



MATER CHRISTI Catholic Primary School

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APPLICATION FOR ENROLMENT

PLEASE NOTE:

This Application will not be processed unless all sections are completed fully and the following documents are included:

	Green Data Collection Form
	Birth Certificate (if born outside of Australia a copy of your Visa or Citizenship Certificate)
	Baptism Certificate
	Parish Priest Reference
	Immunisation Records
	School Reports
	Bishop's Religious Literacy Assessment (YR 3 , 5)
	Naplan (YR 3 , 5)
	\$50 Non-refundable Application Fee

FOR OFFICE USE ONLY

Student Code	Roll Group	Faction	Religion	Sibling
EFT – CASH – CHEQUE	Date Received	Entered by	Date	

Student Information:

Enrolment Level: (Kindy, Pre, Yr) _____ Year to Commence: _____ Interested in 3 Yr Old Kindy: _____

Surname: _____ First Name: _____ Second Name: _____ Preferred Name: _____

Date of Birth: _____ Birth Place: _____ Birth Certificate attached: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female Australian Citizen ☐ Yes ☐ No Nationally: _____

Language Spoken at Home: _____ Aboriginal: ☐ Yes ☐ No Torres Strait Islander: ☐ Yes ☐ No

Present School: _____ Year Level: _____

If born outside of Australia:

Arrival Date in Australia: _____ Expiry Date of Visa: _____

Visa Category Number: _____ Copy of Visa attached: ☐ Yes ☐ No

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:	
Address:		Address:	
Telephone Home:		Telephone Home:	
E-mail Address:		E-mail Address:	
Mobile:		Mobile:	
Telephone Work:		Telephone Work:	
Employer:		Employer:	
Occupation:		Occupation:	
Country of Birth:		Country of Birth:	
Religion:		Religion:	

Is this the main residence for the student? ☐ Yes ☐ No Is this the main residence for the student? ☐ Yes ☐ No
Are you a Healthcare Card Holder? ☐ Yes ☐ No Are you a Healthcare Card Holder? ☐ Yes ☐ No

Custody / Guardianship:

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

Parenting or Restraint Order: (If yes, please attach).

☐ Yes ☐ No**Emergency Contact Details: (other than Parent/Guardian)**

Name: _____ Phone (a): _____

Relationship to Student: _____ Phone (b): _____

Name: _____ Phone (a): _____

Relationship to Student: _____ Phone (b): _____

Siblings Currently Attending Mater Christi Primary School:

Name	Year Level	Faction

Siblings Currently Attending Other Schools:

Name	Year Level	School

Student's Well-being:

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.

Doctors Name: _____ Practice _____ Phone No _____

Medicare No: _____ Private Health Fund: _____

Is your child fully immunised? (Certificate Attached) ☐ Yes ☐ NoDoes your child receive any services from an external agency, which may affect educational arrangements? ☐ Yes ☐ No

If so please detail name of Provider and contact number: _____

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.

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**Does your child have any needs in the following areas?**

Sensory:(eg Vision/Hearing) _____

Allergies: _____

Behavioural or Safety: _____

Communication: (eg. Speech Therapy) _____

Medical/Health Care: _____

Physical: _____

Psychological/Cognitive: _____

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

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.

Publication of Images & Work:

The Catholic Education WA (CEWA) seeks parents' consent on behalf of Mater Christi Catholic Primary School for the use of visual images, videos, recordings and work created by your child/ren for the purpose of promoting the school and / or Catholic Education WA (CEWA) via the newsletter, school website, educational publication and Catholic Education WA. In addition to this the promotion of events published on our school's Web Site may result in your child's image potentially being accessed worldwide through the Internet. Permission of parents/caregivers for the use of images is first sought at the time of enrolment, then ongoing.

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 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 the grounds of withholding information.

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 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.

Fees:

The APPLICATION FEE of \$50.00 together with Birth Certificate and Baptism Certificate (if born outside Australia copy of Visa or Citizenship Certificate) is required to accompany this application. Payment can be made by eftpos, credit card, cash or cheque, which should be made payable to Mater Christi Catholic Primary School. The application fee is non-refundable and non-transferable. I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy. I/we are responsible for payment of school fees and charges.

Mater Christi Catholic Primary School Privacy Act Collection Notice

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.

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.

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, 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 School newsletters, magazines 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 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. 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 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.

Female Parent or Guardian

Date

Signature of Parent(s)/Guardian(s):

Male Parent or Guardian

Date

