OR GUARDIAN 1:**

TITLE: (Please circle)	Mr / Mrs / Ms / Miss / Dr / Other		
SURNAME:		FIRST NAME:	
RESIDENTIAL ADDRESS	No./STREET	SUBURB/STATE	POST CODE
PHONE:	MOBILE:	HOME:	WORK:
EMAIL ADDRESS: (Upper case)			
LANGUAGE SPOKEN AT HOME:		LANGUAGE other than English:	
RELIGION:		CURRENT PARISH:	
COUNTRY OF BIRTH:		NATIONALITY:	
OCCUPATION:			
CHILD LIVES WITH PARENT:	Yes / No	LIVING ARRANGEMENT:	Always / Balanced / Never / Other



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**FAMILY INFORMATION**

**PARENT OR GUARDIAN 2:**

TITLE: (Please circle)	Mr / Mrs / Ms / Miss / Dr / Other		
SURNAME:		FIRST NAME:	
RESIDENTIAL ADDRESS	No./STREET	SUBURB/STATE	POST CODE
PHONE:	MOBILE:	HOME:	WORK:
EMAIL ADDRESS: (Upper case)			
LANGUAGE SPOKEN AT HOME:		LANGUAGE other than English:	
RELIGION:		CURRENT PARISH:	
COUNTRY OF BIRTH:		NATIONALITY:	
OCCUPATION:			
CHILD LIVES WITH PARENT:	Yes / No	LIVING ARRANGEMENT:	Always / Balanced / Never / Other

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)**

SURNAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT:			
PHONE:	MOBILE:	HOME:	WORK:

SURNAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT:			
PHONE:	MOBILE:	HOME:	WORK:

**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 endorsed at Law?			

**SIBLINGS CURRENTLY ATTENDING SCHOOL (including Sacred Heart PS Highgate)**

Name of Child	Year Level	School Currently Attending

**FUTURE EXPECTED SIBLINGS**

Name of Child	Current Age	Expected Enrolment Year



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DISCLOSURE

Do you agree that the information supplied in the Student Information and Family Information sections, can be provided to the relevant Parish Priest? Yes / No

AGREEMENT (please tick all boxes)

- I understand and accept that completing an Application for Enrolment form and its acceptance by the school does not guarantee an enrolment interview or a place at the school.
Successful applicants will be determined in accordance with the school's Enrolment Priorities.
I understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
I understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
I have completed this application form fully and to the best of my knowledge.
I acknowledge and accept that if it can be demonstrated that I have knowingly withheld material information relevant to the application/enrolment process, especially in relation to this student's Parenting or Restraining Order, then the enrolment may be refused or terminated on this ground.
I have read and fully understand to the best of my knowledge that I have:
- provided a copy of any Parenting or Restraining Order that applies to my child;
- provided the necessary documentation that the school may request, to confirm my child's Australian residency status;
- agreed, and accepted that my child will participate in all required parts of the education program of the school, including the Religious Education program;
- viewed, and agreed to the terms and conditions set out in the school's fee collection procedure;
- received a Privacy Collection Notice and a Statutory Privacy Policy
- fully and truthfully completed the Application for Enrolment form.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_
Signature of Parent/Guardian: \_\_\_\_\_ PARENT, CARER OR GUARDIAN 1

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- viewed, and agreed to the terms and conditions set out in the school's fee collection procedure;
- received a Privacy Collection Notice and a Statutory Privacy Policy
- fully and truthfully completed the Application for Enrolment form.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_
Signature of Parent/Guardian: \_\_\_\_\_ PARENT, CARER OR GUARDIAN 2

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

To assist with school planning, please indicate if you have made applications at any other school/schools. Yes / No

Please indicate which school/schools \_\_\_\_\_

Table with 2 columns: Application Fee to be remitted with this Application Form: \$55 per application; Please use the details below and email the bank receipt with your application to admin@shpsh.wa.edu.au; School BSB: 086 006; School Account: 539 272 800; Reference: Student Name and Year of Enrolment; Person responsible for paying school fees will be: (PRINT NAME); Signature of Parent / Guardian 1; Signature of Parent / Guardian 2.



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PARENT CHECKLIST (Documents required to accompany enrolment form)	Please tick
1. Birth Certificate	
2. Immunisation Record (print from MyGov website)	
3. Baptism Certificate and other Sacraments ( <i>if relevant</i> )	
4. Parish Priest Reference	
5. Current School Report ( <i>if relevant</i> )	
6. Passport ( <i>if relevant</i> )	
7. Visa ( <i>if relevant</i> ) Vevo Authority	
8. Parenting Orders ( <i>if relevant</i> )	
9. \$55 Application Fee Paid and bank receipt emailed.	

For OFFICE USE only				
Application Fee Paid:	CASH	EFTPOS	OTHER	Amount:
Bank Receipt Received:				
Date Application Fee Received:				
Receipt Number:				
Birth Certificate attached				
Immunisation Record attached				
Baptism Certificate attached				
Other Sacraments attached				
Parish Priest Reference attached				
School Report attached				
Passport attached				
Visa attached & Vevo Authority				
Parenting Orders attached				
SCSA Number				