

3-YEAR OLD PRE-KINDY APPLICATION FORM



St Denis School
2 Orchid Street
Joondanna WA 6060

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Email:

admin@stdenis.wa.edu.au

Office Use Only

Date of Lodgement	
Enrolment Fee Paid	
Batch No	
Entered on MAZE	
Appt	

VISION STATEMENT

St Denis Catholic School Community seeks to foster an environment, which integrates love, truth and learning where each individual strives to become a model of Christian living and is nurtured towards his/her full potential.

Pre-Kindy Enrolment Year _____

Please note that there is a \$30.00 non-refundable enrolment fee per student.

STUDENT INFORMATION

Student Surname _____	Christian Names _____
Male/Female _____	Preferred Name _____
Religious Denomination _____	

Date of birth _____	Aboriginal /Torres Strait Islander	Yes / No
Please attach copy of Birth Certificate	Country of birth _____	
Date of arrival in Australia _____	Number of years in Australia _____	
Country of citizenship _____	Language spoken at home _____	
Nationality _____	Australian permanent resident	Yes / No

FAMILY INFORMATION Female Parent or Guardian

Title _____ Last name _____	First name _____
Address _____	State _____ P/Code _____
Telephone _____ Mobile _____	Fax _____ Email _____
Religious Denomination _____	Parish _____
Occupation _____	Bus Hours Tel _____
Employer's Name _____	
Employer's Address _____	
Country of Citizenship _____	Language Spoken at home _____

FAMILY INFORMATION Male Parent or Guardian

Title _____ Last name _____	First name _____
Address _____	State _____ P/Code _____
Telephone _____ Mobile _____	Fax _____ Email _____
Religious Denomination _____	Parish _____
Occupation _____	Bus Hours Tel _____
Employer's Name _____	
Employer's Address _____	
Country of Citizenship _____	Language Spoken at home _____

Person/s responsible for the payment of fees:

Name: _____ Signature: _____

Name: _____ Signature: _____

Custody / Guardianship	
Legal guardian of student other than parent	
If applicable, a copy of any Parenting or Restraining Order should be attached.	
Any other conditions enforced at law?	Yes / No

Health Care Card		
Do you hold a current Health Care Card	Yes / No	Expiry Date
Health Care Card Number: _____		

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 St Denis 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 or welfare during school hours.

Medical / Health Care	_____	Medication	_____
Physical	_____	Orthoses/Prostheses	_____
Psychological / Cognitive	_____	Sensory (eg Vision / Hearing)	_____
Behavioural or Safety	_____	Communication	_____
Allergies	_____		

If necessary please attach a separate sheet detailing student's requirements/history.

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.

EXTERNAL SERVICE PROVISION

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

If so, please detail the name of the Service Provider and contact number. _____

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

MEDICAL INFORMATION

F = Fully Immunised N = Not Immunised I = Incomplete immunisation P = Personal Objections

Measles Mumps Rubella Diphtheria

Tetanus Hepatitis B Polio (OPV) Pertussis (Whooping Cough)

Blood Group

Doctor / Medical Clinic _____ Tel _____

Address _____

Dentist / Dental Clinic _____ Tel _____

Address: _____

Medicare Number _____ Private Health Fund _____ Yes / No

MEDICAL EMERGENCY AUTHORISATION

I authorise St Denis School to seek medical / dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the school in the event of an emergency requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and if I am unable to be contacted, authorise the school to agree, on my behalf, to medically recommended treatment by an accredited medical practitioner

Signature of Father / Guardian _____ Date: _____

Signature of Mother / Guardian _____ Date: _____

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN)

Name _____ Relationship to student _____
Address _____
Contact Numbers (Home) _____ (Bus) _____ Mobile _____

Name _____ Relationship to student _____
Address _____
Contact Numbers (Home) _____ (Bus) _____ Mobile _____

DISCLOSURE

Do you agree that the information supplied on the STUDENT INFORMATION and FAMILY INFORMATION sections can be provided to our parish priest? Yes / No

AGREEMENT

- I/We understand and accept that the completion of this enrolment form does not guarantee an enrolment interview.
- 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 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 Father / Guardian _____

Signature of Mother/ Guardian _____

Date _____

Standard 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 Dioceses*, 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 enrol 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, magazines and on our website.**
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 organizations that 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. We may include your contact details in a class list and school directory.**
11. 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.

* If appropriate
** You may wish to seek specific consent