

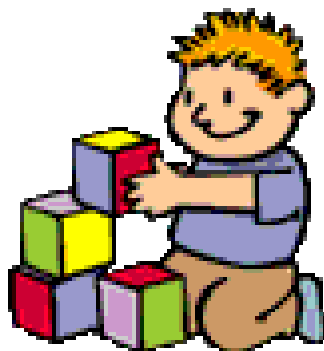
Holy Spirit Catholic School

Brompton Road, City Beach WA 6015

(PO Box 10, Floreat Forum, Floreat WA 6014)

Telephone: (08) 9341 2551 (08) 9245 4840 Fax: (08) 9341 4335

e-mail: admin@holyspirit.wa.edu.au



VISION STATEMENT

Holy Spirit Catholic Primary School is committed to the pursuit of Christian Truth and Excellence.

All members of the school community are encouraged to develop their potential and special qualities in an environment centred on Christ.

Application for Enrolment Pre Kindy

This application relates to participation in the program not enrolment into the School.

Please answer all questions – using BLOCK LETTERS

When submitting the Application Form please include:

a) Birth Cert

b) Copy of Immunisation Card
\$35 application fee

STUDENT INFORMATION

Student Surname: _____

Gender: Female Male

First Name: _____

Preferred Name: _____

Address: _____

Home Phone: _____

State: _____ Postcode: _____

Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No

Aboriginal: Yes/No Torres Strait Islander: Yes/No Both Aboriginal + Torres Strait Islander: Yes/No

Nationality: _____ Australian Permanent Resident: Yes/No

Born outside of Australia: _____ Date of Arrival: _____ Number of Years in Australia: _____

Country of Citizenship: _____ Language Spoken at Home: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Baptism Certificate Attached: Yes/No Date of Baptism: _____

Calendar Year for which enrolment is sought: _____

Child's name on waiting lists at other schools: Yes No

PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

FAMILY INFORMATION

FEMALE PARENT or GUARDIAN

MALE PARENT or GUARDIAN

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Phone {H} _____ {Mob} _____ Phone {H} _____ {Mob} _____

Religious Denomination: _____ Religious Denomination: _____

Parish: _____ Suburb: _____ Parish: _____ Suburb: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Numbers: _____ Work Numbers: _____

Email: _____ Email: _____

Nationality: _____ Nationality: _____

Marital Status: _____ Marital Status: _____

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student:

If applicable a copy of any Parenting or Restraining Order is attached:

Yes No

Any other conditions enforced at law?

Person responsible for settlement of school fees _____

Billing address [if different from above] _____

SIBLINGS CURRENTLY ATTENDING HOLY SPIRIT

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

STUDENTS 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: _____

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 effect educational arrangements?

Yes No

If so please detail name of Service Provider and Contact No.: _____

Please detail:

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: HM: _____ MOB: _____

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: HM: _____ MOB: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

F – Fully immunised N – Not Immunised I – Incomplete Immunisation P – Personal Objections

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis B Pertussis Polio (OPV)

(Whooping cough)

Immunisation Record Attached

Family Doctor/Medical Clinic:

Address: _____

Contact Numbers: _____

Dentist/Dental Clinic:

Address: _____

Contact Numbers: _____

Medicare Number: _____

Private Health Fund: _____

CHOICE OF DAYS AND SESSIONS

Please indicate which days and or sessions you want your child to attend pre-Kindy.

Tuesdays Full day

Thursdays Full day

DATE YOU WISH TO START SENDING YOUR CHILD TO PRE-KINDY

Preferred date you wish your child to start pre-kindy (your child must have turned 3 years of age [before 30th June of any given year] to start pre-kindy): _____/_____/_____.

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college 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 Parent(s)/Guardian(s): _____ Date: _____

FEMALE PARENT OR GUARDIAN

_____ Date: _____

MALE PARENT OR GUARDIAN

DISCLOSURE PARISH INFORMATION

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

CRITERIA

In accordance with the Catholic Education Office Enrolment Criteria and procedures, the following priorities apply for entry:

Catholic students from the Parish

Catholic students from outside the Parish

Siblings of non-Catholic students

Non-Catholic students from other Christian denominations

Other non-Catholic students

BIRTH CERTIFICATE AND IMMUNISATION RECORD MUST ACCOMPANY THIS FORM.

AGREEMENT

We understand and accept that enrolment in the Pre-Kindy Program does not guarantee a position in the Holy Spirit 4 Year Old Kindergarten. Formal enrolment into the school occurs via an application at the time of seeking enrolment into kindergarten or subsequent year levels.

I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applications 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.

Children turning three (3) before 30th June of the current year will be eligible for Pre Kindy. Children turning three (3) on or after 1st July will be considered for Pre Kindy the following year.

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 Parent(s)/Guardian(s):

_____ Date: _____

FEMALE PARENT OR GUARDIAN

_____ Date: _____

MALE PARENT OR GUARDIAN

PRIVACY ACT COLLECTION NOTICE

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 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 organizations 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.
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.
12. If your child has already commenced at Holy Spirit, a **full term's notice of withdrawal** is required. This notice must be in writing and addressed to the Principal. Failure to do so incurs a penalty of one term's fees.

* If appropriate.