



SACRED HEART SCHOOL

Our school's success, centred in Jesus is based on our shared belief that it takes a community to raise unique individuals; empowering dignity, positive partnership, responsibility and a desire for excellence.

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admin@sacredheartps.wa.edu.au

APPLICATION FOR ADMISSION Private and Confidential

A BOOKING FEE OF \$30.00 TO ACCOMPANY THIS APPLICATION PLEASE

Office Use Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Student Key</i>					<i>Application Fee receipt date</i>		<i>Date of Entry</i>		<i>House</i>

STUDENT INFORMATION

Student's Surname: _____

First Name(s): _____ Preferred Name: _____

Gender: Male Female Date of Birth: Day _____ Month _____ Year _____

Address: _____

Suburb _____ State _____ Postcode _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of reception of Sacraments:

Baptism: _____ Reconciliation: _____ Holy Eucharist: _____ Confirmation: _____

Country of Birth: _____ Birthplace: _____ Nationality: _____

Aboriginal/Torres Strait Islander: Yes / No If yes, then Group of Origin: _____

Australian Permanent Resident (if born outside of Australia): Yes / No Date of arrival in Australia: _____

Visa Category Number: _____ Country of Citizenship: _____ Main Language Spoken at Home: _____

Present School: _____ Location: _____ Year Level: _____

REQUESTING ADMISSION INTO YEAR LEVEL: _____ IN 20 _____
(Kindy, Pre-Primary, Year 1 etc)

A copy of your child's Birth Certificate, Baptism Certificate, Parish Priest Reference, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Application for Admission. Originals of these documents are to be presented at the enrolment interview.

Checklist of inclusive paperwork (Please do not send originals)

- | | | | |
|-----------------------------|--------------------------|--------------------------------------------------------|--------------------------|
| 1. Birth Certificate | <input type="checkbox"/> | 5. Reconciliation Certificate | <input type="checkbox"/> |
| 2. Immunisation Certificate | <input type="checkbox"/> | 6. Holy Eucharist Certificate | <input type="checkbox"/> |
| 3. Baptism Certificate | <input type="checkbox"/> | 7. Confirmation Certificate | <input type="checkbox"/> |
| 4. Parish Priest Reference | <input type="checkbox"/> | 8. Non-refundable application fee of \$30.00 (inc GST) | <input type="checkbox"/> |

Office use only

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Family Key

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN (please circle which applies)

Title: _____ Surname: _____ First Name: _____

Address: _____ State _____ Postcode _____

Mailing Address: _____ State _____ Postcode _____
(if different from above)

Email address: _____ Please use this email address for sending school communication to: Yes No

Contact Numbers:

Home _____ Work _____ Mobile _____

Absentee SMS Alert: Yes No

Country of Citizenship: _____ Religious Denomination: _____

Parish Priest: _____ Parish: _____ Suburb: _____

Occupation: _____ Employer Name: _____

MALE PARENT OR GUARDIAN (please circle which applies)

Title: _____ Surname: _____ First Name: _____

Address: _____ State _____ Postcode _____

Mailing Address: _____ State _____ Postcode _____
(if different from above)

Email address: _____ Please use this email address for sending school communication to: Yes No

Contact Numbers:

Home _____ Work _____ Mobile _____

Absentee SMS Alert: Yes No

Country of Citizenship: _____ Religious Denomination: _____

Parish Priest: _____ Parish: _____ Suburb: _____

Occupation: _____ Employer Name: _____

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student: _____

If applicable a copy of any Parenting or Restraint Order is attached: Yes No

Any other conditions enforced at Law? _____

SIBLINGS CURRENTLY ATTENDING SACRED HEART SCHOOL

Name: _____ Year Level: _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name: _____ Year Level: _____ School: _____

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 the 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, participation or welfare during school hours.

Medical/Health Care: _____

Medication: _____

Physical: _____

Orthoses / Protheses: _____

Psychological / Cognitive: _____

Sensory (eg Vision / Hearing): _____

Behavioural or Safety: _____

Communication: _____

Allergies: _____

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 arrangements? Yes / No

If so please provide the name of 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

EMERGENCY CONTACT DETAILS (other than parents/guardians)

1. Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

2. Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

MEDICAL INFORMATION

IMMUNISATION RECORD (please complete boxes by using one of the corresponding letters in each box)

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 (W Cough)	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>
Hep B	<input type="checkbox"/>	Hib	<input type="checkbox"/>	BCG	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Meningococcal	<input type="checkbox"/>	Other	<input type="text"/>		

Please include a copy of your child's immunisation record along with other documents required.

Family Doctor / Medical Clinic: _____ Telephone: _____

Address: _____

Dentist / Dental Clinic: _____ Telephone: _____

Address _____

Medicare Number: _____ Private Health Fund: _____ Blood Group (if known): _____

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, I/we authorise the school to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

Signature of Female Parent / Guardian _____ Date: _____

Signature of Male Parent / Guardian _____ Date: _____

DISCLOSURE

Do you agree that the information supplied on the *Student Information* and *Family Information* sections can be provided to the relevant Parish Priest Yes / No

AGREEMENT

I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applications 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 have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school.

I/We have read and fully understand and agree to the terms and conditions set out in the School Fee Collection Policy.

I/We agree to abide by the policies and directions of Sacred Heart School and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Female Parent / Guardian _____ Date: _____

Signature of Male Parent / Guardian _____ Date: _____

PERMISSION

I give permission for my child to attend excursions/incursions and physical education activities within the guidelines of the School's Camp and Excursion Policy. I understand that I will be informed prior to the activity taking place.

Signature of Female Parent / Guardian _____ Date: _____

Signature of Male Parent / Guardian _____ Date: _____

I give permission for my child to travel to and from excursions and/or sporting activities by using a chartered bus.

Signature of Female Parent / Guardian _____ Date: _____

Signature of Male Parent / Guardian _____ Date: _____

I give permission for my child to walk to and from venues within the immediate vicinity when accompanied by a teacher and the appropriate ratio of adults to children.

Signature of Female Parent / Guardian _____ Date: _____

Signature of Male Parent / Guardian _____ Date: _____

I agree/do not agree for visual media to be used in publications in relation to the promotion of Sacred Heart School and/or Catholic Education Office of Western Australia

Signature of Female Parent / Guardian _____ Date: _____

Signature of Male Parent / Guardian _____ Date: _____