



"A light beneath our feet"

St Anthony's School

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ENROLMENT APPLICATION – KINDERGARTEN to YEAR 6 ONLY

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 Category 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: _____

First Name: _____

Address: _____

State: _____ Postcode: _____

Religious Denomination: _____

Parish Priest: _____

Parish: _____

Occupation: _____

Employer: _____

Home Tel: _____ Bus. Tel: _____

Mobile Tel: _____ Fax: _____

Email: _____

Country of Citizenship: _____

Holder of current Health Care Card: Yes / No

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____

First Name: _____

Address: _____

State: _____ Postcode: _____

Religious Denomination: _____

Parish Priest: _____

Parish: _____

Occupation: _____

Employer: _____

Home Tel: _____ Bus. Tel: _____

Mobile Tel: _____ Fax: _____

Email: _____

Country of Citizenship: _____

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 SCHOOLS

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

SIBLINGS NOT AT SCHOOL

Name	Date of Birth	Expected Year of Commencement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Contact Numbers: _____

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

- 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 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.
- 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: _____

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

Documentation required with this application:

- Birth Certificate
- Baptism Certificate
- Immunisation Record
- Data Collection Form
- \$30 non-refundable fee

Where applicable:

- Parish Priest Reference
- Passport
- Visa
- Custodial Court Orders
- Medical Form

***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 WA or local media will need to take photographs and/or video footage of your child/children for publication. This may include newspapers, the school newsletter, annual, website and other school documents.

I/We DO / DO NOT give permission for my child/children's photo/video image to be used in the publications as outlined above.

Signature of Parents/Guardians: _____

Date: _____