



# Application for Enrolment

HOLY SPIRIT CATHOLIC PRIMARY SCHOOL

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.

**THIS FORM IS TO BE ACCOMPANIED BY COPIES OF:**

|                          |  |               |                          |
|--------------------------|--|---------------|--------------------------|
| <input type="checkbox"/> | BAPTISM Certificate                                  | Date Received | Place and Name of Church |
| <input type="checkbox"/> | RECONCILIATION Certificate                           | Date Received | Place and Name of Church |
| <input type="checkbox"/> | EUCCHARIST Certificate                               | Date Received | Place and Name of Church |
| <input type="checkbox"/> | CONFIRMATION Certificate                             | Date Received | Place and Name of Church |
| <input type="checkbox"/> | BIRTH Certificate (copy) or proof of resident status |               |                          |
| <input type="checkbox"/> | Recent SCHOOL REPORT                                 |               |                          |
| <input type="checkbox"/> | Latest NAPLAN Report (If applicable)                 |               |                          |
| <input type="checkbox"/> | PARISH PRIEST Reference                              |               |                          |
| <input type="checkbox"/> | IMMUNISATION Form                                    |               |                          |
| <input type="checkbox"/> | ENROLMENT FEE (Non-refundable)                       |               |                          |

**STUDENT INFORMATION**

|  |  |  |                                 |
|--|--|--|---------------------------------|
| Surname  |  | Christian or Given Names   |                                 |
| Preferred Name   |  | <input type="checkbox"/> Male  | <input type="checkbox"/> Female |
| Commencement Year  |  | For Kindy, Pre Primary, 1, 2, 3, 4, 5, 6 (please circle)                               |                                 |
| Address  |  |  |                                 |
| Suburb   |  | State  | Postcode                        |
| Date of Birth  |  | Birthplace   |                                 |
| Nationality  |  | Australian Permanent Resident <input type="checkbox"/> YES <input type="checkbox"/> NO |                                 |
| Aboriginal / Torres Strait Islander <input type="checkbox"/> YES <input type="checkbox"/> NO |  | If Yes, Group of Origin  |                                 |
| If Born Outside of Australia   |  | Date of Arrival in Australia   | Visa Category Number            |
| Country of Citizenship   |  | Language(s) Spoken at Home   |                                 |
| Religious Denomination   |  | Parish Priest  |                                 |
| Parish   |  | Suburb   |                                 |
| Present School   |  | Location   | Year Level                      |

**FAMILY INFORMATION**

|                           |          |                          |          |
|---------------------------|----------|--------------------------|----------|
| FEMALE PARENT or GUARDIAN |          | MALE PARENT or GUARDIAN  |          |
| Title                     | Surname  | Title                    | Surname  |
| Christian or Given Names  |          | Christian or Given Names |          |
| Address                   |          | Address                  |          |
| Suburb                    |          | Suburb                   |          |
| State                     | Postcode | State                    | Postcode |
| Home Email Address        |          | Home Email Address       |          |
| Work Email Address        |          | Work Email Address       |          |
| Occupation                |          | Occupation               |          |
| Employer                  |          | Employer                 |          |
| Home Telephone            |          | Home Telephone           |          |
| Business Telephone        |          | Business Telephone       |          |
| Mobile                    |          | Mobile                   |          |

**FAMILY INFORMATION (CONTINUED)**

|                           |                         |
|---------------------------|-------------------------|
| FEMALE PARENT or GUARDIAN | MALE PARENT or GUARDIAN |
| Religious Denomination    | Religious Denomination  |
| Parish Priest             | Parish Priest           |
| Parish                    | Parish                  |
| Suburb                    | Suburb                  |
| Nationality               | Nationality             |
| Country of Birth          | Country of Birth        |
| 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**

| Name | Year | School |
|------|------|--------|
| Name | Year | School |
| Name | Year | School |
| Name | Year | School |

**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 or any information which may assist us in caring for your child (Medical/Health Care; Physiological/Cognitive; Sensory (e.g. Vision/Hearing); Behavioural/Safety; Communication).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child receive any form of special funding?  YES  NO

Does your child receive any services from an external agency, which may affect educational arrangements?  YES  NO

If yes, please detail the name of Service Provider and Contact Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child receive Respite Care on a regular basis?  YES  NO

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN)**

|                         |                         |
|-------------------------|-------------------------|
| Name                    | Name                    |
| Relationship to Student | Relationship to Student |
| Address                 | Address                 |
| Suburb                  | Suburb                  |
| State                   | State                   |
| Postcode                | Postcode                |

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN) (CONTINUED)**

|                    |                    |
|--------------------|--------------------|
| Home Telephone     | Home Telephone     |
| Business Telephone | Business Telephone |
| Mobile             | Mobile             |

**MEDICAL INFORMATION**

|   |  |
|---|--|
| Family Doctor   | Phone Number   |
| Does your child suffer from any illness/allergy/medical condition (e.g. medications, orthopaedic appliances)? <input type="checkbox"/> YES <input type="checkbox"/> NO                                      |  |
| Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO  | Medical Condition <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Details   |  |
| <hr/> <hr/> <hr/>   |  |
| Immunisations <input type="checkbox"/> F - Fully immunised <input type="checkbox"/> N - Not Immunised <input type="checkbox"/> I - Incomplete Immunisation <input type="checkbox"/> P - Personal Objections |  |

**MEDICAL EMERGENCY AUTHORISATION**

I authorise the Holy Spirit School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the Holy Spirit 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 Parent or Guardian: | Date |
| Signature of Parent or Guardian: | Date |

**AGREEMENT**

Do you agree that the information supplied in the Student Information and Family information sections can be provided to the relevant Parish Priest?

YES  NO

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 Holy Spirit 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 agree to abide by the Holy Spirit Code of Conduct, policies and directions of Holy Spirit School and Catholic Education Western Australia as they are enacted from time to time.

I/We understand a full term's notice (in writing) must be given before removal of a student, or a full term's fees are payable.

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.

Details regarding our Privacy Policy are available on the School website.

|                                  |      |
|----------------------------------|------|
| Signature of Parent or Guardian: | Date |
| Signature of Parent or Guardian: | Date |



**Holy Spirit  
Catholic Primary School**

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[www.holyspirit.wa.edu.au](http://www.holyspirit.wa.edu.au)