



APPLICATION FOR ADMISSION

Academic Year of Entry in 20.....

STUDENT INFORMATION

Surname: Date of Birth:

Christian Names: Birthplace:

(Please note that names on all official school records will appear as on the Birth Certificate e.g. school reports)

Male / Female (Please Indicate) Birth Certificate Attached: Yes / No

Language Spoken at Home: Aboriginal/Torres Strait Islander: Yes / No

Nationality: Country of Citizenship:

(attach copy of passport)

Born outside Australia – Date of Arrival: Number of Years in Australia:

Australian Permanent Resident: Yes / No Visa Sub-Class Number:

Visa Expiry Date:

Present School: Location: Year Level:

Residential Address:

Suburb: State: Post Code:

Home Phone Number:

Religious Denomination: Baptism Certificate Attached: Yes / No

Parish:

Suburb:

Parish Priest:

Dates of Reception of Sacraments:

Baptism: / / Reconciliation / / First Communion / /

For Office use only

SUPPORTING DOCUMENTS

PRIORITY	DATA ENTERED	FAMILY CODE	BIRTH CERTIFICATE	BAPTISM	IMMUNISATION CARD	DATA COLLECTION	INTERVIEW

20 Toodyay Road MIDDLE SWAN WA 6056

PO Box 1396 MIDLAND WA 6936

Telephone: 9250 1592 • Fax: 9250 2973 • Email: admin@stbrigidSMS.wa.edu.au

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title:	Surname:	Christian Names:
Residential Address:		
Town/Locality:	State	Post Code
Home Phone:	Mobile Phone:	
Postal Address (if different to above):		
Town/Suburb	State:	Post Code
Email address:		
Occupation:	Nature of Business:	
Employer:	Work Phone:	
Nationality:	Country of Birth:	
Religious Denomination:	Parish Priest:	
Parish:	Suburb:	

MALE PARENT OR GUARDIAN

Title:	Surname:	Christian Names:
Residential Address:		
Town/Locality:	State	Post Code
Home Phone:	Mobile Phone:	
Postal Address (if different to above):		
Town/Suburb	State:	Post Code
Email address:		
Occupation:	Nature of Business:	
Employer:	Work Phone:	
Nationality:	Country of Birth:	
Religious Denomination:	Parish Priest:	
Parish:	Suburb:	

Please ensure you notify the School Office immediately if any of the above details change.

Married / Separated / Divorced / Defacto / Widowed (Please Indicate)

Person/s responsible for the payment of fees:

Name:	Signature:
Name:	Signature:

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 SAINT BRIGID'S MIDDLE SWAN

Name	Year Level	Name	Year Level
Name	Year Level	Name	Year Level
Name	Year Level	Name	Year Level

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

Education/Learning Assistance required (please specify)

Yes / No

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.

EXTERNAL SERVICE PROVISION

Does your child receive any services from any external agency, which may affect educational arrangements?

Yes / No

If yes, please provide details, name of Service Provider and contact phone number.

Details:

Name of Service Provider:

Contact Phone Number:

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)

(Preferably should be someone local)

1. Name: Relation to Student:

Address: Town/Locality:

Contact Numbers:

Home: Work: Mobile:

2. Name: Relation to Student:

Address: Town/Locality:

Contact Numbers:

Home: Work: Mobile:

MEDICAL INFORMATION

IMMUNISATION RECORD *(Please use one of the following to denote immunisation status)*

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

<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Pertussis (Whooping Cough)	<input type="checkbox"/> Polio (OPV)	<input type="checkbox"/> Hepatitis B	Immunisation Record Attached:	Yes / No

Family Doctor/Medical Clinic: _____ Phone Number: _____

Address: _____ Town/Locality: _____

Dentist/Central Clinic: _____ Phone Number: _____

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. 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

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 others for administrative and educational purposes _____ 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 Saint Brigid'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 agree to abide by the policies and directions of Saint Brigid's and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We have enclosed the \$26 Application Fee.

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

FEMALE PARENT OR GUARDIAN

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

MALE PARENT OR GUARDIAN

THIS APPLICATION FORM MUST BE COMPLETED AS FULLY AS POSSIBLE AND SIGNED

A copy of each of the following details must be attached to this application, where applicable

1. Birth Certificate
2. Passport and/or Visa if born outside Australia
3. Immunisation Records
4. Certificate of Baptism
5. Current Restraining Orders / Custody Orders
6. Data Collection Form