



APPLICATION FOR ENROLMENT

Aranmore Catholic Primary School

20 Brentham Street
Leederville WA 6007

Telephone (08) 9444 9366

Facsimile (08) 9242 2784

admin@aranmorecps.wa.edu.au

www.aranmorecps.wa.edu.au

Enrolment Fee \$50.00 per child which is non refundable
(one enrolment form must be completed for each child)

Academic Year of Entry	PreKindy	Kindy	PP	1	2	3	4	5	6	(please circle)
Calendar Year of Entry	20 _____									

STUDENT INFORMATION

Student's full name must appear as per their Australian Birth Certificate or Immigration visa documents

Student Surname _____

First Name _____ Other Name/s _____

Preferred Name _____ Male or Female _____

Address _____

Date of Birth _____ Place of Birth _____

Country of Birth _____

Australian Permanent Resident Yes No

Country of Citizenship _____

Aboriginal/Torres Strait Islander Yes No

Language spoken at home _____

If born outside of Australia, Date of Arrival _____ Visa Category Number _____ Visa Expiry _____

(Citizenship/visa needs to be photocopied and attached to this application)

Child resides with both parents mother father shared arrangement other _____

Religious Denomination of Student:

Religious Denomination: _____

IF APPLICABLE:

Parish: _____

Suburb: _____

Parish Priest: _____

Date and Place of Sacraments Received: (If applicable)

Baptism: Date _____ Place _____

Reconciliation: : Date _____ Place _____

First Communion: : Date _____ Place _____

Confirmation: : Date _____ Place _____

A Non-refundable application fee of \$ 50.00 per enrolment is payable when you apply for a place/places at Aranmore Catholic Primary School. See Credit Card Payment information on the last page of this enrolment form.

An enrolment fee of \$ 100 per child is payable upon acceptance of a place offered. This will be deducted from the first instalment of fees once your child commences at Aranmore Catholic Primary School. Should your child/children **subsequently not attend the school**, the fee becomes non-refundable and is retained to offset administration and processing costs.

PLEASE NOTE THAT THIS ENROLMENT APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RELEVANT SUPPORTING DOCUMENTS AND APPLICATION FEE.

FAMILY INFORMATION

Contact 1

Relationship to student Mother Father Other (please specify)

Title First Name Surname

Home Address Fee account to this address Yes

Telephone - home Mobile

Email address

Country of Birth Language Country of Citizenship

Occupation Full-time Part-time Casual

Employer

Telephone - business Telephone – mobile

Language spoken at home

Religious Denomination Parish (If applicable)

Contact 2

Relationship to student Mother Father Other (please specify)

Title First Name Surname

Home Address Fee account to this address Yes

Telephone - home Mobile

Email address

Country of Birth Language Country of Citizenship

Occupation Full-time Part-time Casual

Employer

Telephone - business Telephone – mobile

Language spoken at home

Religious Denomination Parish (If applicable)

SIBLINGS

Completing this section does not mean that younger or older siblings are automatically enrolled at Aranmore Catholic Primary School.

Name Brother Sister School:

Name Brother Sister School:

Name Brother Sister School:

Name Brother Sister School:

Name Brother Sister School:

