



## ENROLMENT FORM

### STUDENT INFORMATION

Student Surname: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 \_\_\_\_\_  
 Birth certificate attached: Yes/No  
 Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Yes/No  
 If yes, then Group of Origin: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No  
 Born outside Australia. Number of Years in Australia: \_\_\_\_\_  
 Date of arrival in Australia: \_\_\_\_\_ 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: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 Contact Numbers: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### MALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 Contact Numbers: \_\_\_\_\_  
 Email: \_\_\_\_\_

**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? \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING ST MATTHEW'S SCHOOL**

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

**SIBLINGS CURRENTLY ATTENDING ANOTHER SCHOOL**

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

**STUDENT'S INDIVIDUAL NEEDS**

The School *Education Act 1999* requires the provision of :  
“Details of any conditions 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/Prosthesis \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_

Sensory (e.g. 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 relevant practitioner.

**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

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

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

**MEDICAL INFORMATION**

**IMMUNISATION RECORD**

F – fully immunized      N – not immunized      I – incomplete immunization      P- personal objections

Measles       Mumps       Rubella       Diptheria       Tetanus

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

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

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

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

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

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

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

Medicare Number: \_\_\_\_\_ Private health Fund: \_\_\_\_\_ Blood Group \_\_\_\_\_

*(If known)*

**MEDICAL EMERGENCY AUTHORISATION**

*I authorise St Matthew’s 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 St Matthew’s 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

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

Signature of Parent(s) / Guardian (s): \_\_\_\_\_ 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.*