



# St John's Primary School Application for Enrolment Kindergarten to Year Six

St John's Primary School is a Catholic co-educational school catering for students from Pre Kindergarten to Year 6. Our school's tradition of educational excellence spans over 70 years and continues to be supported by our dynamic teachers and diverse curriculum opportunities. Our education expands well beyond the walls of our classrooms and our programs develop in each of our students the aptitudes for lifelong learning.

**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		
<input type="checkbox"/>	Latest SCHOOL REPORT		
<input type="checkbox"/>	Latest NAPLAN Report (If applicable)		
<input type="checkbox"/>	PARISH PRIEST Reference		
<input type="checkbox"/>	IMMUNISATION History Statement		
<input type="checkbox"/>	APPLICATION FEE (Non-refundable)		
<input type="checkbox"/>	VISA (If applicable)		

**STUDENT INFORMATION**

Surname		Christian or Given Names	
Preferred Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Commencement Year			
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	Visa Expiry Date
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

**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).

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Does your child receive any form of special funding?  YES  NODoes 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

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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	Medical Action Plan Provided <input type="checkbox"/> YES <input type="checkbox"/> NO
Private Health Cover <input type="checkbox"/> YES <input type="checkbox"/> NO	Policy Number	
Ambulance Cover <input type="checkbox"/> YES <input type="checkbox"/> NO	Medicare Number:	Card Position
Details		
<hr/>		
<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 St John's Primary School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the St John's Primary 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

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 St John's Primary School 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 St John's Primary School Code of Conduct, policies and directions of St John's Primary 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.

We/I agree to abide by the policies and directions of St John's Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.	Signature of Parent or Guardian:	Date
	Signature of Parent or Guardian:	Date



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