



Application for Enrolment - Pre Kindy



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: BIRTH Certificate (copy) or proof of resident status IMMUNISATION Form 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	
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
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Name	Year	School
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Name	Year	School
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Name	Year	School
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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 require special transport arrangements to and from school? YES NO

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
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)? YES NO

Allergies YES NO

Medical Condition YES NO

Details

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

CHOICE OF DAYS AND SESSIONS

Please indicate which days and/or sessions you would like your child to attend Pre Kindergarten

Tuesday Half Day

Thursday Half Day

Tuesday Full Day

Thursday Full Day

DATE YOU WISH TO START SENDING YOUR CHILD TO PREKINDY

Preferred date you wish your child to start Pre Kindergarten
(your child must have turned 3 years of age before they can begin Pre Kindergarten)

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