



# Leschenault Catholic Primary School

## STUDENT DETAILS:

Full Name \_\_\_\_\_  
Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

Name of Present School \_\_\_\_\_ Present Class \_\_\_\_\_

Address of Present School \_\_\_\_\_ Telephone \_\_\_\_\_

**GENDER:** Male / Female Class for Enrolment \_\_\_\_\_ Year of Enrolment \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Aboriginal / Torres Strait Islander: Yes / No Are you an Australian Citizen? Yes / No

Are you in Australia on a Visa? Yes / No If yes, please quote Visa Classification Number: \_\_\_\_\_

Does the student speak a language other than English at home? \_\_\_\_\_ Yes / No Please specify: \_\_\_\_\_

**ADDRESS:** Home \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Mobile \_\_\_\_\_ Email address \_\_\_\_\_

Postal Address if different from above \_\_\_\_\_ P/Code \_\_\_\_\_

**RELIGION:** \_\_\_\_\_ Parish / Religious Centre \_\_\_\_\_

**SACRAMENTS:** \_\_\_\_\_ **YEAR** \_\_\_\_\_ **PARISH** \_\_\_\_\_  
Baptism: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_

## 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: \_\_\_\_\_

Sensory (eg Vision / Hearing): \_\_\_\_\_

Asthma: \_\_\_\_\_

Allergies: \_\_\_\_\_

Behavioural or Safety: \_\_\_\_\_

Communication: \_\_\_\_\_

## EXTERNAL SERVICE PROVISION:

Does your child receive any services from an external agency, which may affect educational arrangements? Yes / No  
If Yes, please provide details: \_\_\_\_\_

# FAMILY INFORMATION

## FATHER / GUARDIAN DETAILS

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Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address (If different from child's address) \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

## MOTHER / GUARDIAN DETAILS

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Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address (If different from child's address) \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

## 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
_____	_____	_____
_____	_____	_____

## ENROLMENT APPLICATION FEE \$22 (non-refundable)

Please enclose the \$22 application fee with this application

I, the undersigned, as the person responsible for payment of fees, acknowledge that school fees are a necessary contribution to the costs of my child / children receiving a Catholic education.

Signed: \_\_\_\_\_

Date: / /

## EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT / GUARDIAN)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

## MEDICAL INFORMATION

Family Doctor / Medical Clinic \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Dentist / Central Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

*I authorise the school to seek medical / dental attention, call an ambulance or to hospitalise my son / daughter if an emergency occurs and I am not able to be contacted. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or 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) \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

Date: \_\_/\_\_/\_\_

Signature of Parent (s) / Guardian(s) \_\_\_\_\_  
MALE PARENT OR GUARDIAN

Date: \_\_/\_\_/\_\_

## 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

## 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 understand have completed this application form fully and to the best of our knowledge. Further, I/We acknowledge that if it can be demonstrated that I/We have withheld information relevant to the application/enrolment process, especially in relation to the student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on these grounds. 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 agree that such policies are a contract between the school and parents and that serious continuous breaches of policy may result in enrolment being suspended or terminated.*

*I/We have read the accompanying collection of information notice.*

Signature of Parent (s) / Guardian(s) \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

Date: \_\_/\_\_/\_\_

Signature of Parent (s) / Guardian(s) \_\_\_\_\_  
MALE PARENT OR GUARDIAN

Date: \_\_/\_\_/\_\_

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PLEASE SUPPLY THE FOLLOWING WITH THIS APPLICATION AND ADDRESS TO:

Principal  
Leschenault Catholic Primary School  
Mardo Avenue  
AUSTRALIND WA 6233

- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Copy of most recent Immunisation Records:

*Please note: The Health Department are recommending that children have completed their immunisation program before the commencement of Kindergarten and as early as three and a half years of age.*

- \$22 Application Fee (non refundable)
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#### COLLECTION OF INFORMATION NOTICE (PRIVACY ACT 2001)

1. Leschenault Catholic Primary 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 child.
  2. 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.
  3. Certain laws governing or relating to the operation of the school require that certain information is collected. These include Public Health and Child Protection requirements.
  4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask that you provide medical reports about pupils from time to time.
  5. 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.
  6. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions photographs and information on academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines, on the school's intranet, in portfolios and on our website. This includes photographs involving groups of students.
  7. Parents may seek access to personal information collected about themselves and their child 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.
  8. 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 personal information to third parties for their own marketing purposes without your consent.
  9. If you provide the school with the personal information of others, such as doctors or emergency contact, 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.
  10. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
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