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student

Are there any conditions enforced at law regarding parental access? Yes No

If applicable, attach a copy of any Parental or Restraint Order attached Yes No

CURRENT SCHOOL INFORMATION

Present School Suburb

Current Year Level

AGREEMENT

- I/we promise to support the Catholic philosophy, policies, rules and regulations of Aranmore Catholic Primary School, and endeavour to ensure that my child will co-operate with the expectations of the school in this regard.
- I/we promise to ensure that my child wears the full Aranmore Catholic Primary School uniform.
- I/we promise to take an active interest in school activities, eg Parent/Teacher Nights; P& F Association and the School Board.
- I/we understand and accept that the completion of this application form does not guarantee an enrolment interview, nor a place at the School. 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 agree to abide by the policies and directions of the School and the Catholic Education Commission of Western Australia (CECWA) as they are enacted from time to time.
- I/we agree to give a full term's notice (in writing) before removal of a student, or a term's fees are payable.
- I/we have viewed, fully understood and agree to the terms and conditions set out in the schools fee collection policy.
- I/we have provided the necessary documentation that the School may request, to confirm the student's Australian residency status.
- I/we agree to pay all fees within the relevant time or make a suitable alternative arrangement with Aranmore Catholic Primary School.
- I/we agree that Parents are responsible for payment of breakages or damage to school's property by their children.
- I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if I/we have knowingly withheld information or included false information especially in relation to this student's details, individual needs, medical conditions, health care requirements and/or Parenting and Restraint Orders, then the enrolment may be refused or terminated on this ground.
- I/we have read and fully understand and agree and accept that enrolment in a Catholic school means that we and our child will participate fully in all required parts of the education program of the school including the Religious Education program of the school.
- I/we have received a Privacy Collection Notice (See last page of the Application for Enrolment Form)
- I/we have provided a copy of any Parenting or Restraint Order that applies to the prospective school.
- I/we have fully and truthfully completed the Application for Enrolment Form.

Parent/Guardian Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

PRIVACY COLLECTION POLICY

- ❖ 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 School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
- ❖ Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- ❖ Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health laws.
- ❖ 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 from time to time.
- ❖ 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 Catholic Education Commission, your local diocese and 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 achievements, pupil activities and other news is published in School newsletters, magazines and on our website.
- ❖ Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will 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.
- ❖ As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- ❖ 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, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

PLEASE ENCLOSE

Full Birth Certificate: [Photocopy attached]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Documents {Photocopy attached}	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation Details [Photocopy attached]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Latest School Report: [Photocopy attached]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sacrament Certificates (If applicable eg: Baptism etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Latest NAPLAN Assessment [Photocopy attached]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Refundable Application Fee (\$50.00):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please ensure that ALL sections of this form are completed and all necessary documents are attached before returning it to Aranmore Catholic Primary School.

CREDIT CARD PAYMENT for Application (\$ 50.00)

Card No: _____

Card Type: VISA MasterCard BankCard

Expiry Date: ____ / ____

Cardholder Name _____

Total Payment: \$ _____

Signature: _____



STUDENT INDIVIDUAL NEEDS AND MEDICAL INFORMATION

Student's full name must appear as per their Australian Birth Certificate or Immigration visa documents

Student Surname _____

First Name _____

Other Name/s _____

Preferred Name _____

Male or Female _____

Address _____

Date of Birth _____

Place of Birth _____

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.

1. Medical/Health Care _____
2. Medication _____
3. Physical Needs _____
4. Learning Needs _____
5. Psychological/socio-emotional Needs _____
6. Sensory Needs (eg: Vision/Heaing) _____
7. Behavioural or Safety Needs _____
8. Communication Needs _____
9. Self-Care Needs _____
10. Allergies _____

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorization 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 number: _____

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

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____ Address: _____

Contact Number: _____ Blood Group (if known): _____

Medicare Number: _____ Expiry: _____

Dentist/Dental Clinic _____ Address: _____

Contact Number: _____ Private Health Fund: _____

MMUNISATION RECORD*F- Fully immunised**N – Not immunised**I – incomplete immunisation**P- personal objections*

Measles Diphtheria Tetanus Hepatitis B OPV (Polio) Pertussis (Whooping Cough)

Measles Mumps Rubella Immunisation Record Attached

EMERGENCY CONTACT DETAILS (other than a Parent or Guardian)

Name: _____ Relationship to Student: _____

Home Address: _____ Telephone (Home): _____

Telephone (Business): _____ Telephone: (Mobile): _____

Name: _____ Relationship to Student: _____

Home Address: _____ Telephone (Home): _____

Telephone (Business): _____ Telephone: (Mobile): _____

MEDICAL EMERGENCY AUTHORISATION

I/We authorise Aranmore Catholic Primary School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anesthesia, oxygen, blood transfusion, medication and I am/we are unable to be contacted within a reasonable time, Aranmore Catholic Primary School has the authority to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

Parent/Guardian Signature _____ Print Name _____ Date _____

Parent/Guardian Signature _____ Print Name _____ Date _____