St Patrick’s Primary School
Fremantle

Enrolment Application

A Catholic Co-educational School
8 Ellen Street, Fremantle, WA, 6160
Telephone (08) 9239 1100
Email admin@stpatsfremantle.wa.edu.au
www.stpatsfremantle.wa.edu.au

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.
If enrolling for Pre-Kindy (3 Year Old’s), do you wish to enrol for 4-Year-Old Kindy the following year?  Yes/No

Entry age for Kindergarten is the year your child turns 4 if born prior to 1 July. Children turning 4 on 1 July or after enter the year they turn 5.

Please complete and return this form to the school.

OFFICE USE ONLY
Application Fee Paid – Date:  ___________________________  $20.00 EFTPOS / Cash
Entered AoS – Date:  ___________________________  Sibling:  Yes / No
STUDENT INFORMATION

Academic Year for which Enrolment is sought (e.g., Year 6): __________
Calendar Year for which Enrolment is sought (e.g., 2017): __________
Current School: __________ Location: __________ Year Level: __

STUDENT SURNAME: ____________________________
First Name: ____________________________ Second Name: ____________________________
Preferred Name: __________ Gender: M / F Date of Birth ___/___/____
Place of Birth: __________ Country of Birth: __________
Birth Certificate attached Yes/No Country of Citizenship: __________
Residency Status: ☐ Citizen ☐ Permanent Resident ☐ Temporary Resident
Visa Class / No. _______________________ (Please provide a copy of passport and visa)
Date of Arrival in Australia: __________ Passport Number: __________
Nationality: __________ Country of Citizenship: __________
Aboriginal/Torres Strait Islander Descent Yes/No If yes then Group of Origin: __________
Language Spoken at Home: __________
Religion: __________ Parish: __________
Baptism Certificate Attached Yes/No
☐ Baptism ___/___/___ ☐ Reconciliation ___/___/___
☐ Holy Communion ___/___/___ ☐ Confirmation ___/___/___

FAMILY INFORMATION

Caregiver 1 / Guardian

Title: _____ Surname: ____________ Given Name (in full): ____________________________
Occupation: ____________________________ Nationality: ____________________________
Country of Birth: ____________________________ Language: ____________________________
Employer: ____________________________ Religion: ____________________________
Work Phone: ____________________________ Mobile: ____________________________
Email Address: ____________________________
Marital Status: ____________________________ Relationship to Student: ____________________________
Residential Address: ____________________________
Suburb: ____________________________ Post Code: ______ Home Telephone: ____________________________
Postal Address (if different):
______________________________________________________________
Suburb: ____________________________ Post Code: __________
Caregiver 2 / Guardian

Title: ____ Surname: ____________Given Name (in full): __________________________

Occupation: ____________________ Nationality: ____________________

Country of Birth: ________________ Language: ____________________

Employer: ______________________ Religion: ____________________

Work Phone: ____________________ Mobile: ____________________

Email Address: ____________________

Marital Status: ________________ Relationship to Student: ____________________

Residential Address: ____________________

Suburb: ________________ Post Code: ______ Home Telephone: ________________

Postal Address (if different):

Suburb: ____________________ Post Code: ______

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.

Why would you like your child educated at St Patrick’s Primary School?
______________________________________________________________

SIBLINGS

Siblings enrolled at St Patrick’s Fremantle or currently attending other schools.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Year Level</th>
<th>School</th>
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<tbody>
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CONTACT DETAILS (Other than Parents)

Name (1): ____________________ Relationship to Student: ________________

Telephone: ____________________ Mobile: ____________________

Name (2): ____________________ Relationship to Student: ________________

Telephone: ____________________ Mobile: ____________________
**IMMUNISATION / MEDICAL INFORMATION**

**IMMUNISATION RECORD**

*Immunisation Record attached □*


<table>
<thead>
<tr>
<th>Measles</th>
<th>Whooping Cough</th>
<th>Hib</th>
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<tbody>
<tr>
<td>Mumps</td>
<td>Diphtheria</td>
<td>BCG</td>
</tr>
<tr>
<td>Rubella</td>
<td>Polio (OPV)</td>
<td>Chicken Pox</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Hepatitis B</td>
<td>Meningococcal</td>
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<tr>
<td>Other:</td>
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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: _______________________________

