

# APPLICATION FORM Office Use Only

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**St Denis School**  
2 Orchid Street  
Joondanna WA 6060



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Web page:

[www.stdenis.wa.edu.au](http://www.stdenis.wa.edu.au)

Date of Lodgement	
Application Fee Paid	
Entered on AOS	
Interview	
<b>DOCS ATTACHED</b>	
Birth Cert	Yes / No
Baptism	Yes / No
Priest Ref	Yes / No
Immunisation	Yes / No
MCEETYA	Yes / No
Visa	Yes / No

Letter of Offer	
Enrolment Fee Paid	
<b>FORMS RETURNED</b>	
Acceptance Letter	Yes / No
Excursion Note	Yes / No
Images Permission	Yes / No
ICT User Agree.	Yes / No

## 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.*

Enrolment Year Level \_\_\_\_\_ Enrolment Year \_\_\_\_\_

**Please note that there is a \$30.00 non refundable enrolment fee payable on application..**

### STUDENT INFORMATION

Student Surname _____	First Name _____
Middle Name _____	
Male/Female _____	Preferred Name _____
Address _____	State _____ P/Code _____

Date of birth _____	Aboriginal /Torres Strait Islander	Yes / No
<b>Birth certificate attached</b> Yes / No	Country of birth _____	
If born outside of Australia: Date of arrival _____	Australian permanent resident	Yes / No
Country of citizenship _____	Number of years in Australia: _____	
Nationality _____	Language spoken at home _____	
	Visa No: ( <b>Please attach copy</b> ) _____	
	Status: _____	

### RELIGIOUS DETAILS

Religious denomination _____	Parish _____	
Date of reception of Sacraments _____	Baptism Certificate attached	Yes / No
Baptism _____ Reconciliation _____	First Communion _____	Confirmation _____

### SCHOOLING DETAILS

Previous school _____	Year level _____
Address _____	State _____ P/Code _____
Telephone _____	Fax: _____

**FAMILY INFORMATION Female Parent or Guardian**

Title \_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Marital Status \_\_\_\_\_

Email (IN CAPITALS) \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

Occupation \_\_\_\_\_ Bus Hours \_\_\_\_\_

Employer's Name \_\_\_\_\_ Tel \_\_\_\_\_

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 \_\_\_\_\_ Marital Status \_\_\_\_\_

Email (IN CAPITALS) \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

Occupation \_\_\_\_\_ Bus Hours \_\_\_\_\_

Employer's Name \_\_\_\_\_ Tel \_\_\_\_\_

Employer's Address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Language Spoken at home \_\_\_\_\_

**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: \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING ST DENIS**

Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_

Person/s responsible for the payment of fees:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**MEDICAL INFORMATION**

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

Measles       Mumps       Rubella       Tetanus

Pertussis (Whooping cough)       Diphtheria       Polio (OPV)       Hepatitis B

Hib       BCG       Chicken Pox       Meningococcal

Other       Blood Group

Doctor / Medical Clinic \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Dentist / Dental Clinic \_\_\_\_\_ Tel \_\_\_\_\_

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

Medicare Number \_\_\_\_\_ Private Health Fund \_\_\_\_\_ Yes / No

Medicare Expiry \_\_\_\_\_ Position on card (number) \_\_\_\_\_

**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 \_\_\_\_\_

Signature of Mother / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN) PLEASE SUPPLY TWO CONTACTS WHO RESIDE IN PERTH.**

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