



St Joseph's School Moora

Application for Enrolment

Kintore Street
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 MOORA WA 6510

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ENROLMENT FORM

STUDENT INFORMATION

Student Surname:		First Name:		Preferred Name:	
Residential Address:					
Postal Address:					
Email Address:					
Previous School/s:					
Date of Birth		Male/Female		Class at Enrolment	
Birth Certificate Attached: Yes/No			Immunisation Records Attached: Yes/No		
Aboriginal/Torres Strait Islander: Yes/No			If yes, Group of Origin:		
Religious Denomination:			Parish Priest, Parish & Suburb:		
Date of Reception of Sacraments					
Baptism:		Reconciliation:			
First Communion:		Confirmation:			
Concession Card Holder: Yes/No		Type of Concession:			
<i>Concession Cards must be presented at the Office to determine if the applicant is eligible for a discount on Tuition Fees</i>					
Nationality:			Australian Permanent Resident: Yes/No		
<i>If born outside of Australia</i>					
Date of Arrival in Australia:			Country of Citizenship:		
Visa Category Number:			Language Spoken at Home:		

Siblings currently attending St Joseph's School – Moora

Name:	Year:	Name:	Year:
Name:	Year:	Name:	Year:

Siblings currently attending other Schools

Name:	Year:	Name:	Year:
Name:	Year:	Name:	Year:

FAMILY INFORMATION**FEMALE PARENT OR GUARDIAN**

Title:	Surname:	First Name:
Residential Address:		
	State:	Postcode:
Postal Address (if different to above):		
Country of Citizenship:		
Religious Denomination:		Occupation:
Contact Phone Number:		Email:
MALE PARENT OR GUARDIAN		
Title:	Surname:	First Name:
Residential Address:		
	State:	Postcode:
Postal Address (if different to above):		
Country of Citizenship:		
Religious Denomination:		Occupation:
Contact Phone Number:		Email:

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?

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:
Orthosis/Prostheses:	Psychological/Cognitive:	Sensory (eg Vision/Hearing):
Behavioural or Safety:	Communication:	Allergies:
Details of above:		

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? **Yes/No**
 If so, please detail name of Service Provider and Contact No: _____
 Please detail: _____

EXCURSIONS: I give permission for my child to participate in school excursions during school hours: **Yes/No**

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name:	Relation to Student:
Address:	
Contact Phone Numbers:	
Name:	Relation to Student:
Address:	
Contact Phone Numbers:	

MEDICAL INFORMATION**IMMUNISATION RECORD**

F-Fully Immunised	N-Not Immunised	I-Incomplete Immunisation	P-Personal Objections
Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>	Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Pertussis <i>(Whooping Cough)</i> <input type="checkbox"/>	Polio (OPV) <input type="checkbox"/>	Immunisation Record Attached Yes/No <input type="checkbox"/>

Family Doctor/Medical Clinic:		
Address:		
Contact Numbers:		
Medicare Number:	Private Health Fund:	Blood Group(<i>if known</i>):

MEDICAL EMERGENCY AUTHORISATION

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

Signature of Female Parent/Guardian: _____ **Date:** _____

Signature of Male Parent/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.
- attendance at an interview does not guarantee an enrolment offer being made.
- 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 have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

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 have read all of this Enrolment Form, including the back page, before signing.

Signature of Female Parent/Guardian: _____ **Date:** _____

Signature of Male Parent/Guardian: _____ **Date:** _____

STANDARD COLLECTION NOTICE

1. St Joseph School, Moora 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 appropriate 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. Some 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 educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, schools within other Dioceses, medical practitioners, people providing services to the School e.g. ASSPA, Dental Van, School Bus Co-ordinators, Members of Parliament and P&F also specialist visiting teachers – sport coaches, volunteers and counsellors, other schools when transferring (copies of records, reports, medical reports, copy of birth certificates and immunisation records).
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 the local newspaper. The student's photographs may also be displayed on a school based website which will enable worldwide access through the internet. As a parent or guardian, you are free to withdraw your consent to any of the above at any time by contacting the school principal in writing.
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 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. Also advise them that the School does not usually disclose this information to third parties.