



# Mater Christi Catholic Primary School

340 Yangebup Road, Yangebup WA 6164  
Telephone: (08) 9417 5756 Fax: (08) 9417 9092  
Website: [www.mcps.wa.edu.au](http://www.mcps.wa.edu.au)

## APPLICATION FOR ADMISSION

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

### OFFICE USE

Class: ----- Year: -----  
House: -----  
Birth Certificate: -----  
Baptism Certificate: -----  
Immunisation: -----  
Application Fee: -----

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

### **STUDENT INFORMATION:**

Students Surname: \_\_\_\_\_ Male  Female

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

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

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

Is student an Australian Citizen Yes  No

### **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.***

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

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

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

### **FAMILY INFORMATION:**

#### **Mother / Guardian**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Student living with: Both Parents  Mother  Father  Guardian  Other

#### **Father / Guardian**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Religion: \_\_\_\_\_

**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:**

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (a): \_\_\_\_\_ Phone (b): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (a): \_\_\_\_\_ Phone (b): \_\_\_\_\_

**MEDICAL/ IMMUNISATION RECORDS:**

F- Fully immunised Objections	N- Not immunised	I-Incomplete Immunisation	P- Personal
<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)

**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/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

**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.

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

## **PRIVACY ACT COLLECTION NOTICE**

1. Mater Christi Catholic Primary 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.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. 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.
5. 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, the parish, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches and volunteers.
6. 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.
7. 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 School newsletters, magazines and on our website.
8. 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.
9. 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 organisations 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.
10. 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.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, 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.

## **ENROLMENT POLICIES:**

1. Enrolment is open to all who follow the Catholic faith with priority being given to students belonging to the Mater Christi Parish Community (with a Parish Priest Reference).
2. In the case of Catholics every effort will be made to accept students of families outside the Parish (with a Parish Priest reference).
3. Siblings of non-Catholics families are also considered a priority.
4. Application for enrolment from members of other faiths expressing a desire to acquire religious values will be considered. Acceptance and enrolment of a particular child does not necessarily mean other siblings will be considered.
5. The minimum age for enrolment of a child in kindergarten will be four years of age prior to 30 June of the enrolment year.
6. The Principal alone is responsible for the implementation of the Enrolment Policy and all applications should be directed to the Principal.

## **CONDITIONS FOR ADMISSION**

1. An interview attended by both parents and child 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 philosophy 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 the 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, Book Hire charges and Amenities Fee as set by the School Board each year. Any expenses, costs or disbursements incurred by the School in recovering any outstanding monies including debt collection fees and solicitor costs, shall be paid by the Parent/s, providing that those fees do not exceed the scale charges as charged by that debt collection agency/solicitor and in any event the commission is not to exceed 18% of the debt value, plus out of pocket expenses.

## **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.***