

# Pre-Kindergarten Program Application

St John's Primary School, Scarborough



Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Calendar Year of Entry: \_\_\_\_\_

*Entry age for Pre-Kindy is when your child turns 3 years old prior to 1<sup>st</sup> July of that year.  
Currently our Pre-Kindergarten Program runs on Thursdays and Fridays*

Preferred Days (Please circle) **One day** -Thursday or Friday  
**Two Days** - Thursday & Friday

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)

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 Date \_\_\_/\_\_\_/\_\_\_

Current Daycare (If applicable): \_\_\_\_\_ Location: \_\_\_\_\_

## 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** I Immunisation - (AIR) Australian Immunisation Record attached  
F – fully immunized N – not immunised I – incomplete immunisation P – personal objections\*

<input type="checkbox"/>	Measles	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	HIB	<input type="checkbox"/>	Other
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	BCG		
<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>	Chicken Pox		
<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Meningococcal		

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: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ref# \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Private Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## 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, anesthetic, 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

## 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 **	<input type="checkbox"/>	St John's PS Facebook/Instagram Pages **	<input type="checkbox"/>
St John's PS Newsletter **	<input type="checkbox"/>	Catholic Education WA advertising **	<input type="checkbox"/>
Seesaw Group Photos	<input type="checkbox"/>	Local Media Advertising	<input type="checkbox"/>

This permission is valid **FOR THE DURATION OF** my child's enrolment at St John's Pre Kindergarten. 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)**

\_\_\_\_\_  
CAREGIVER 1 / MOTHER / GUARDIAN

\_\_\_\_\_  
CAREGIVER 2 / FATHER / GUARDIAN

Date \_\_\_\_\_

## 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)**

\_\_\_\_\_  
CAREGIVER 1/MOTHER / GUARDIAN

\_\_\_\_\_  
CAREGIVER 2/ FATHER /GUARDIAN

Date \_\_\_\_\_

## 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-Kindergarten 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](mailto: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
- 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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