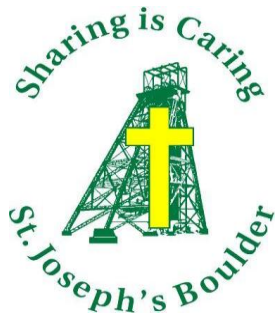


3-YEAR OLD PRE-KINDY APPLICATION FORM



St. Joseph's School
Burt Street
Boulder WA 6430

Tel: 9093 2351
Fax: 9093 2463
Email: admin@stjosephsboulder.wa.edu.au

Office Use Only

Date of Lodgement	
Enrolment Fee Paid	
Birth Certificate	
Baptism Certificate	
Immunisation	
Appointment	

VISION STATEMENT

St Joseph's, Boulder aspires to enable all members of our school community to fulfil their potential as Christians in society by promoting a sense of self-worth and fostering qualities that reflect Catholic values.

Pre-Kindy Enrolment Year _____

Please note that there is a \$20.00 non-refundable enrolment fee per student.

STUDENT INFORMATION

Student Surname	_____	Christian Names	_____
Male/Female	_____	Preferred Name	_____
Religious Denomination	_____		

Please attach copy of Birth Certificate	Aboriginal /Torres Strait Islander	Yes / No
Date of birth	Country of birth	_____
Date of arrival in Australia	Number of years in Australia	_____
Country of citizenship	Language spoken at home	_____
Nationality	Australian permanent resident	Yes / No

FAMILY INFORMATION		Female Parent or Guardian	
Title	Last name	First name	_____
Address		State	P/Code
Telephone	Mobile	Email	_____
Religious Denomination	Parish		
Occupation	Bus Hours Tel		
Employer's Name	_____		
Employer's Address	_____		
Country of Citizenship	Language Spoken at home		

FAMILY INFORMATION		Male Parent or Guardian	
Title	Last name	First name	_____
Address		State	P/Code
Telephone	Mobile	Email	_____
Religious Denomination	Parish		
Occupation	Bus Hours Tel		
Employer's Name	_____		
Employer's Address	_____		
Country of Citizenship	Language Spoken at home		

Siblings currently attending St Joseph's School

Name	Year Level	Faction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custody / Guardianship

Legal guardian of student other than parent _____

If applicable, a copy of any Parenting or Restraining Order should be attached.

Any other conditions enforced at law? Yes / No

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 St Joseph's 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 or welfare during school hours.

Medical / Health Care	_____	Medication	_____
Physical	_____	Orthoses/Prostheses	_____
Psychological / Cognitive	_____	Communication	_____
Behavioural or Safety	_____	Allergies	_____
Sensory (eg Vision / Hearing)	_____		

If necessary please attach a separate sheet detailing student's requirements/history.

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 agreement? Yes / No

If so, please detail the name of the 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

F = Fully Immunised N = Not Immunised I = Incomplete immunisation P = Personal Objections

Measles <input type="checkbox"/>	Rubella <input type="checkbox"/>	Polio (OPV) <input type="checkbox"/>	Pertussis (Whooping Cough) <input type="checkbox"/>
Tetanus <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>	Diphtheria <input type="checkbox"/>	Blood Group <input type="checkbox"/>
Mumps <input type="checkbox"/>			

Doctor / Medical Clinic _____ Tel _____
 Address _____
 Dentist / Dental Clinic _____ Tel _____
 Address: _____
 Medicare Number _____ Private Health Fund _____ Yes / No

MEDICAL EMERGENCY AUTHORISATION

We regret we are unable to care for sick children or children with contagious illnesses. Prescribed medicines will only be administered to children under written parent authorisation.

In the event of any accident or illness, I authorise St Joseph's School to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the school in the event of an emergency requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and if I am unable to be contacted, authorise the school to agree, on my behalf, to medically recommended treatment by an accredited medical practitioner

Signature of Father / Guardian _____ Date: _____
Signature of Mother / Guardian _____ Date: _____

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN)

Name _____ Relationship to student _____
Address _____
Contact Numbers Home _____ Work _____ Mobile _____

Name _____ Relationship to student _____
Address _____
Contact Numbers Home _____ Work _____ Mobile _____

DISCLOSURE

Do you agree that the information supplied on the STUDENT INFORMATION and FAMILY INFORMATION sections can be provided to our parish priest? Yes / No

AGREEMENT

I/we understand and accept that the completion of this enrolment form does not guarantee an enrolment interview.

- I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- I/we understand that acceptance into the Pre Kindy program does not guarantee enrolment into Kindergarten at St Joseph's. A further interview for Kindergarten will be required.
- 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 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.

I _____ agree to pay the required daily fees and application/enrolment fees set out in the conditions of enrolment.

Signature of Father / Guardian _____
Signature of Mother/ Guardian _____
Date _____

Standard Collection Notice

1. St Joseph's 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 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 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. 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].
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. If you do not agree to this you must advise us now. 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.
11. From time to time the School has requests from the media to take video or photos of students participating in a School event. Also, the School Newsletter promotes student activities and photos of students may be used to highlight these activities. If you give permission for your child's photo or video footage to be used for these purposes please sign below.

* If appropriate

Name

Signature

Name

Signature