

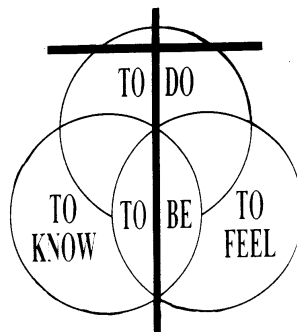
St Brigid's Primary School

PO Box 1396, Midland WA 6936
20 Toodyay Road, Middle Swan 6056
Email: admin@stbrigidsms.wa.edu.au

Telephone: (08) 9250 1592
Facsimile: (08) 9250 2973



ENROLMENT APPLICATION



OFFICE USE:			
Application Fee: Date Received:	Receipt No.:	Not received <input type="checkbox"/>	
Interview Date:	Time:	Accepted <input type="checkbox"/>	Waiting List <input type="checkbox"/>
Date of Commencement:		Class:	
Student Transfer Information Requested:		Date Received:	
Faction:	<input type="checkbox"/> Green	<input type="checkbox"/> Gold	<input type="checkbox"/> Red <input type="checkbox"/> Blue

FAMILY INFORMATION

FEMALE PARENT/GUARDIAN

Title: Surname: First Name:
Address: Postcode:
Contact Numbers: (Hm)..... (Wk) (Mob)
Country of Birth: Occupation :..... Language Spoken at Home:
Religious Denomination: Parish: Suburb:

THE FOLLING INFORMATION IS OPTIONAL but WOULD BE GREATLY APPRECIATED

Highest year of primary or secondary school completed. Year 12 Year 11 Year 10 Year 9 or below
Highest qualification completed. Bachelor degree or above Advanced diploma/Diploma
Certificate 1 – IV Including trade certificates No non-school qualification

MALE PARENT/GUARDIAN

Title: Surname: First Name:
Address: Postcode:
Contact Numbers: (Hm)..... (Wk) (Mob)
Country of Birth: Occupation :..... Language Spoken at Home:
Religious Denomination: Parish: Suburb:

THE FOLLING INFORMATION IS OPTIONAL but WOULD BE GREATLY APPRECIATED

Highest year of primary or secondary school completed. Year 12 Year 11 Year 10 Year 9 or below
Highest qualification completed. Bachelor degree or above Advanced diploma/Diploma
Certificate 1 – IV Including trade certificates No non-school qualification

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

- 1. Name: Relationship to child:Telephone:
- 2. Name: Relationship to child:Telephone:

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 and/or 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:
FEMALE PARENT OR GUARDIAN

..... Date:
MALE PARENT OR GUARDIAN

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student:
If applicable, please attach a copy of any parenting or restraint order.
Any other conditions enforced at law?

SIBLINGS CURRENTLY ATTENDING ST BRIGID'S SCHOOL

- Name: Year Level:
- Name: Year Level:
- Name: Year Level:

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No
If so, please detail name of Service Provider and Contact No.

Does your child require special transport arrangements to and from school? Yes/No
Does your child receive respite care on a regular basis? Yes/No

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 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 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:
FEMALE PARENT OR GUARDIAN

..... Date:.....
MALE PARENT OR GUARDIAN

***An application fee (including GST) of \$25.00 per family, new to the School, should accompany this form.
Please note: This is a non-refundable fee.***

COLLECTION NOTICE

1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child Protection) laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, The Catholic Education Commission, your local diocese and the parish, Schools within other Diocese, other Diocese, medical practitioners, and people providing services to the School, including specialist visiting teachers, sport coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above, we may not be able to enroll or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. (On occasions, information such as academic and sporting achievements, pupil activities and other news is published in School newsletters and magazine.)
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include 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 pupil, or where pupils have provided information in confidence.
9. As you may know, the School, from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to the P&F Association to assist in the School’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. If you provide the School 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, that they can access that information if they wish and that the School does not usually disclose the information to third parties.