



ST. LUKE'S CATHOLIC PRIMARY SCHOOL

17 Duffy Terrace, Woodvale, WA 6026
Telephone: 9309 2949 Facsimile: 9309 2497
Email: admin@stlukeswoodvale.wa.edu.au
ABN 96 231 181 729

APPLICATION FOR ENROLMENT

STUDENT INFORMATION

Student Surname: _____
First Name: _____ Preferred Name: _____
Address: _____ Female / Male
_____ State: _____ Postcode: _____
Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes / No
Aboriginal / Torres Strait Islander: Yes / No
If "Yes" to Aboriginal / Torres Strait Islander, then group of origin: _____
Nationality: _____ Australian Permanent Resident: Yes / No
If "No" copy of visa attached: Yes / No
Born outside of Australia: Yes / No Date of Arrival: _____ Visa Category Number: _____
Country of Citizenship: _____ Language Spoken at Home: _____

Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Date of Reception of Sacraments: _____ Baptism Certificate Attached Yes / No
Baptism: _____ Reconciliation: _____ First Communion: _____ Confirmation: _____
Present School: _____ Location: _____ Year Level: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
_____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Employer: _____
Contact Numbers: _____ (H) _____ (W) _____ (M)
Email: _____
Country of Citizenship: _____ Language Spoken at Home _____

FAMILY INFORMATION CONTINUED

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____ Employer: _____

Contact Numbers: _____ (H) _____ (W) _____ (M)

Email: _____

Country of Citizenship: _____ Language Spoken at Home _____

CUSTODY / GUARDIANSHIP

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

If applicable a copy of any Parenting or Restraint Order is attached. Yes / No

Any other conditions enforced at law? _____

YEAR APPLICATION MADE FOR

Grade applied for: _____ Year of Entry: _____

SIBLINGS CURRENTLY ATTENDING ST LUKE'S SCHOOL

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____

PRE SCHOOL-AGED SIBLINGS

Name	Age	Name	Age
_____	_____	_____	_____

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.

1. Medical / Health Care _____
2. Medication _____
3. Physical Needs _____
4. Learning Needs _____
5. Psychological/ Socio-emotional Needs _____
6. Sensory Needs (e.g. Vision/Hearing) _____
7. Behavioural or Safety Needs _____
8. Communication Needs _____
9. Self Care Needs _____
10. 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.

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? (E.g. Speech & Hearing Centre, Language Centre etc.) 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

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT / GUARDIAN)

Name: _____ Relation to Student: _____
Contact Numbers: _____
Name: _____ Relation to Student: _____
Contact Numbers: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

F – fully immunised N – not immunised I – incomplete immunisation P – personal objections

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis B Pertussis Polio (OPV) Immunisation Record Attached
(Whooping Cough) Yes / No

Family Doctor / Medical Clinic: _____
Address: _____
Contact Numbers: _____
Dentist / Dental Clinic: _____
Address: _____
Contact Numbers: _____
Medicare Number: _____ Private Health Fund: _____ Blood Group: _____

MEDICAL EMERGENCY AUTHORISATION

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

Signature of Parent (s) / Guardian (s): _____ Date: _____
Female Parent or Guardian

_____ Date: _____
Male Parent or Guardian

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

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 fully, truthfully 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.

I/we agree to abide by the St Luke's school uniform policy.

Signature of Parent (s) Guardian (s) _____ Date: _____
Female Parent or Guardian

_____ Date: _____
Male Parent or Guardian

TO BE COMPLETED AT TIME OF INTERVIEW

I / we acknowledge that we have read and updated to the best of my / our knowledge all information previously supplied above.

Signature of Parent (s) / Guardian (s): _____ Date: _____
Female Parent or Guardian

_____ Date: _____
Male Parent or Guardian

PLEASE NOTE: To register your application a \$55.00 (GST included) enrolment fee (non-refundable) needs to accompany this application. A copy of your child's birth, baptism and immunisation records need to accompany this enrolment form as well as passport, visa and custodial orders if relevant.

OFFICE USE ONLY: Birth Certificate Baptism Certificate Immunisation Records