



St Joseph's College, Albany
Three Year Old Kindergarten Enrolment Form

Calendar Year of Admission to Three Year Old Programme: 20.....

STUDENT DETAILS

Family Name: _____ Given Names: _____
Gender: Male/Female Preferred Name: _____
Date of Birth: _____ (Attach copy of birth certificate) Birthplace: _____
Country of Birth: _____ Nationality: _____
Language(s) Spoken at Home: _____ Is the Student an Australian Citizen: Yes/No
Is the Student a Permanent Resident of Australia Yes/No (if yes, please provide supporting documentation)
Visa Type: _____ (Attach copy of Visa and Passport) Date of Arrival: _____
Is the Student Aboriginal or Torres Strait Islander: Yes/No If Yes, then group of origin: _____
Home Address of Student: _____

Postcode _____
Religious Denomination: _____ Baptism Date: _____ Baptism Certificate Attached Yes/No

PARENT/GUARDIAN DETAILS

Parent 1/Guardian

Title _____ Family Name _____
First Name: _____ Occupation: _____
Relationship to Child: _____
Residential Address: _____

Postcode _____
Postal Address: _____

Postcode _____
Contact Numbers: Home _____
Mobile: _____ Work: _____
Email: _____
Religious Denomination: _____
Country of Birth: _____
Country of Citizenship: _____

Parent 2/Guardian

Title _____ Family Name _____
First Name: _____ Occupation: _____
Relationship to Child: _____
Residential Address: _____

Postcode _____
Postal Address: _____

Postcode _____
Contact Numbers: Home _____
Mobile: _____ Work: _____
Email: _____
Religious Denomination: _____
Country of Birth: _____
Country of Citizenship: _____

Student Resides with Both Parents Parent/Guardian 1 Parent/Guardian 2

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S COLLEGE

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

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? _____

PHOTOGRAPHIC PERMISSION

Permission is granted to the College to use images of my child in newspapers, publications, brochures, the College newsletter, College website, displays and other promotional material. YES NO

EMERGENCY CONTACT DETAILS (other than a Parent/Guardian)

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: _____

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____

Address: _____ Contact Numbers: _____

Dentist/Dental Clinic: _____ Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____ (if known)

Student is fully immunised: Yes/No **A COPY OF THE STUDENT'S IMMUNISATION RECORD IS REQUIRED (please attach)**

MEDICAL EMERGENCY AUTHORISATION

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary and agree to cover any associated costs. I further authorise the College 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: _____
PARENT OR GUARDIAN 1 DATE PARENT OR GUARDIAN 2 DATE

DISCLOSURE OF INFORMATION

Do you agree that the information supplied in the *Student Details* and *Parent Details* sections, can be provided to the relevant Parish Priest? YES NO

AGREEMENT

I/we understand and accept that the completion of this application/enrolment form does not guarantee enrolment of this student in 4 Year old Kindergarten and that a separate application form will need to be completed for my child to attend 4 Year old Kindergarten. 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 Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/We have read and fully understand and agree that enrolment in a Catholic schools means that we and our child will participate fully in all required aspects of the educational programme of the school including the Religious Educations programme of the school.

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.

Signature: _____
PARENT 1 OR GUARDIAN DATE PARENT 2 OR GUARDIAN DATE

FOR OFFICE USE: Interviewed by: _____ Date: _____
Notes: _____



St Joseph's College

Application for Enrolment

(To be returned to the College Administration Office with Application Fee of \$50.00)

Office Use:	Date of Application: _____	Application Fee Received : <input type="checkbox"/>
Entered in AoS <input type="checkbox"/>		
Interview Date: _____		
Letter of Offer <input type="checkbox"/>	Enrolment Deposit Received <input type="checkbox"/>	Enrolment Complete <input type="checkbox"/>

STUDENT DETAILS

Calendar Year of Admission: 20_____ Academic Year of Entry: _____

Surname Name: _____ Given Names: _____

Gender: Male/Female Preferred Name: _____

Date of Birth: _____ Birthplace: _____

Country of Birth: _____ Nationality: _____

(A copy of the student's birth certificate is required – please attach to your application)

Home Address of Student: _____

_____ Postcode: _____

Language(s) Spoken at Home: _____

Is the Student Aboriginal Yes/No Or Torres Strait Islander Yes/No

If Yes, then group of origin: _____

Present School: _____ Location: _____ Year Level _____

Student ID Number (for Kindergarten to Year 12) _____

(May be printed on student's school report)

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Baptism: _____ Place of Baptism: _____ Baptism Certificate Attached Yes/No

Reconciliation: _____ First Communion: _____ Confirmation: _____

If Born Outside of Australia: _____
(Country)

Date of Arrival: _____

Visa Type/Number: _____
(please supply a copy of Passport and Visa)

Number of Years in Australia: _____

Is the Student an Australian Citizen: Yes/No
(if yes please supply a copy of Citizenship)

Is the Student a Permanent or Temporary Resident of Australia
Permanent Temporary

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S COLLEGE

Name: _____ Year: _____ Name: _____ Year: _____

Name: _____ Year: _____ Name: _____ Year: _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name: _____ Year: _____ School: _____

Name: _____ Year: _____ School: _____

PARENT/GUARDIAN DETAILS

Student Resides with Both Parents Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian 1

Title: _____ Surname: _____

First Name: _____

Relationship to Child: _____

Residential Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Occupation: _____

Contact Numbers: Home: _____

Mobile: _____ Work: _____

Email: _____

Country of Citizenship: _____

Religious Denomination: _____

Parish: _____

Suburb: _____

Parent/Guardian 2

Title: _____ Surname: _____

First Name: _____

Relationship to Child: _____

Residential Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Occupation: _____

Contact Numbers: Home: _____

Mobile: _____ Work: _____

Email: _____

Country Citizenship: _____

Religious Denomination: _____

Parish: _____

Suburb: _____

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? _____

EMERGENCY CONTACT DETAILS (other than a Parent/Guardian)

Name: _____ Relationship to Student: _____

Contact Numbers: _____

Name: _____ Relationship to Student: _____

Contact Numbers: _____

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____

Address: _____

Contact Number: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____ (if known)

Student is fully immunised: Yes/No

A copy of the student's immunisation record is required (*please attach to your application*)

PHOTOGRAPHIC PERMISSION

Permission is granted to the College to use images of my child in newspapers, publications, brochures, the College newsletter, College website, displays and other promotional material.

