

**Office Use – Appointment:** Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Application for Enrolment Fee Paid: \_\_\_\_\_

Enrolment Deposit Fee Paid: \_\_\_\_\_

**CHILD'S SURNAME:** \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_

**Year of admission applied for:** \_\_\_\_\_ **Grade in entering:** \_\_\_\_\_



# St Joseph's School

## BOULDER

FAITH • KINDNESS • RESPECT

Please include the following with your application

- Birth Certificate
- Baptism Certificate
- Immunisation Records
- Latest School Report (if applicable)
- Priest Reference Form
- Visa Documentation (if applicable)

# STANDARD COLLECTION NOTICE

1. St Joseph's School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. As the School is a member of Catholic Education Western Australia (CEWA), it collects the information on behalf of CEWA. Collection may be in writing or in the course of conversations. The primary purpose of collecting this information is for the School and CEWA to support and administer students' safe participation in the educational programme of the school according to law, which will enable students to participate in School and CEWA activities.
2. Some of the information we collect is to satisfy the School and CEWA's legal obligations, particularly to enable the Principal to discharge their duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include the School Education Act, the Children and Community Services Act, and the System and funding agreements between CEWA and the State and Federal governments.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
5. The School may disclose personal and sensitive information for education, administrative and support purposes. This may include to:
  - other school and teachers at those schools;
  - government departments;
  - the Catholic Education Office, the Catholic Education Commission, the diocese and the parish, other related church agencies/entities
  - medical practitioners;
  - people providing education, support and health services to the School and CEWA, including specialist visiting teachers, coaches, volunteers, counsellors and providers of learning and assessment tools;
  - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority;
  - people providing administrative and financial services to the School and CEWA;
  - anyone you authorize the School to disclose information to; and
  - anyone to whom the School or CEWA is required or authorized to disclose the information to by law, including child protection laws.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. The School or CEWA may use online or 'cloud' service providers to store personal information and to provide services to the School that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the School or CEWA's use of an online or 'cloud' service providers is contained in the School's Privacy Policy.
8. The School's Privacy Policy, accessible on the School's website, sets out how parents or students may seek access to and correction of their personal information which the School has collected and holds on behalf of CEWA. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
9. The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
10. The School may engage in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in School and CEWA newsletters and magazines, on our intranet and on ours or CEWA's website. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The School will obtain permissions from the student's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos or other identifying material in our promotional material or otherwise make this material available to the public such as on the internet.
12. If you provide the School or CEWA with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why.

**STUDENT INFORMATION**

Given Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_

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

Surname: \_\_\_\_\_

Gender: Male Female Other

Country of Citizenship: \_\_\_\_\_

Australian Permanent Resident: Yes/No

Type of Visa: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Aboriginal: Yes/No

Torres Strait Islander: Yes/No

Aboriginal and Torres Strait Islander: Yes/No

**FAMILY INFORMATION****FEMALE PARENT/CAREGIVER 1**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact Numbers: (MOB) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nationality: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Type: Guardian Secondary Other

Lives with Student: Yes/No Living Arrangements: Always/Balanced/Other Family Type: Full/Split

**Do you wish to receive the weekly newsletter via this email address Yes/No****MALE PARENT/CAREGIVER 2**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact Numbers: (MOB) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nationality: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Type: Guardian Secondary Other

Lives with Student: Yes/No Living Arrangements: Always/Balanced/Other Family Type: Full/Split

**Do you wish to receive the weekly newsletter via this email address Yes/No****IN THE CASE OF SPLIT BILLING, WHAT PERCENTAGE IS THE ACCOUNT ALLOCATION:**

Caregiver 1: \_\_\_\_\_ % Billing Email: \_\_\_\_\_

Caregiver 2: \_\_\_\_\_ % Billing Email: \_\_\_\_\_

**RELIGION**

Religious Denomination: \_\_\_\_\_ Parish: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Reconciliation Date: \_\_\_\_\_ Communion Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Baptism Place: \_\_\_\_\_ Reconciliation Place: \_\_\_\_\_ Communion Place: \_\_\_\_\_ Confirmation Place: \_\_\_\_\_

**CUSTODY/GUARDIANSHIP**

Name of person(s) with legal guardianship of the student: \_\_\_\_\_

If applicable a copy of any Parenting or Restraint Order is attached. Yes/No

Any other conditions enforced at law? \_\_\_\_\_

*Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.*

**PREVIOUS SCHOOL ATTENDED**

Previous School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S PRIMARY SCHOOL**

Name	Year Level	Name	Year
_____	_____	_____	_____
_____	_____	_____	_____

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Year Level	Name	Year
_____	_____	_____	_____
_____	_____	_____	_____

**YOUNGER SIBLINGS NOT CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Name
_____	_____
_____	_____

**STUDENT'S 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 in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Medical/Health Care \_\_\_\_\_

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Mobility Access Issues \_\_\_\_\_

Orthoses/Prostheses \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_

Sensory (eg Vision/Hearing) \_\_\_\_\_

Behavioural or Safety \_\_\_\_\_

Communication \_\_\_\_\_

Allergies \_\_\_\_\_

Has the Student been prescribed an EpiPen? Yes/No

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No

If Yes, please detail name of Service Provider and Contact No. \_\_\_\_\_

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN) (Must be based in Kalgoorlie-Boulder)**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**MEDICAL INFORMATION**

**Immunisation Record**

F- fully immunised                      N – not immunised                      I – incomplete immunisation                      P – personal objections

(a copy of official documentation is to be provided in the case of Personal Objections)

Immunisation record attached: Yes/No

Family Doctor/Medical Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Dentist/Central Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_

**MEDICAL EMERGENCY AUTHORISATION**

*I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the 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 and to provide to the medical practitioner any relevant medical information detailed in this form.*

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT OR GUARDIAN 1

\_\_\_\_\_  
PARENT OR GUARDIAN 2

**DISCLOSURE OF PERSONAL INFORMATION**

Personal information collected and stored by the school is subject to the Privacy Act and the CECWA Privacy Policy Statement. A copy of the CECWA Privacy Policy Statement can be obtained from the school, the Catholic Education Commission of Western Australia or the Catholic Education Office of WA website.

**ACKNOWLEDGEMENT**

I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's 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 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 have read and fully understand and agree to the terms and conditions set out in the School Fee Collection Policy.

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.

- a. disclosed any special educational needs of the prospective student
- b. disclosed any particular medical, social and/or emotional conditions as well as health care requirements of the prospective student
- c. provided a copy of any Parenting or Restraint Order that applies to the prospective student
- d. provide the necessary visa documentation relating to an overseas student enrolment
- e. fully understood and agree they accept that their child will participate in all required parts of the education program of the school including the Religious Education program
- f. fully understood and agree to the terms and conditions set out in the school fee collection policy (refer to CECWA policy statement School Fees: Setting and Collection 2-D2) and
- g. fully and truthfully completed the Application for Enrolment form

I/we understand and agree that my/our obligation to pay all outstanding fees and charges is not varied despite any changes in the nature of my/our relationship, nor by any court order binding on me/us relating to fee payment, nor by rulings of the Child Support Agency, nor agreement not co-signed by the Principal.

I/we understand and agree that my/our agreement to pay all outstanding fees and charges can only be varied in writing and signed by all parties to this Agreement.

I/we understand and agree to address and resolve any dispute between us about fee payments with each other and not involve the school.

I/we understand and agree that any arrangement by the Principal to separately invoice me/us does not amount to a variation of this agreement by me/us to pay all fees.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT OR GUARDIAN 1

\_\_\_\_\_  
PARENT OR GUARDIAN 2