



**ST JOHN'S SCHOOL**  
SCARBOROUGH

**ENROLMENT APPLICATION FORM**

*Pre-Kindergarten*



## ENROLMENT DETAILS

STUDENT NAME:

DATE OF BIRTH:

CALENDAR YEAR  
OF ENTRY:

PREFERRED DAYS - PLEASE SELECT:

ONE DAY:

THURSDAY

OR

FRIDAY

TWO DAYS:

THURSDAY & FRIDAY

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

Currently our Pre-Kindergarten Program runs on Thursdays and Fridays

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

### OFFICE USE ONLY

ENROLMENT DEPOSIT PAID: \$250.00 EFTPOS / CASH    DATE: \_\_\_\_\_

ENTERED INTO AOS:    DATE: \_\_\_\_\_

SIBLINGS:

YES / NO

BIRTH CERTIFICATE:

VISA / PASSPORT (IF APPLICABLE):

BAPTISM CERTIFICATE:

IMMUNISATION RECORD (AIR):

DATA COLLECTION FORM:

## STUDENT INFORMATION

STUDENT SURNAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
SECOND NAME:	<input type="text"/>	PREFERRED NAME:	<input type="text"/>
GENDER:	<input type="text" value="M / F"/>	DATE OF BIRTH:	<input type="text"/>
PLACE OF BIRTH:	<input type="text"/>	COUNTRY OF BIRTH:	<input type="text"/>

RESIDENTIAL ADDRESS:

SUBURB:  STATE:  POST CODE:

RESIDENCY STATUS:  CITIZEN  PERMANENT RESIDENT  TEMPORARY RESIDENT

VISA CLASS / NO.  *(Please provide a copy of the Passport and Visa for both guardians and child)* DATE OF ARRIVAL:

PASSPORT NUMBER:  NATIONALITY:

COUNTRY OF CITIZENSHIP:  LANGUAGE/S SPOKEN AT HOME:

ABORIGINAL DESCENT  TORRES STRAIT ISLANDER DESCENT If Yes, Group of Origin:

RELIGION:  PARISH:

*Date Of:*  
BAPTISM:

CURRENT DAYCARE:  LOCATION:   
*(If applicable)*

## 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:

RELIGION:

LANGUAGE/S AT HOME:

COUNTRY OF CITIZENSHIP:

MARITAL STATUS:

RELATIONSHIP TO STUDENT:

## FAMILY INFORMATION

*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:

RELIGION:

LANGUAGE/S AT HOME:

COUNTRY OF CITIZENSHIP:

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?

*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 NUMBER/S:

NAME (2):  RELATIONSHIP TO STUDENT:

CONTACT NUMBER/S:

## MEDICAL INFORMATION

IMMUNISATION RECORD ATTACHED:

**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 PROVIDER:  POLICY NUMBER:

## MEDICAL EMERGENCY AUTHORISATION

I/We authorise St John's School to seek medical /dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise St John's 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 St John's educational activities, we aim to promote our students' achievements and involvement in the community as much as we can. In order to do this successfully, we require permission to use students' images within the school and publicly. Our school may take photographs and/or video footage of your child for publication in our school newsletter, Seesaw App, St John's Website, Facebook & Instagram pages.

Catholic Education Office WA (CEWA) or local media may take photos for newspapers, school documents, CEWA and Catholic agency documents (e.g., Caritas, LifeLink, St Vincent de Paul, Wheelchairs for Kids) training videos and CEWA /school websites.

**I understand it will be my responsibility to notify the school in writing should I wish to change this authority at any time.**

## FEE RESPONSIBILITY

Payment of School Fees are the joint responsibility of the Caregivers/Legal Guardians signing this enrolment application.

SIGNATURE OF CAREGIVER 1 / LEGAL GUARDIAN:

DATE:

SIGNATURE OF CAREGIVER 2 / LEGAL 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 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 1 / LEGAL GUARDIAN:**

**DATE:**

**SIGNATURE OF CAREGIVER 2 / LEGAL GUARDIAN:**

**DATE:**

## 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 for both guardians and child – including date of entry stamp (if born overseas)



# ST JOHN'S SCHOOL SCARBOROUGH


21 Lalor Street

Scarborough WA 6019

Phone: 08 9203 3000

Email: [Admin@stjohns.wa.edu.au](mailto:Admin@stjohns.wa.edu.au)

Website: <https://stjohns.wa.edu.au/>

 St John's Primary School, Scarborough

 [Stjohnsscaborough](#)