



# Mater Christi Catholic Primary School

## APPLICATION FOR ENROLMENT

I hereby make application for the admission of my son/daughter  
\$50 Application fee applies (Non Refundable)

340 Yangebup Road,  
Yangebup WA 6164  
**PO BOX 3077**  
Success WA 6964,  
**Website:**

[www.mcps.wa.edu.au](http://www.mcps.wa.edu.au)  
**Telephone:** (08) 9417 5756  
**Fax:** (08) 9417 9092

**ENROLMENT LEVEL:** (Kindy, Pre, Yr) \_\_\_\_\_ Year to Commence: \_\_\_\_\_ Interested in 3 Yr Old Kindy: \_\_\_\_\_

### **STUDENT INFORMATION:**

Student Surname: \_\_\_\_\_ Male  Female

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Is student of Aboriginal/Torres Strait Islander descent? Yes  No

Is student an Australian Citizen? Yes  No

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

Postal Address: (If different from residential) \_\_\_\_\_

Present School: \_\_\_\_\_ Year Level: \_\_\_\_\_

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

### **If born outside of Australia:**

Visa Category Number: \_\_\_\_\_ Expiry Date of Visa: \_\_\_\_\_

Arrival Date in Australia: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

***A copy of the Visa must be provided for application for enrolment to proceed.***

Religious Denomination:	Parish Priest:
Parish:	Suburb:
Sacraments received:	Place:
Year (DD/MM/YY)	(eg. Mater Christi,)
Baptism:	
Reconciliation:	
First Communion:	
Confirmation:	

Female Parent or Guardian		Male Parent or Guardian	
Title:	Surname:	Title:	Surname:
First Name:		First Name:	
Email Address:		Email Address:	
Employer:		Employer:	
Occupation:		Occupation:	
Telephone Work:		Telephone Work:	
Telephone Home:		Telephone Home:	
Mobile:		Mobile:	
Country of Birth:		Country of Birth:	
Religion:		Religion:	
Student living with:    Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>			

**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

**CUSTODY/GUARDIANSHIP**

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

Parenting or Restraint Order: Yes  No

If yes, please attach.

**SIBLINGS CURRENTLY ATTENDING SCHOOL**

Name	Age	Year Level	School

**EMERGENCY CONTACT IF PARENT UNAVAILABLE:**

Name: \_\_\_\_\_ Phone (a): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone (b): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (a): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone (b): \_\_\_\_\_

**MEDICAL/ IMMUNISATION RECORDS:**

F-Fully immunised	N-Not immunised	I-Incomplete Immunisation	P- Personal Objections
<b>Measles</b>		<b>Hepatitis</b>	
<b>Tetanus</b>		<b>Meningococcal C</b>	
<b>Mumps</b>		<b>Polio (OPV)</b>	
<b>Rubella</b>		<b>Pertussis (Whooping Cough)</b>	
<b>Diphtheria</b>			

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

Contact Numbers: \_\_\_\_\_

Family Dentist/Dental Clinic: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_ (If known)

**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 No. \_\_\_\_\_

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

**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/Prostheses: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EMERGENCY AUTHORISATION**

***I/we 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/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.***

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

FEMALE PARENT OR GUARDIAN

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

MALE PARENT OR GUARDIAN

## **ENROLMENT CRITERIA:**

At the discretion of the Principal, the following criteria will be used to select those students for whom an offer of enrolment is made:

1. Catholic students belonging to the Mater Christi Parish Community with a Parish Priest Reference.
2. Catholic students outside the Parish with a Parish Priest reference.
3. Other Catholic students
4. Siblings of non-Catholic students.
5. Non-Catholic students from other Christian denominations.
6. Other non-Catholic students.
7. The minimum age for enrolment of a child in kindergarten will be four years of age prior to 30 June of the enrolment year.
8. The Principal may vary the above priorities to suit particular local circumstances prevailing at the time, after prior consultation with the Executive Director of Catholic Education and written confirmation of the outcome.
9. Upon an offer of a position you are required to make an Enrolment Fee payment of \$100.00, which will then be credited against your first term school fees.

## **CONDITIONS FOR ADMISSION**

1. An interview attended by parents and child/children is a condition for admission, in order that parents may be fully briefed on the principles underlying the Enrolment Policy and on the application of these principles in practice.
2. Being a Catholic School it is important that applicants accept the values underlying the Catholic Ethos of education, and that the student undertakes to participate fully as committed members of the school community.
3. Parents undertake to support the policies and activities of the school.
4. Parents undertake to support The Parents and Friends Association, participating fully as committed members of the school community.
5. Parents undertake each term to settle promptly the school fees accounts, P&F, Building Levy and Amenities Fee as set by the School Board each year.

## **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 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 the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

\_\_\_\_\_ Date: \_\_\_\_\_  
MALE PARENT OR GUARDIAN

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

<b><i>For Office use only</i></b>							
<b>SUPPORTING DOCUMENTS</b>							
BIRTH CERTIFICATE	BAPTISM CERTIFICATE	PARISH PRIEST REFERENCE	IMMUNISATION RECORDS	SCHOOL REPORT	BISHOPS' RELIGIOUS LITERACY ASSESSMENT (YR 3,5)	NAPLAN (YR 3,5)	INTERVIEW DATE AND TIME