



APPLICATION FOR ENROLMENT

INFORMATION TO INCLUDE IN YOUR APPLICATION

Documentation is required for both the child and parents/carers and must be submitted with the application. Please ensure you have the following documents readily available before you begin this application form, as you may need to refer to them. Copies of the documents need to be provided with your application.

 <p>MANDATORY DOCUMENTS</p> <p>Child's Birth Certificate</p> <p>Child's Australian Immunisation Register (AIR) Status Report</p>	 <p>NOT BORN IN AUSTRALIA</p> <p>Any child, parent or carer not born in Australia must provide copy of passport or Australian Citizenship Certificate</p>	 <p>NOT AN AUSTRALIAN CITIZEN</p> <p>Any child, parent or carer not an Australian citizen must also provide copy of visa</p>	 <p>CATHOLIC FAMILIES</p> <p>Where applicable, provide Baptism, Reconciliation, First Communion or Confirmation certificates, and Parish Reference</p>	 <p>WHERE APPLICABLE</p> <p>Health Care Card Custodial Order Two latest School Reports</p>
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APPLICATION FEE

Pay the non-refundable application fee (via EFTPOS at the office or over the phone).

We are unable to progress applications until all documents have been received and the application fee paid.

SECTION 1: STUDENT INFORMATION

Student

First name	
Middle name	
Surname	
Preferred name	
Date of birth	
Gender	

Entry level

Academic entry level	Kindergarten Pre-Primary Y1 Y2 Y3 Y4 Y5 Y6
Year of entry	

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Interested in Pre-Kindy	Yes / No
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Demographics

Country of birth	
Aboriginal Torres Strait Islander	<input type="checkbox"/> Aboriginal Origin <input type="checkbox"/> Torres Strait Islander Origin <input type="checkbox"/> Both Torres Strait and Aboriginal Origin
Country of citizenship	
Visa number (if not Australian citizen)	
Visa expiry date (if applicable)	
Date of arrival in Australia (if applicable)	
Main language spoken at home	
Other language/s spoken at home	

Religion

Religious denomination	
Parish	
Baptised	Yes / No
Reconciliation	Yes / No
First Holy Communion	Yes / No
Confirmation	Yes / No

Current school (if applicable)

School	
Location	
Academic level	

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SECTION 2: CAREGIVER INFORMATION

This section relates to the student's primary caregivers (e.g. mother and father). You can enter up to two primary caregivers using this form. If you need to provide additional caregivers, please contact the office and we will be happy to add their details to the student record.

Caregiver 1

Title	
First name	
Middle name	
Surname	
Gender	
Relationship to child	
Does the child live with you?	<input type="checkbox"/> Yes - always <input type="checkbox"/> Yes - some of the time <input type="checkbox"/> No - never

Contact details

Email and mobile phone are our preferred methods of contact; please provide both if available.

Email	
Telephone - mobile	
Telephone - home	
Telephone - work	
Number and street	
Suburb	
Postcode	
State	
Other address (e.g. if relocating)	

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Demographics

Country of birth	
Country of citizenship	
Visa number (if not Australian citizen)	
Visa expiry date (if applicable)	
Date of arrival in Australia (if applicable)	
Main language spoken at home	
Other language/s spoken at home	
Occupation	
Employer	

Religion

Religious denomination	
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Data collection

All schools are required to collect information to enable nationally comparable reporting of students' outcomes. Results are reported in terms of total numbers of students and no individual, school or system is identifiable in the analysis. The following information, along with the child's gender, country of birth, indigenous status and main home languages, is submitted to the Department of Education. We manage personal information according to CEWA's Statutory Privacy Policy.

Have you been in paid work in the past 12 months (either in full or part of)?	Yes / No
If yes, indicate your occupation group	<input type="checkbox"/> Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals <input type="checkbox"/> Group 2: Other business managers/professionals and associate professionals <input type="checkbox"/> Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff <input type="checkbox"/> Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers
Highest year of primary or secondary school completed	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent

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	<input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Level of highest qualification completed	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification

Second caregiver

Does the student have a second caregiver?

- Yes
 No, I am the sole caregiver

Caregiver 2

Title	
First name	
Middle name	
Surname	
Gender	
Relationship to child	
Does the child live with you?	<input type="checkbox"/> Yes - always <input type="checkbox"/> Yes - some of the time <input type="checkbox"/> No - never

Contact details

Email and mobile phone are our preferred methods of contact; please provide both if available.

