



# St Denis School

## Joondanna

### APPLICATION FORM

#### 3-YEAR-OLD PRE KINDY-PROGRAM

St Denis School  
2 Orchid Street  
Joondanna WA 6060

Tel: (08) 9242 3422

Email: admin@stdenis.wa.edu.au

Web page: www.stdenis.wa.edu.au

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

Office Use Only

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

Office Use Only

|                             |          |
|-----------------------------|----------|
| Letter of Offer             |          |
| Enrolment Fee Paid          |          |
| <b>FORMS RETURNED</b>       |          |
| Acceptance Letter           | Yes / No |
| Excursion Note              | Yes / No |
| Images Permission           | Yes / No |
| Submitted Kindy Application | Yes / No |

#### St Denis School 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: \_\_\_\_\_

#### STUDENT INFORMATION

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

Date of birth (Please attach a copy of Birth Certificate): \_\_\_\_\_

Country of birth: \_\_\_\_\_

Aboriginal / Torres Strait Islander: Yes / No

If born outside of Australia - Date of arrival: \_\_\_\_\_

Australian permanent resident: Yes / No

Number of years in Australia: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Visa No: (Please attach copy) Status: \_\_\_\_\_ Date of Entry into Aus: \_\_\_\_\_

## RELIGIOUS DETAILS

Religious denomination: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Baptism Certificate attached: Yes / No

Baptism: \_\_\_\_\_ Reconciliation: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

## FAMILY INFORMATION – PARENT 1 / GUARDIAN 1 DETAILS

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

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email Address (IN CAPITALS): \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Tel: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

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

## FAMILY INFORMATION – PARENT 2 / GUARDIAN 2 DETAILS

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

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email Address (IN CAPITALS): \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Tel: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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: \_\_\_\_\_

## SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

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

## PERSON/S RESPONSIBLE FOR FEE PAYMENT

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

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

## MEDICAL

F = Fully Immunised

N = Not Immunised I = Incomplete immunisation

P = Personal Objections

Measles  Mumps  Rubella  Diphtheria

Pertussis (Whooping cough)  Tetanus  Polio (OPV)

Hepatitis B:  Blood Group

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

Doctor's Name: \_\_\_\_\_

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

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

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

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

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

*(Please provide a copy of your Medicare card)*

## 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 Parent 1 / Guardian 1: \_\_\_\_\_

Signature of Parent 2 / Guardian 2: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN)

PLEASE SUPPLY TWO CONTACTS WHO RESIDE IN PERTH.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Contact Numbers Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Contact Numbers Home: \_\_\_\_\_ 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 Parent 1 / Guardian 1: \_\_\_\_\_

Signature of Parent 2 / Guardian 2: \_\_\_\_\_

Date: \_\_\_\_\_

## STANDARD COLLECTION NOTICE

- [Please click here to view the standard collection notice](#)
- or visit: <https://tinyurl.com/ycxe9pmn>

## EXECUTIVE DIRECTIVE – ENROLMENT

- [Please click here to view the Executive Directive - Enrolment](#)
- or visit: <https://policy.cewa.edu.au/executive-directive/privacy/>