**Private Health Fund:** __________________________ Blood Group if known: ___________________________

**Medicare Number:** __________________________ Ref# _____ Expiry Date: __________________________

**MEDICAL EMERGENCY AUTHORISATION**

I authorise St Patrick’s Primary School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise St Patrick’s Primary School that if an emergency occurs requiring surgery, anesthetic, 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 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 for Pre-Primary – 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 charted bus
* private transport where necessary
* excursions on foot e.g. around Fremantle or Fremantle Library.

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 Patrick’s Primary School.

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 documents, training videos and/or the school/CEWA/Parish website and school blogs.

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

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

CAREGIVER 1 / GUARDIAN ____________________________ Date: __________

CAREGIVER 2 / 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.
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. Do you have a Health Care Card? This will give you a discount on your fees.

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:
_______________________________________________________________________
_______________________________________________________________________

Please provide an email address to which the school fees will be forwarded (or two email addresses if the fees are to be split).

Billing Account Name ________________  Billing Account Name ________________

Email Address ________________  Email Address ________________

Signature of Caregiver(s) / Guardian(s)
_________________________________  ______________  __________________
CAREGIVER 1/GUARDIAN  CAREGIVER 2/GUARDIAN

ENROLMENT PROCEDURE
Please return this application to the school office in person, via email admin@stpatsfremanlte.wa.edu.au or post to P.O. Box 8153 Fremantle WA 6160, marked Attention Enrolment Officer. An application fee of $20.00 per child is payable via cash, cheque, or credit card on lodgement of this application. This Enrolment Application does NOT mean automatic acceptance. All enrolments are subject to an interview with the Principal.

INTERVIEW PROCESS
All new students to the school and their parents are interviewed by the Principal or delegate. This interview is the final stage in the enrolment process and items discussed may include:
• The school’s nature as a faith community
• Sacramental programmes and parish connection
• Fee structure
• Uniform requirements
• An opportunity to update information on Enrolment Application form
• An overview of the school’s curriculum
• An outline of the school’s expectation of parents
• An outline of the parent’s expectations of the school
• Broad discussion about the interests/abilities of the child, medical conditions etc
• Information regarding orientation, letter of offer of position, waiting lists etc

The interview process will be followed by a letter offering a position or one explaining that no position can currently be offered and waiting lists are kept as appropriate. The final decision for any enrolment/placement is at the discretion of the Principal. Please take the time to read the information regarding our Student Enrolment Policy.
ENROLMENT PRIORITY

St Patrick’s Primary School exists for the primary purpose of providing Catholic children from the parish of St Patrick’s with a Catholic education thus enrolment priority is given to:

- Siblings of existing Catholic families within the school
- Catholic students from within the Parish with a Parish Priest Reference
- Catholic students from outside the Parish with a Parish Priest Reference
- Siblings of existing non-Catholic families within the school
- Non-Catholic students from other Christian denominations
- Other Non-Catholic students
- Aboriginal and Torres Strait Islanders will be given enrolment preference wherever possible and practical.

This Enrolment Application is consistent with the Enrolment Policy as stated by Catholic Education.

PLEASE NOTE:

- Completion of this document does NOT guarantee an enrolment interview or offer
- Enrolment will involve an interview with the Principal. A letter of invitation will follow and enrolment in the school will be processed on receipt of all requested documents
- Once accepted a time will be made for a uniform fitting and a brief meeting with our finance officer to go over the payment plans available.

St Patrick’s Primary School is conscious of each person’s right to privacy for personal information. Information relating to the School’s Privacy and Information Collection notice can be found on the school’s website under Policies.

Please enclose the following supporting documentation:

- ☐ Birth Certificate
- ☐ Baptism Certificate (if Baptised Catholic)
- ☐ Current Immunisation Certificate (must come from the Australian Immunisation Register)
- ☐ 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)