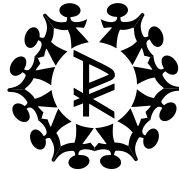


# ST JUDE'S CATHOLIC SCHOOL

17 Barnston Way  
LANGFORD WA 6147

Telephone: (08) 6350 2500  
Facsimile: (08) 9356 5486  
Email: admin@stjudes.wa.edu.au

ABN: 12 346 254 947



Love and Truth

## APPLICATION FOR ENROLMENT

### Requirements of the Privacy Act

1. St Jude's School collects personal information, including sensitive information about pupils or 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.
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 schools require that certain information is collected. These include Public Health and child protection laws.
4. 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.
5. The school from time to time discloses personal and sensitive information to others for administrative and education purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and parish, Schools within other dioceses medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. 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.
7. 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, when available.
8. 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.
9. 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.
10. We may include your contact details in a class list and school directory.
11. If you provide the School with 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 supply a photocopy of Birth, Baptism, Immunisation and Visa/Australian Citizenship Certificates**

### OFFICE USE

Birth Certificate Sighted	<input type="checkbox"/>	Date of Entry	.....
Baptism Certificate Sighted	<input type="checkbox"/>	Grade	.....
Immunisation Certificate Sighted	<input type="checkbox"/>	Last School	.....
Visa/Citizenship (if applicable)	<input type="checkbox"/>		
Application Fee (\$20)	<input type="checkbox"/>	Date of Exit	.....
Enrolment/Holding Fee (\$50)	<input type="checkbox"/>		
		Maze Entered	<input type="checkbox"/> Transfer Note <input type="checkbox"/>

**STUDENT INFORMATION**

Student's Surname: \_\_\_\_\_ Gender: Male  Female

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Y / N  
 Aboriginal / Torres Strait Islander: Y / N  
 Nationality: \_\_\_\_\_ Australian Permanent Resident: Y / N

Born outside Australia: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_ Number of Years in Australia: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Present School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Date of Reception of Sacraments: \_\_\_\_\_ Baptism Certificate Attached: Y / N

Baptism: \_\_\_\_\_ Reconciliation: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**FAMILY INFORMATION****Female Parent or Guardian**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email addresses: \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Visa No: \_\_\_\_\_

**Male Parent or Guardian**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Visa No: \_\_\_\_\_

**SIBLINGS (PLEASE PLACE IN ORDER OF BIRTH)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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? \_\_\_\_\_

**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: \_\_\_\_\_

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? Y / N

If so please detail name of Service Provider and Contact Details: \_\_\_\_\_

Does your child require special Transport arrangements to and from school? Y / N

Does your child receive Respite Care on a regular basis? Y / N

Does your child attend Daycare / After School Care? Y / N

Name and Address of Centre: \_\_\_\_\_

Telephone Number of Centre: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

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          Immunisation Record Attached      
(Whooping Cough)      (OPV)

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

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dentist / Dental Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_ 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? Y / N**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 the 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.

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

## PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest forms part of the enrolment process for St Jude's Catholic School, Langford. Contact should be made with the parish secretary to find out the process for that parish.

To be completed by parent

**To the Parish Priest at:** .....

**Name of Student:** .....

**Address:** .....

**Phone No.:** .....

**Name of Mother:** ..... **Name of Father:** .....

**Current School:** .....

If Government School, does child attend school scripture classes in the Parish? Y / N

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

.....  
.....

To be completed by Parish Priest or his delegate

**Please complete the information below in reference to the family information above.**

Q1. Is the family actively involved in the life of the Church? .....

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

.....  
.....

Q3. Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

.....  
.....

Q4. Any other comments?

.....  
.....

Signed: ..... Date: .....

To the Parish Priest: Please send or fax (08 9356 5486) this completed form to St Jude's Catholic School, Langford