



Sacred Heart School

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APPLICATION FOR ENROLMENT

Private and Confidential

Calendar Year for Enrolment:

Academic Year for Enrolment (Please circle.):

3K

4K

PP

Yr1

Yr2

Yr3

Yr4

Yr5

Yr6

STUDENT INFORMATION

Surname:		Gender: Male / Female	
First Name:	Second Name:	Preferred Name:	
Date of Birth:	Place of Birth:	Birth Certificate Attached: Yes / No	
Residential Address:		Suburb:	Postcode:
Aboriginal/Torres Strait Islander: Yes / No		If yes to Aboriginal/Torres Strait Island – Group of Origin:	
Nationality:	Main Language Spoken at Home:	Australian Permanent Resident: Yes / No	
Student Medicare Number:	Student Medicare Reference #	Expiry Date:	
Present School Attending: (If applicable.)		Location:	Year Level:
Religious Denomination:	Parish Priest:	Parish:	Suburb:
Date of Reception of Sacraments (Catholic)		Baptism Certificate Attached: Yes / No	
Baptism:	Reconciliation:	First Communion:	Confirmation:
If Born Outside of Australia			
Date of Arrival in Australia:	Visa Category Number:	Country of Citizenship:	Second Language:

FAMILY INFORMATION

Parent / Caregiver 1

Title:	Surname:	First Name/s:	
Residential Address:		Suburb:	Postcode:
Postal Address:		Suburb:	Postcode:
Home Number:	Mobile Number:	Work Number:	
Email Address:			
Country of Citizenship:			
Religious Denomination:	Parish Priest:	Parish:	Suburb:

Parent / Caregiver 2			
Title:	Surname:	First Name/s:	
Residential Address:		Suburb:	Postcode:
Postal Address:		Suburb:	Postcode:
Home Number:	Mobile Number:	Work Number:	
Email Address:		Country of Citizenship:	
Religious Denomination:	Parish Priest:	Parish:	Suburb:

CUSTODY/GUARDIANSHIP			
Name of Person(s) with Legal Guardianship of the Student:			
If Applicable - Copy of any Parenting or Restraint Order is Attached: Yes / No			
Any other conditions enforced at Law?			
Home Number:	Mobile Number:	Work Number:	
Email Address:		Country of Citizenship:	
Religious Denomination:	Parish Priest:	Parish:	Suburb:

SIBLINGS CURRENTLY ATTENDING SACRED HEART SCHOOL (MUNDARING)			
1. Student Name:	Current Year Level	3. Student Name:	Current Year Level
2. Student Name:	Current Year Level	4. Student Name:	Current Year Level

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS		
1. Student Name:	Current Year Level	School Attending
2. Student Name:	Current Year Level	School Attending
3. Student Name:	Current Year Level	School Attending

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)			
<i>Emergency contacts will only be phoned when Parents/Guardians cannot be contacted.</i>			
Contact 1 Details			
Title:	Surname:	First Name/s:	
Home Number:	Mobile Number:	Work Number:	
Residential Address:		Suburb:	Postcode:
Relation to Student: <i>(Grandparent, Aunt/Uncle, Family Friend)</i>			
Contact 2 Details			
Title:	Surname:	First Name/s:	
Home Number:	Mobile Number:	Work Number:	
Residential Address:		Suburb:	Postcode:
Relation to Student: <i>(Grandparent, Aunt/Uncle, Family Friend)</i>			

DISCLOSURE

Do you agree that the information supplied in 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 applicants 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 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 Code of Conduct, policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature: Parent/Caregiver 1 or Guardian 1

Signature Parent/Caregiver 1 or Guardian 2

Full Name

Full Name

Date

Date

PROVIDE THE FOLLOWING DOCUMENTS WITH THE APPLICATION *(Where Applicable)*

A copy of the following documents for your child are to accompany the Application for Enrolment form (where applicable). Originals of these documents should be presented at the enrolment interview.

1. Birth Certificate
2. Australian Immunisation Register (AIR) Immunisation History Statement *(Dated not more than 8 weeks old.)*
3. Certificate of Baptism
4. Parish Priest Reference
5. Passport and/or Visa if Born Outside of Australia *(Where applicable.)*
6. Current Restraining Orders / Custody Orders *(Where applicable.)*

Please ensure the application form is completed in full and signed by both Parents/Carers or Guardians.

Office Use

AoS Application #

Data Entry Date & Initials

Student Identifier / WASN

Faction House

<input type="text"/>	<input type="text"/>
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A/Fee Pd

B/Cert

<input type="text"/>	<input type="text"/>
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AIR

Baptism

<input type="text"/>	<input type="text"/>
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DC Form

PP Ref

<input type="text"/>	<input type="text"/>
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Siblings

A/L