



# St John's Primary School Application for Enrolment Pre Kindergarten 3 Year Olds

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"/>	BIRTH Certificate (copy) or proof of resident status
<input type="checkbox"/>	IMMUNISATION History Statement
<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	
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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## 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

Medical Action Plan Provided  YES  NO

Private Health Cover  YES  NO

Policy Number

Ambulance Cover  YES  NO

Medicare Number:

Card Position

Details

Immunisations  F - Fully immunised  N - Not Immunised  I - Incomplete Immunisation  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

## CHOICE OF DAYS AND SESSIONS

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

Thursday Half Day

Friday Half Day

Both Days Half Day

Thursday Full Day

Friday Full Day

Both Days 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

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



**St John's Primary School**  
21 Lalor Street Scarborough 6019  
P (08) 9203 3000  
E [admin@stjohns.wa.edu.au](mailto:admin@stjohns.wa.edu.au)  
W [stjohns.wa.edu.au](http://stjohns.wa.edu.au)

[stjohnsscarborough](https://www.instagram.com/stjohnsscarborough)  
 [@stjohnsscarborough](https://www.facebook.com/stjohnsscarborough)