



St Denis School

Joondanna

APPLICATION FORM

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
DOCS ATTACHED	
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	
FORMS RETURNED	
Acceptance Letter	Yes / No
Excursion Note	Yes / No
Images Permission	Yes / No
ICT User Agree	Yes / No
Submitted Pre-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.

Enrolment Year Level: _____

Enrolment Year: _____

STUDENT INFORMATION

Student Surname: _____ First Name: _____

Middle Name: _____

Preferred Name: _____ Male/Female: _____

Address: _____ State: _____ P/Code: _____

Date of birth: _____

Birth certificate attached: Yes / No 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 Australia: _____

RELIGIOUS DETAILS

Religious denomination: _____ Parish: _____

Date of Baptism: _____ Baptism Certificate attached: Yes / No

Baptism: _____ Reconciliation: _____ Communion: _____ Confirmation: _____

SCHOOLING DETAILS

Previous school: _____ Year level: _____

Address: _____ State: _____ P/Code: _____ Tel: _____

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	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>
Pertussis (Whooping cough)	<input type="checkbox"/>		<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	Hib	<input type="checkbox"/>	BCG	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>
	<input type="checkbox"/>	Meningococcal	<input type="checkbox"/>	Other	<input type="checkbox"/>	Blood Group	<input type="checkbox"/>

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/>