



# St Augustine's School Application for Enrolment

*“Reaching for Great Heights”*

34 Gladstone Road, Rivervale WA 6103  
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[www.staugustines.wa.edu.au](http://www.staugustines.wa.edu.au)

Name _____
School Year Requested _____
Year of Entry Requested _____
Date Submitted _____

## Family Information

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_

Occupation \_\_\_\_\_

Nationality \_\_\_\_\_

Country of Birth \_\_\_\_\_

Residential Status Citizen  Resident  Overseas

Visa Number \_\_\_\_\_ Visa Expiry \_\_\_\_\_ Arrival Date \_\_\_\_\_

*(Original documentation for Residential Status of one parent to be sighted & copied for School Office Records, if both parents are born outside of Australia.)*

Language Spoken \_\_\_\_\_

Employer \_\_\_\_\_

Religion \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

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

Family Parish \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Title (eg. Mr & Mrs Home) \_\_\_\_\_

Mail Address \_\_\_\_\_

\_\_\_\_\_

Mail Title (eg. Mr & Mrs Mail) \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Email \_\_\_\_\_

Billing Title (eg. Mr & Mrs Billing) \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_

Occupation \_\_\_\_\_

Nationality \_\_\_\_\_

Country of Birth \_\_\_\_\_

Residential Status Citizen  Resident  Overseas

Visa Number \_\_\_\_\_ Visa Expiry \_\_\_\_\_ Arrival Date \_\_\_\_\_

Language Spoken \_\_\_\_\_

Employer \_\_\_\_\_

Religion \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

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

Medicare Number \_\_\_\_\_

Home Telephone \_\_\_\_\_

## Student Information

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Second Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Previous School \_\_\_\_\_

Main Language Spoken: \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Residential Status: Citizen  Resident  Overseas

Nationality Arrival Date \_\_\_\_\_

Visa Number \_\_\_\_\_ Expiry \_\_\_\_\_

Indigenous Status: Aboriginal  Torres Strait Isl.  Both  Neither

## Sacrament Information

Baptism Date \_\_\_\_\_ Reconciliation Date \_\_\_\_\_  
Place of Baptism \_\_\_\_\_ Place of Reconciliation \_\_\_\_\_  
First Eucharist Date \_\_\_\_\_ Confirmation Date \_\_\_\_\_  
Place of Eucharist Date \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to child \_\_\_\_\_

## Custody/Guardianship

Name of person(s) with legal guardianship of the student \_\_\_\_\_  
If applicable, a copy of any Parenting or Restraining Order is attached  Yes  No  
Any other conditions enforced at law \_\_\_\_\_

## Medical and Immunisation Information

F – Fully Immunised N – Not Immunised I – Incomplete Immunisation P – Personal Objections

Measles  Mumps  Rubella  Diphtheria  Tetanus  Hepatitis B  Polio (OPV)  Pertussis (Whooping Cough)

Other \_\_\_\_\_

attached **AUSTRALIAN IMMUNISATION REGISTER (AIR) IMMUNISATION HISTORY STATEMENT ~ according the amended 'Public Health Act 2016 (WA)' & the 'School Education Act 1999'**

Family Doctor/Medical Clinic \_\_\_\_\_

Address \_\_\_\_\_ Contact Number \_\_\_\_\_

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

Address \_\_\_\_\_ Contact Number \_\_\_\_\_

Private Health Fund \_\_\_\_\_ Blood Group (If known) \_\_\_\_\_

## Medical Emergency Authorisation

I Authorise the St Augustine's 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/we are 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.

Female Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Male Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## External Service Provision

Does your child receive any services from an external agency which may affect educational arrangements? Yes  No

If so please detail name of Service Provider and Contact Number \_\_\_\_\_

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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

## Siblings Currently Attending the School

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

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

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

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

## Siblings Currently Attending Other Schools

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

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

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

## Siblings Under School Age

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

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

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

## Disclosure

Do you agree that the information supplied in the Student Information and Family sections, can be provided to the relevant Parish Priest? Yes  No

## Agreement

I/we understand and accept that the completion of this Application for Enrolment Form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's 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.

*\*All Policies including Code of Conduct are available on the School Web Site [www.staugustines.wa.edu.au](http://www.staugustines.wa.edu.au) or school Administration Office.*

I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

I/we have read and fully understand and agree to abide by the policies, directions and Code of Conduct of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of FEMALE Parents(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of MALE Parents(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

## Documentation and Requirements

***The following documentation copies and additional requirements are to accompany your child's Application for Enrolment form (Originals of the following documents should be presented at the enrolment interview)***

**BIRTH CERTIFICATE**

**BAPTISM CERTIFICATE**

**PARISH PRIEST REFERENCE**

**AUSTRALIAN IMMUNISATION REGISTER (AIR) IMMUNISATION HISTORY STATEMENT**

**CURRENT VISA GRANT NOTICE OR CITIZENSHIP (IF BOTH PARENTS ARE BORN OUTSIDE OF AUSTRALIA).**

**CURRENT VISA GRANT NOTICE OR CITIZENSHIP OF YOUR CHILD IF BORN OUTSIDE OF AUSTRALIA**

**TO OBTAIN YOUR CURRENT VISA GRANT NOTICE, GO DIRECTLY TO THE VEVO WEBSITE ~ [www.immi.gov.au](http://www.immi.gov.au)**

**CUSTODIAL COURT ORDERS**

**SUPPORTING DOCUMENTATION FROM A CERTIFIED PROFESSIONAL (IF APPLICABLE) RELATING TO 'STUDENT'S INDIVIDUAL NEEDS' AS COMPLETED BY THE PARENT ON THIS 'APPLICATION FOR ENROLMENT' FORM**

**APPLICATION FOR ENROLMENT NON-REFUNDABLE LODGMENT FEE \$35:00 (Payable by Cheque; Credit Card or Electronic Funds Transfer)**

## Privacy Collection Notice

The School 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.

Some of the information we collect is to satisfy the Schools legal obligations, particularly to enable the School to discharge its duty of care.

Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.

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.

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, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, and volunteers.

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.

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 the school newsletters, promotional material, and school photos and on our website.

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.

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.

We may include your contact details in a class list and school directory. If you do not agree to this you must advise us now.

If you provide the School with the personal information of others, such as doctors or emergency contact, 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.

Dear Parents/Guardians

During your child's time at St Augustine's School, photos of your child taking part in school activities as well as samples of their work may be taken. These items are intended to be used by the school on the school website, School App, media release or other publications. All of these will be used to publicise the school and activities that children have taken part in.

Information about your child that may appear is outlined in the table below

Publication	Photo	Name	Year Level	Publish Student Work
School Website	√			√
School Newsletter	√	√	√	√
School App	√	√	√	√
Carnival / Special Events	√	√	√	
Newspaper Report	√	√	√	√

Special Note:

The school's newsletter is published on the school app and the school website [www.staugustines.wa.edu.au](http://www.staugustines.wa.edu.au)

All information gathered is subject to the school's Privacy Policy and will be treated in accordance with it.

If you do not want your child's details to appear in any of the above mentioned publications, or you do not wish the school to publish your child's work, you need to contact the school in writing to inform us of what information you wish to have withheld.

John Ryan

Principal