Email	
Telephone - mobile	
Telephone - home	
Telephone - work	
Number and street	
Suburb	
Postcode	
State	

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Other address (e.g. if relocating)	
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Demographics

Country of birth	
Country of citizenship	
Visa number (if not Australian citizen)	
Visa expiry date (if applicable)	
Date of arrival in Australia (if applicable)	
Main language spoken at home	
Other language/s spoken at home	
Occupation	
Employer	

Religion

Religious denomination	
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Data collection

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Have you been in paid work in the past 12 months (either in full or part of)?	Yes / No
If yes, indicate your occupation group	<input type="checkbox"/> Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals <input type="checkbox"/> Group 2: Other business managers/professionals and associate professionals

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	<input type="checkbox"/> Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff <input type="checkbox"/> Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers
Highest year of primary or secondary school completed	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Level of highest qualification completed	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification

SECTION 3: GUARDIANSHIP

Please identify the legal guardian(s) of the student	<input type="checkbox"/> Caregiver 1 <input type="checkbox"/> Caregiver 2 <input type="checkbox"/> Other (please specify)
Are there any legally binding parenting or restraining orders, or other conditions we should be aware of? (Please specify).	Yes / No
Caseworker's name	
Office	
Email	
Phone	

SECTION 4: SIBLINGS

This section relates to the student's siblings who attend this school or another Catholic school.

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL	YEAR LEVEL

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Are there siblings attending another Catholic school?	Yes / No
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SECTION 5: MEDICAL INFORMATION

Emergency contact 1 (other than caregivers)

Name	
Telephone	
Relationship to child	

Emergency contact 2 (other than caregivers)

Name	
Telephone	
Relationship to child	

Health providers

Family doctor	
Medical clinic	
Telephone	
Medicare card number	
Medicare card expiry date	
Medicare individual reference number for Student (number to left of name)	
Do you have ambulance cover?	Yes / No
Private Health Fund and number (if applicable)	

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Immunisation

Government regulations require schools to obtain immunisation records at the time of enrolment and keep records. School Health Services has to notified of children who are not immunised.

Only an Australian Immunisation Register (AIR) Immunisation Status Report can be accepted.

Do you have an AIR Immunisation Status Report for the student?	Yes / No
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SECTION 6: OTHER INFORMATION

Any other information you would like to provide.

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SECTION 7: BILLING

School fees

Who will be the Fee Payer and responsible for the paying of school fees?

- Both caregivers
- Caregiver 1 only
- Caregiver 2 only
- Other (provide details below)

Name	
Email	

Health care card

The Health Care Card Discount Scheme provides fee concession to the holders of eligible means-tested family concession cards.

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Do you possess a valid concession card?

- Family Health Care Card
- Pensioner Concession Card

Card number	
Date of expiry	

- I have not claimed, nor do I intend to claim, Aboriginal Secondary Grants Scheme (ABSTUDY).
- The student is not in receipt of any Bursary/Scholarship more than \$1,000.
- I will notify the school if my concession card status changes and will present a new card when this card expires.

SECTION 8: CONSENT AND AGREEMENT

Consent and agreement are provided for the duration of the student's enrolment. Any changes need to be notified in writing.

Medical emergency authorisation

I/We authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I/We further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and I/we 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/our behalf.	<input type="checkbox"/> Yes
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Use of student images

<p>As part of the school's communication activities, a student's image may be required for use. The names of children are not published in social media. Only first names are used in the school newsletter. I/We hereby give permission for use of my/our child or children's image in school and Catholic Education WA's website, social media, local media and promotional material.</p> <p>If I/we decline permission, then I/we understand that their images will be excluded from assemblies, carnivals, discos, excursions, camps, school publications and all other school events.</p> <p>I/We must inform my/our child or children of my/our decision and direct them to remove themselves from all photos or videos being taken.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Class representative list

I/We give permission for my/our email details to be included in my/our child's class mailing list, managed by the Class Representatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Application and enrolment agreement

This agreement makes reference to the Enrolment Policy, Privacy Policy and School Fees Policy available on our website.

I/We agree to each of the following statements:

1. Submitting an Application for Enrolment does not guarantee an interview nor a place at the school. Conditions for entry are in accordance with the school's Enrolment Policy.
2. Enrolment in one Catholic school does not guarantee enrolment in any other Catholic school.
3. Students participate in all required parts of the education program, including the Religious Education program.
4. Families abide by the school's Code of Conduct
5. Families abide by the policies and directives of the school and CEWA as they are enacted from time to time.
6. Where applicable, documentation relating to Parenting or Restraining Orders and Australian residency status are provided.
7. Acceptance of the Enrolment Policy.
8. Acceptance of the Privacy Policy.
9. Acceptance of the School Fees Policy.
10. Information provided for Application and Enrolment is fully and truthfully completed. Enrolment may be refused or terminated if relevant information has knowingly been withheld.

I/We hereby provide consent to this agreement for the duration of my/our child's enrolment unless I/we withdraw this consent in writing.

Name of Caregiver 1	Signature	Date
Name of Caregiver 2	Signature	Date