



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: _____