



QUEEN OF APOSTLES SCHOOL

108 Tribute Street East, Riverton, 6148

Telephone: (08) 9457 4913

Facsimile: (08) 9354 3911

Email: admin@goa.wa.edu.au

Website: www.qoa.wa.edu.au

APPLICATION FOR ENROLMENT

Academic Year Level: _____

Calendar Year of Entry: _____

**Application Fee \$25.00
(Non Refundable)**

OFFICE USE ONLY:		Birth Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date Application Received: _____		Baptism Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Application Fee Paid: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFTPOS <input type="checkbox"/>		Parish Priest Reference	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Health Care Card Number: _____		Copy of Visa attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Immunisation Record	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		HCC Copy Attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

STUDENT INFORMATION

Student Surname		Male/Female	
First Name	Second Name	Preferred Name	
Address			
	State	Postcode	
Date of Birth/...../.....	Birthplace	Nationality	
Aboriginal/Torres Strait Islander Yes/No	If Born Outside Australia – Date of Arrival/...../.....		
Australian Permanent Resident Yes/No	Number of Years in Australia		
Visa Subclass Number	Date of Expiry		
Country of Citizenship	Language Spoken at Home		
Present School	Location		
Religious Denomination	Parish		
Parish Priest	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	

	MOTHER /GUARDIAN	FATHER/GUARDIAN
Surname	Mrs/Ms/Miss	Mr
First Name		
Address (if different from above)		
Religious Denomination		
Parish		
Occupation		
Employer		
Telephone Numbers: Home		
Work		
Mobile		
Email Address		
Country of Birth		
Nationality		
Country of Citizenship		
Language spoken at home		
Marital Status		
FAMILY SITUATION (Please tick appropriate boxes)		
Two Parent Home <input type="checkbox"/> Single Parent Home (Widowed) <input type="checkbox"/> Single Parent Home (Separated/Divorced) <input type="checkbox"/> Student lives with Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>		
CUSTODY/GUARDIANSHIP		
Name of person(s) with legal guardianship of the student		
Are there Court Orders in place with regards to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If applicable a copy of any Court Order is attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there conditions enforced at law Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide information		
EMERGENCY CONTACT DETAILS (OTHER THAN PARENT OR GUARDIAN)		
Name	Relationship to Student	
Address		
Home Phone	Work Phone	Mobile

OTHER CHILDREN IN FAMILY (including younger siblings not yet at school)

Name	Name
Age	Age
School Year level	School Year level
School	School

MEDICAL INFORMATION (Current Immunisation Records required)

Family Doctor/Medical Clinic	Phone No:
Address	
Dentist/Dental Clinic	Phone No:
Address	
Medicare Number	Private Health Fund

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"/>
Hepatitis <input type="checkbox"/>	Pertussis <input type="checkbox"/>	Polio (OPV) <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>
Meningococcal <input type="checkbox"/>	<i>(Whooping Cough)</i>		Tetanus <input type="checkbox"/>
			HIB <input type="checkbox"/>

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. Please be aware that non-disclosure of information may result in the enrollee’s placement being revoked.

Has your child attended any of the following services? Please provide details:

Occupational Therapy	<input type="checkbox"/>	_____
Speech Therapy	<input type="checkbox"/>	_____
Psychologist	<input type="checkbox"/>	_____
Vision and/or Hearing	<input type="checkbox"/>	_____
Other: _____		

Are there any Medical issues, needs or concerns the school should be aware of?

Asthma <input type="checkbox"/>	Vision impairment <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Heart condition <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Emotional/Sensory <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Allergies <input type="checkbox"/>	Language delay <input type="checkbox"/>

Other: _____

Medication required at school Yes No Name of Medication/s

Are there any Behaviour or Safety concerns the school should be aware of?

Does your child have a diagnosed (physical/cognitive/mental) disability? Yes No

If yes, please provide details.

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.

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, behaviour, special learning needs, 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 / /

PLEASE COMPLETE IF PARENT COUNTRY OF BIRTH IS NOT AUSTRALIA – Proof of Residency/Citizenship required

Visa verification is required using the Visa Entitlement Verification Online (VEVO) system. Prior to accessing this information, the school is required to obtain written consent from the family. Please provide the following information and sign your consent to the school's request to use the VEVO search engine.

Family Name:

Given Name :

Date of Birth:

Passport / ImmiCard Number:

Country of Passport / ImmiCard.....

Signed

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.
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.