



APPLICATION FOR ENROLMENT

Name: _____

Application for Admission into Year Level _____ in 20 _____

Date: _____

OFFICE USE ONLY

INTERVIEW DATE: _____

INTERVIEW TIME: _____



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STUDENT INFORMATION:

Student Surname: _____ Male Female

First Name: _____ Preferred Name: _____

Student's date of birth: _____ Telephone: (Home) _____

Home Address: _____

Postal Address: (If different from residential) _____

Country of Birth: _____ Language Spoken at Home: _____

Is student of Aboriginal / Torres Strait Islander descent?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Both, Torres Strait Islander and Aboriginal

Is student an Australian Citizen

Yes No

If "No"

Visa Category Number: _____ Expiry Date of Visa: _____ Arrival Date: _____

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

Present school: _____ Location: _____ Year Level: _____

Religion: _____ Parish Priest / Pastor: _____

Sacraments received: Year (DD/MM/YY) Place (eg. St Paul's, Karratha)

Baptism: _____

First Communion: _____

Confirmation: _____

FAMILY INFORMATION:

Mother / Guardian

Name: _____

Email Address: _____

Employer: _____

Telephone (Work): _____

Occupation: _____

Mobile: _____

Country of birth: _____

Religion: _____

Father / Guardian

Name: _____

Email Address: _____

Employer: _____

Telephone (Work): _____

Occupation: _____

Mobile: _____

Country of birth: _____

Religion: _____

Student living with: Both Parents Mother Father Guardian Other



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CUSTODIAN/GUARDIANSHIP:

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

If applicable, a copy of the Parenting or Restraint Order is attached: Yes No

EMERGENCY CONTACT IF PARENT UNAVAILABLE:

Name: _____ Relationship to student: _____

Phone (1): _____ Phone (2): _____

SIBLINGS CURRENTLY ATTENDING SCHOOL:

Name	Age	Year Level	School	House

MEDICAL IMMUNISATION RECORD:

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

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

Family Doctor/Medical Clinic: _____

Contact Number(s): _____

Family Dentist/Dental Clinic: _____

Contact Number(s): _____

Medicare Number: _____

Private Health Fund (if applicable): _____

Blood Group (if known): _____

PARACETAMOL:

I consent to my son/daughter being given a maximum of two Paracetamol tablets by the College administration in any one day should he/she request it. Yes No

Signature of Parent/Guardian

Date



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PRESCRIBED MEDICATION:

Where possible student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, should the Principal approve school staff to administer prescribed medication to students, the following requirements are to be met.

The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students. The doctor is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.

Prescribed student medication is to be presented to the Principal and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I, _____ parent / guardian of student (Name) _____ (Class) _____ request that the following drug, as prescribed by Dr _____, be administered to my child for the purpose of treating (Condition) _____

Name of drug: _____

Dose to be given: _____

Time to be given: _____

Comments: _____

Note: Any additional information should be attached.

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: _____

Vision/Hearing: _____

i.e. (Sight, Auditory Processing)

Physical: _____

Behavioural or Safety: _____

i.e. (ADD, ADHD)

Orthoses / Prostheses: _____

Communication: _____

i.e. (English as a second language, Speech)

Psychological / Cognitive: _____

Allergies: _____

i.e. (Dyslexia, Depression)



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FEES:

Please state who is responsible for paying the College fees. If there are two parties, please state both parties and their percentage:

Parent/Guardian 1

I _____ am responsible for paying _____ % of the St Luke's College fees. I agree to do this in accordance with the College Fee Policy.

Parent/ Guardian Signature

Date

Parent/Guardian 2

I _____ am responsible for paying _____ % of the St Luke's College fees. I agree to do this in accordance with the College Fee Policy.

Parent/ Guardian Signature

Date

I am able to assist the College in the following ways:

Friends of St Luke's [] Canteen during school times []

Busy Bees [] Fete/FeNaCING []

Trade _____

Other _____

DISCLOSURE:

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

STANDARD COLLECTION NOTICE: PUBLICITY AND THE USE OF STUDENT IMAGES:

As part of the school's publicity activities, the situation, on occasion, may arise whereby the school, Catholic Education Office (CEO) or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, CEO documents, training videos and/or the school/CEO website and school Facebook page.

Should you want your child/ren to feature in such publicity, please complete the information below.

I _____

Parent/Guardian of _____ Year _____ do / do not hereby give permission for the use of my son's/daughter's photo/video image in school publicity activities.

Signed _____ Date _____

HOW DID YOU HEAR ABOUT ST LUKE'S COLLEGE?

Word of mouth / Friend []

St Luke's College Website []

Other []



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CONSENT FOR USES AND DISCLOSURES OF PERSONAL INFORMATION:

1. The College 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 and parish, medical practitioners and people providing services to the school including specialist visiting teachers, 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 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 this information to third parties.

ENROLMENT CRITERIA:

All enrolment applications are subject to an interview before a place may be offered.

Families are expected to be supportive of the ethos and practices of St Luke's College. In general, the following criteria will apply to prioritise offers of enrolment.

1. Catholic student from a Catholic school with a Parish Priest reference
2. Catholic student from a non-Catholic school with a Parish Priest reference
3. Catholic student from a Catholic school
4. Catholic student from a non-Catholic school
5. Siblings of non-Catholic students
6. Non-Catholic student from a Catholic school
7. Non-Catholic student from other Christian denominations
8. Other non-Catholic students

All applications must be accompanied by a non-refundable fee of \$60.



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AGREEMENT AND MEDICAL EMERGENCY AUTHORISATION

- I understand and accept that the completion of this enrolment application form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.
- I understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- I understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
- I 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 enrolment application 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 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.

I authorise St Luke's College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise St Luke's College that, if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PLEASE ATTACH THE FOLLOWING

- | | |
|--|--------------------------|
| 1. Parish Priest Reference | <input type="checkbox"/> |
| 2. Birth Certificate (copy) | <input type="checkbox"/> |
| 3. Baptism Certificate (copy) | <input type="checkbox"/> |
| 4. Most recent School Report (copy) | <input type="checkbox"/> |
| 5. Most recent WALNA/NAPLAN Report (copy) | <input type="checkbox"/> |
| 6. Immunisation Record (copy) | <input type="checkbox"/> |
| 7. ICT Acceptable Use Policy | <input type="checkbox"/> |
| 8. Temporary Residency Visa (copy) | <input type="checkbox"/> |
| 9. Non-refundable Enrolment Fee of \$60.00 | <input type="checkbox"/> |

