

ENROLMENT APPLICATION

St John's Primary School, Scarborough



Student Name: _____

Date of Birth: _____

Academic Year of Entry (Please Circle): PK KG PP 1 2 3 4 5 6

Calendar Year of Entry: _____

Entry age for Pre-Kindy is when your child turns 3 years old prior to 1st July of that year.

*Entry age for Kindergarten is the year your child turns 4 years old prior to 1st July of July that year.
Children turning 4 on 1st July or after enter Kindergarten the year they turn 5.*

This form will need to be returned to our school before meeting with the Principal.

OFFICE USE ONLY

Enrolment Deposit Paid – Date: _____ \$250.00 EFTPOS / Cash

Entered into AOS – Date: _____ Sibling: Yes / No

Birth Certificate Immunisation Record (AIR)

Latest School Report ICT Policy

Visa/Passport (If applicable) Data Collection Form

Baptism Certificate

STUDENT INFORMATION

Student Surname: _____ First Name: _____
Second Name: _____ Preferred Name: _____
Gender: M / F Date of Birth ___/___/___
Place of Birth: _____ Country of Birth: _____
Residential Address: _____
Suburb: _____ State: _____ Post Code: _____
Residency Status: Citizen Permanent Resident Temporary Resident
Visa Class / No. _____ (Please provide a copy of passport and visa) Date of Arrival: _____
Passport Number: _____ Nationality: _____
Country of Citizenship _____ Language Spoken at Home: _____
 Aboriginal Descent Torres Strait Islander Descent If Yes - Group of Origin _____
Religion: _____ Parish: _____
 Baptism ___/___/___ Reconciliation ___/___/___
 Holy Communion ___/___/___ Confirmation ___/___/___
Current School: _____ Location: _____ Year Level: _____

FAMILY INFORMATION

Caregiver 1 / Mother / Guardian

Title: _____ Surname: _____ Given Name (in full): _____
Residential Address: _____
Suburb: _____ State: _____ Post Code: _____
Mobile: _____ Work Phone: _____
Email Address: _____
Work Email Address: _____
Occupation: _____ Nationality: _____
Country of Birth: _____ Country of Citizenship: _____
Language at home: _____ Religion: _____
Marital Status: _____ Relationship to Student: _____

Caregiver 2 / Father / Guardian

Title: _____ Surname: _____ Given Name (in full): _____

Residential Address: _____

Suburb: _____ State: _____ Post Code: _____

Mobile: _____ Work Phone: _____

Email Address: _____

Work Email Address: _____

Occupation: _____ Nationality: _____

Country of Birth: _____ Country of Citizenship: _____

Language at home: _____ Religion: _____

Marital Status: _____ Relationship to Student: _____

Custody / Guardianship (if other than Caregiver 1 or 2 e.g. DCP)

Name of Person(s) with legal guardianship of the student: _____

Are there any current Family Court Orders or current Restraining Orders that would apply to the child?

Yes No

If applicable, please attach a copy outlining details of any special or restricted access arrangements.

SIBLINGS

Name	Date of Birth	Year Level	School
	___/___/___		
	___/___/___		
	___/___/___		

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name (1): _____ Relationship to Student: _____

Contact Numbers: _____

Name (2): _____ Relationship to Student: _____

Contact Numbers: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

Immunisation Record attached.

F – fully immunised

N – not immunised

I – incomplete immunisation

P – personal objections*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Measles
Mumps
Rubella
Tetanus

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Whooping Cough
Diphtheria
Polio (OPV)
Hepatitis B

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

HIB
BCG
Chicken Pox
Meningococcal

Other

An updated copy of Immunisation will be required on enrolment.

*Please supply a copy of Australian Government Immunisation Exemption Conscientious objection form.

