



# Queen of Apostles Primary School

## APPLICATION FOR ENROLMENT

STUDENT INFORMATION			
Student Surname			M/F
First Name	Second Name	Preferred Name	
Address			
	State	Postcode	
Date of Birth ...../...../.....	Birthplace	Birth Certificate Attached Yes/No	
Year Level		Aboriginal/Torres Strait Islander Yes/No	
Nationality		Australian Permanent Resident Yes/No	
Born outside of Australia	Date of arrival	No of years in Australia	
Country of Citizenship		Language Spoken at Home	
Present School		Location	

	FATHER /GUARDIAN	MOTHER /GUARDIAN
Title		
First Name		
Surname		
Address (if different from above)		
Employer		
Occupation		
Telephone Numbers: Home		
Work		
Mobile		
Religion		
Parish		
Country of Citizenship		

This form is to be accompanied by copies of certificates

Religious Denomination			
Parish		Suburb	
Baptism Certificate	Yes/No	Date Sacrament received .../.../...	Place & Name of Church
Reconciliation	Yes/No	Date Sacrament received .../.../...	Place & Name of Church
Eucharist	Yes/No	Date Sacrament received .../.../...	Place & Name of Church
Confirmation Certificate	Yes/No	Date Sacrament received .../.../...	Place & Name of Church

### 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 QUEEN OF APOSTLES SCHOOL

Name	Year Level	Name	Year Level

### SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School

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

Name		Relation to Student	
Address			
Telephone: Work	Home	Mobile	

### MEDICAL INFORMATION

Family Doctor/Medical Clinic	Phone No:
Address	
Specific medical information relevant to the School eg. Medications	

Dentist/Dental Clinic		Phone No	
Address			
Medicare No	Private Health Fund	Blood Group	
F – fully immunised      N – not immunised      I – incomplete immunisation      P – personal objection			
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 (Whooping Cough)	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>
<b>Please attach a copy of Immunisation Record</b>			
Other			

### 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”  
To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) the 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?	Yes/No
If so please detail name of Service Provider and Contact No.	
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 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 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.

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 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 Female Parent/Guardian

Date ... / ... / ...

Signature of Male Parent/Guardian

Date ... / ... / ...

### Collection of Information – Privacy Act

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at Queen of Apostles 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, school 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 organizations that assist in the School's fundraising activities solely for the 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.
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, that they can access that information if they wish and that the school does not usually disclose the information to third parties.