YES

NO

PARISH PERMISSION

Do you agree that the information supplied in the *Student Details* and *Family Details* sections, can be provided to the relevant Parish Priest?

YES

NO

DISCLOSURE OF INFORMATION

St Joseph's College will collect personal information about your family from time to time for the purpose of implementing the curriculum and discharging its legal and pastoral obligations towards you and your child. This information may be disclosed to third parties who assist the school in this purpose, including the Catholic Education Office.

AGREEMENT

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 Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational programme including the Religious Education programme of the school.

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.

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

PARENT OR GUARDIAN 2 Date: _____

CHECKLIST FOR PARENTS – DOCUMENTS TO BE INCLUDED WITH APPLICATION

Please ensure that you have included the following with your Application for Enrolment

- Application fee (\$50 per student)**
- Copy of Birth Certificate**
- Copy of Immunisation Record**
- Copy of Visa and Passport (if applicable)
- Parish Priest Form (if applicable)
- Baptism Certificate (if applicable)

Applications should be forwarded to:
Enrolments
St Joseph's College
Martin Road
ALBANY WA 6330

Cheques to be made payable to *St Joseph's College*.

Credit Card can be used by contacting the Administration Office on 98440 222

SCHOOL FEES

Person/s responsible for payment of accounts:

Parent/Guardian 1 _____

(Name)

Parent/Guardian 2 _____

(Name)

I, the undersigned, as the person/s responsible for payment of fees, acknowledge that I have read the School Fees Policy and the Fees and Charges brochure, and I accept the conditions as described.

Signed: _____

(Parent/Guardian 1)

Signed: _____

(Parent/Guardian 2)

Date: _____

Date: _____

Please indicate if you have a Centrelink Health Care Card

Pensioner Concession Card

To be completed by Staff Member conducting the Interview:

Interviewed by: _____

Student Accepted: YES

NO

Signed: _____ Date: _____

STUDENT COMMENCEMENT DATE: _____

Notes:

Application Procedures

1. Application is made on the form Application for Enrolment.
2. This form should be returned to the College Office with a photocopy of the student's Birth Certificate, Immunisation Record to date, Baptism Certificate (if applicable), any other supporting documentation and \$50 non-refundable application fee.
3. The College will issue an Acknowledgement of Receipt of Application for Enrolment. This acknowledgement is not an indication that the application has been successful but acknowledgement that the future student has been waitlisted.
4. Successful applicants will be determined in accordance with the school's enrolment criteria. If offered an interview; a copy of the student's most recent report will be required prior to the interview.
5. Following the interview written confirmation of an offer of a place will be issued. To confirm the place you will be required to sign the Letter of Offer and return it to the College Office with an enrolment deposit of \$250. This deposit is not refundable should the student not attend the College.



St Joseph's College

Please complete and bring this form and supporting documents with you to the
Enrolment Interview with the Principal.

STUDENT'S INDIVIDUAL NEEDS AND MEDICAL DETAILS

STUDENT NAME: _____

ACADEMIC YEAR: _____

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 person in the school (16G).

To assist the school to respond to individual requirement, please detail any special needs your child has in the following area(s) that may affect his or her learning, participation or welfare during school hours.

The school reserves the right to consider termination of enrolment if relevant information is not disclosed. If appropriate, please attach diagnostic reports relating to your child.

Does your child have any medical condition or special educational needs?

If so, please give details:

Medical Conditions:

Allergies

Medication

Special Educational Needs:

Has your child accessed any of the following health professionals, in relation to their school performance?

- | | | |
|--|--|--|
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Developmental Optometrist | <input type="checkbox"/> Developmental Audiologist | <input type="checkbox"/> Vision |

Other (please specify)

Has your child been diagnosed with any of the following?

- | | | |
|---|--|--|
| <input type="checkbox"/> Specific Learning Difficulty | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> ADD – passive/inattentive | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Dysgraphia |
| <input type="checkbox"/> ADHD – hyperactive | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Other medical conditions that may affect your child’s learning:

MEDICAL EMERGENCY AUTHORISATION

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary and agree to cover any associated costs. I further authorise the College 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 Parent(s)/Guardian(s): _____ Date: _____
PARENT / GUARDIAN

PARENT / GUARDIAN Date: _____



ST JOSEPH'S COLLEGE

PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest forms part of the enrolment process for St Joseph's College, Albany. Contact should be made with the parish secretary to find out the process for that parish.

To be completed by parent

To the Parish Priest at:

.....

Name of Student:

.....

Address:

.....

Phone No......

Name of Mother: **Name of Father:**

Current School:

.....

If Government school, does child attend school scripture classes in the Parish? **YES/NO**

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

To be completed by Parish Priest

Please complete the information below in reference to the family information above.

Q1. Is the family actively involved in the life of the Church?

.....

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

.....
.....

Q3. Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

.....
.....

Q4. Any other comments.

.....
.....

Signed:.....