

St Pius X School



Enrolment Application

A Catholic Co-Educational Application Form

3 Year Old Kindergarten to Year 6



Corner Ley Street & Cloister Avenue

MANNING. WA 6152

Telephone: (08) 9416 5600

Email: admin@stpiusx.wa.edu.au

Enrolment Application Procedure:

For your child's application to be accepted and processed please follow the following guidelines:

1. Applications will only be processed once all the correct documentation and payment has been received.
2. Applications must be signed by both parents;
3. The supporting documentation listed below, must accompany the application:
 - I. Copy of your child's Birth Certificate;
 - II. Copy of your child's Baptism Certificate (where applicable);
 - III. Copy of your child's Immunisation History Statement from Medicare;
 - IV. Parish Priest Reference (download from the school website). All catholic families are required to provide a Parish Priest Reference;
 - V. Non-refundable Enrolment Fee of \$50.00. We accept cash, credit or eftpos;
 - VI. Proof of Child's Citizenship/Residency or Visa type (where applicable);

Should you require further information regarding your application, please do not hesitate to contact the Administration Office on 9416 5600 or email admin@stpiusx.wa.edu.au



We look forward to welcoming you to our St Pius X School Community.

ST PIUS X SCHOOL



Cnr Ley Street & Cloister Avenue, Manning, WA 6152 | Phone (08) 9416 5600 | Fax (08) 9416 5601

Website: www.stpiusx.wa.edu.au Email: admin@stpiusx.wa.edu.au

Enrolment Application Form

Calendar Year for Enrolment: _____

Year Level: _____

STUDENT INFORMATION

Student Surname: _____

Christian Names: _____

Preferred Name: _____

Address: _____

State: _____ Postcode: _____

Home Phone Number: _____

Date of Birth: _____ Birthplace: _____

Birth Certificate Attached: Yes/No

Gender: Male Female

Aboriginal/Torres Strait Islander: Yes/No

If yes to Aboriginal/Torres Strait Islander, then Group of Origin: _____

Nationality: _____

Australian Permanent Resident: Yes/No

If born outside of Australia:

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

Country of Citizenship: _____ Language Spoken at Home: _____

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

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Reception of Sacraments: _____ Baptism Certificate Attached Yes/No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

Previous School Attended _____ Location: _____ Year level: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

State: _____ Postcode: _____ Email Address: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____ Place of Employment: _____

Contact Numbers: (Home) _____ (Work) _____ (Mobile) _____

Country of Birth: _____ Country of Citizenship: _____

Marital Status: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
State: _____ Postcode: _____ Email Address: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Place of Employment: _____
Contact Address: _____
Contact Numbers: (Home) _____ (Work) _____ (Mobile) _____
Country of Birth: _____ Country of Citizenship: _____
Marital Status: _____
Student living with: Both Parents Mother Father Guardian Other

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 PIUS X SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

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 _____

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 the relevant practitioner.

Is there any medical condition we should be aware of? _____

EXTERNAL SERVICE PROVISION

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

If so please detail name of Service Provider and Contact No. Yes/No

Please detail _____

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

In case of an emergency and your child needs to be taken to hospital – do you have a preference?

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

1. Name: _____ Relation to Student: _____

Contact Numbers: (Home) _____ (Work) _____ (Mobile) _____

2. Name: _____ Relation to Student: _____

Contact Numbers: (Home) _____ (Work) _____ (Mobile) _____

MEDICAL INFORMATION

IMMUNISATION RECORD

F- fully immunised	N - not immunised	I - incomplete immunisation	P -personal objections
Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>	Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Pertussis (Whooping Cough) <input type="checkbox"/>	Polio (OPV) <input type="checkbox"/>	Immunisation Record Attached Yes/No

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 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/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.

Signature of Parent(s)/Guardian(s): _____ Date: _____
FEMALE PARENT OR GUARDIAN

MALE PARENT OR GUARDIAN Date: _____

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 that St Pius X is a fee paying school 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

MALE PARENT OR GUARDIAN Date: _____

PLEASE NOTE: There is a non-refundable Application Fee of \$50 for a family that must accompany this application.

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.

Please refer to our school website for our Enrolment Policy and other School Policies.

A Parish Priest Reference will be required.

Office Use Only

Admission of this pupil is confirmed: _____ Date: _____

Principal
Date Admitted: _____ Application Fee Date Paid: _____ Year: Level _____



St Pius X Catholic Primary School
(Herein referred to as 'the School')
**Standard Collection Notice for the
National Privacy Act (2001)**

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. As the School is a member of Catholic Education Western Australia (CEWA), it collects the information on behalf of CEWA. Collection may be in writing or in the course of conversations. The primary purpose of collecting this information is for the School and CEWA to support and administer students' safe participation in the educational programme of the school according to law, which will enable students to participate in School and CEWA activities.
2. Some of the information we collect is to satisfy the School and CEWA's legal obligations, particularly to enable the Principal to discharge their duty of care.
3. Laws governing or relating to the operation of school require certain information be collected and disclosed. These include the School Education Act, The Children and Community Services Act, and the System and funding agreements between CEWA and the State and Federal governments.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We ask you to provide medical reports about students from time to time.
5. The School may disclose personal and sensitive information for educational, administrative and support purposes. This may include:
 - Other Schools and teachers at those schools;
 - government departments;
 - Catholic Education Office, the Catholic Education Commission, the diocese and parish, other related church agencies/entities;
 - medical practitioners;
 - people providing educational, support and health services to the School and CEWA, including specialist visiting teachers, sports coaches, volunteers, counsellors and providers of learning and assessment tools;
 - assessment and educational authorities, including the Australian Curriculum Assessment and Reporting Authority;
 - people providing administrative and financial services to the School and CEWA;
 - anyone you authorise the School to disclose information to; and
 - anyone to whom the School or CEWA is required or authorised to disclose the information to by law, including child protection laws.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. The School or CEWA may use online or 'cloud' service providers to store personal information and to provide services to the School that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's server which may be situated outside Australia. Further information about the School or CEWA's use of online or 'cloud' service providers is contained in the School's Privacy Policy.
8. The School's Privacy Policy, accessible on the School's website, sets out how parents or students may seek access to and correction of their personal information which the School has collected and holds on behalf of CEWA. However, access may be refused in certain circumstances such as 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 student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
9. The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
10. The School may engage 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.
11. On occasions information such as academic and sporting achievements, student activities, and similar news is published in School and CEWA newsletters and magazines, on our intranet and on ours or CEWA's website. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The School will obtain permissions annually from the student's parents or guardian if we would like to include such photographs or videos or other identifying material in our promotional material or otherwise make this material available to the public such as on the internet.
12. We may include students' and students' parents' contact details in a class list and School directory.
13. 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.