Family Doctor / Medical Clinic: _____

Address: _____ Contact Number: _____

Dentist / Dental Clinic: _____ Contact Number: _____

Medicare Number: _____ Ref# _____ Expiry Date: _____

MEDICAL EMERGENCY AUTHORISATION

I/We authorize St John's Primary School to seek medical /dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorize St John's Primary School that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/We are 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 Caregiver 1 / Legal Guardian _____ Date _____

Signature of Caregiver 2 / Legal Guardian _____ Date _____

DISCLOSURE

Do you agree that the relevant information supplied on the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? YES / NO

UNIFORM

I understand that the uniform is compulsory from Year 1 – Year 6 and I will ensure my child is wearing the correct uniform, as set out in the Uniform Policy, **at all times**.

PERMISSION TO TRAVEL

I give permission for my child to travel on any excursion the school organises, on transport that the school deems suitable. I understand this will generally be either:-

- * public transport - bus or train
- * private chartered bus
- * private transport where necessary
- * excursions on foot e.g. to the shopping centre

Should I NOT wish my child to travel by these means on specific occasions, then I shall notify the school in writing. This permission is valid FOR THE DURATION OF my child's enrolment at St John's.

PUBLICITY AND USE OF STUDENT IMAGES

As part of the school's publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education Office WA (CEWA) or local media will be taking photographs and/or video footage of your child for publication in newspapers, school documents, CEWA and Catholic agency documents (e.g., Caritas, LifeLink, St Vincent de Paul, Wheelchairs for Kids) training videos, St John's Facebook page and CEWA /school websites.

**** No names are used in these locations to identify students.**

Please fill in the sections below with either a or

St John's PS Website ** St John's PS Facebook/Instagram Pages **

St John's PS Newsletter ** Catholic Education WA advertising **

Seesaw Group Photos Local Media Advertising

This permission is valid **FOR THE DURATION OF** my child's enrolment at St John's PS. I understand it will be my responsibility to notify the school in writing should I wish to change this authority at any time.

Signature of Caregiver(s) / Parent(s) / Guardian(s)

_____ Date _____
CAREGIVER 1 / MOTHER / GUARDIAN CAREGIVER 2 / FATHER / GUARDIAN

FEE RESPONSIBILITY

Payment of School Fees are the joint responsibility of the Caregivers/Legal Guardians signing this enrolment application. Unless otherwise stated, fee statements will be issued jointly to both parents/guardians.

Split billing is available. For split billing, please indicate below the percentage per Caregiver (e.g. 50%, 100%)

Caregiver 1:- _____% Caregiver 2 :- _____%

If the child is a ward of the Dept of Child Protection & Family Services, please provide billing contact name & details: _____

Signature of Caregiver(s) / Guardian(s)

_____ Date _____
CAREGIVER 1/MOTHER / GUARDIAN CAREGIVER 2/ FATHER / GUARDIAN

AGREEMENT

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.

I/we agree to give priority to my/our role as supportive and involved parents in the school community and to participate in meetings and procedures that are part of my/our child's/children's educational program.

I/we agree to support the Catholic objectives and ethos of the school.

I/we agree to support the Code of Conduct of the school.

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.

I/we agree that while my/our child/children is/are in Pre Kindy, Kindergarten and Pre-Primary that I/we or another adult will accompany my/our child/children to and from the classroom for every session.

Signature of Caregiver(s) / Parent(s) / Guardian(s)

_____ Date _____
CAREGIVER 1 / MOTHER / GUARDIAN CAREGIVER 2 / FATHER / GUARDIAN

ENROLMENT PROCEDURE

Please return this application to the school office in person OR via email (admin@stjohns.wa.edu.au) marked **Enrolments**.

This Enrolment Application does NOT mean automatic acceptance. All enrolments are subject to an interview with the Principal.

Please enclose the following supporting documentation:

- Birth Certificate
- Baptism Certificate (if Baptised Catholic)
- Immunisation
- Most recent school reports
- NAPLAN report (if applicable)
- Other relevant educational or psychological assessments
- Copy of Parenting, Restraint or Custodial Order (if applicable)
- Copy of Passport, Visa, or Travel Documents – including date of entry stamp (if born overseas)



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