



"A light beneath our feet"

OFFICE USE ONLY

Application Fee: _____	Date: _____
EFTPOS	CC
CASH	CHEQUE
Parish Priest Reference	Y N
Birth Certificate:	Y N
Baptism Certificate:	Y N
Immunisation:	Y N
3+ Enrolment:	Y N

St Anthony's School

7 Servite Terrace
Wanneroo WA 6065
Phone: 9303 7500
Fax: 9206 0024

Email: admin@stanthonyswann.wa.edu.au
Web: www.stanthonyswann.wa.edu.au

ENROLMENT APPLICATION

STUDENT INFORMATION

Grade & Calendar Year for which application is being made: _____ 20____

Student Surname: _____

Birthplace: _____

First Name: _____

Male / Female

Preferred Name: _____

Aboriginal/Torres Strait Islander: Yes / No

Address: _____

Australian Permanent Resident: Yes / No

Nationality: _____

State: _____ Postcode: _____

Born outside of Australia: Yes / No

Postal Address: _____

Year of arrival in Australia: _____

Visa No: _____ Expiry: _____

State: _____ Postcode: _____

Country of Citizenship: _____

Date of Birth: ____/____/____

Language Spoken at Home: _____

Religious Denomination: _____

Parish Priest: _____

Date of Sacraments:

Parish: _____

Baptism: ____/____/____

Place of Baptism: _____

Reconciliation: ____/____/____

Present School: _____

First Communion: ____/____/____

Year level: _____ Location: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____

First Name: _____

First Name: _____

Address: _____

Address: _____

State: _____ Postcode: _____

State: _____ Postcode: _____

Religious Denomination: _____

Religious Denomination: _____

Parish Priest: _____

Parish Priest: _____

Parish: _____

Parish: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Home Tel: _____ Bus. Tel: _____

Home Tel: _____ Bus. Tel: _____

Mobile Tel: _____ Fax: _____

Mobile Tel: _____ Fax: _____

Email: _____

Email: _____

Country of Citizenship: _____

Country of Citizenship: _____

Holder of current Health Care Card: Yes / No

Holder of Current Health Care Card: Yes / No

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 by law? _____

SIBLINGS CURRENTLY ATTENDING ST ANTHONY'S SCHOOL

Name _____ Year Level _____ Name _____ Year Level _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOL

Name _____ Year Level _____ Name _____ Year Level _____

SIBLINGS NOT AT SCHOOL

Name: _____ DOB: ____ / ____ / ____ Expected Year of Commencement: _____

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/Health Care: _____

Medication: _____

Physical: _____

Orthoses/Prostheses: _____

Psychological/Cognitive: _____

Sensory (eg Vision/Hearing): _____

Behavioural or Safety: _____

Communication: _____

Allergies: _____

(Please list any formal tests/assessments that have been carried out in any of the above areas)

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

Please detail _____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Contact Numbers: _____

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 Yes/No
(Whooping Cough)

Family Doctor/Medical Clinic: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

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: _____

PARENT OR GUARDIAN

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.
- I/We will co-operate with teachers, attend P&F meetings and take an active interest in the school.
- I/We will pay school fees as required and clothe our son/daughter in the required school uniform.
- I/We agree to abide by the policies and directions of St Anthony's School as they are enacted from time to time.
- I/We agree to our contact details being disclosed to the P&F Class Representative.

PRIVACY ACT DECLARATION

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 College. The primary purpose of collecting this information is to enable the school to provide schooling and to enable the school to discharge its duty of care for your son/daughter.

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 each year.

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 parish, medical practitioners and people providing services to the school, including specialist visiting teachers, sports coaches and volunteers.

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.

Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievement, pupil activities and other news is published in school newsletters and yearbook.

Parents may seek access to personal information collected about them and their son/daughter by contacting the school Principal. However, there may 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.

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.

Signature of Parents/Guardians: _____ Date: _____

_____ Date: _____

Signature of Principal upon acceptance: _____ Date: _____

Standard Collection Notice Publicity and Use of Student Images

As part of the school's publicity activities there may, on occasion, arise the situation 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 including newspapers, the school newsletter, annual, website and other school documents.

I give permission for my child/children's photo/video image to be used in the publications as outlined above.

Signature of Parents/Guardians: _____ Date: _____

***Should your circumstances change anytime after signing this permission,
please inform the school in writing.***

Please note that all sections of this application form are to be completed.

***Copies of the relevant documentation, and the \$30 non-refundable fee,
are to accompany this application.***