



St Joseph's Primary School Kununurra

Application for Enrolment Three-Year-Old Kindergarten

STUDENT

First Name:	Middle Name:
Surname:	Preferred Name
Date of Birth:	Gender:
Date of Application:	

DEMOGRAPHICS

Country of birth:	Country of citizenship:
☐ Aboriginal/Torres Strait Islander: ☐ Aboriginal Origin ☐ Torre Strait Islander Origin ☐ Both Aboriginal and Torre Strait Islander Origin ☐ Neither Aboriginal or Torre Strait Islander Origin	Visa subclass number:
	Date of arrival in Australia:
	Visa Expiry date:
	Main Language Spoken at home: ☐ English ☐ Aboriginal English ☐ Kriol
	Other languages spoken at home:

RELIGION

Religion denomination:	Parish:
	Baptised:

CURRENT SCHOOL/PLAYGROUP (IF APPLICABLE)

School/Playgroup:	Do you intend to continue to Kindergarten at St Joseph's Primary School? Yes/No
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CAREGIVER 1

Title:	Does the child live with you? ☐ Yes – always ☐ Yes – some of the time ☐ No – never
First name:	
Surname:	
Relationship to child:	

CONTACT DETAILS

Email:	Telephone-home:
Telephone-mobile:	Telephone-work:
Address:	Postal Address:

DEMOGRAPHICS	
Country of citizenship:	Visa subclass number (if not an Australian citizen):
Visa Expiry date:	Religious denomination:
Occupation and Place of Work:	Main Language spoken:

DATA COLLECTION	
This information is being collected to enable nationally comparable reporting of students' outcomes against the <i>National Goals for Schooling in the Twenty-First Century</i> . This information is collected in accordance with the school's Privacy Policy.	
Have you been employed in paid work in the past 12 months? Yes/No	
If so, indicate your occupation group:	☐ Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals ☐ ☐ Group 2: Other business managers/professionals and associate professionals ☐ ☐ Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff ☐ ☐ Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers
Highest Year of Schooling	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below
Level of highest qualification Completed:	☐ Bachelor's Degree or above ☐ Advanced Diploma /Diploma ☐ Certificate I to IV (Including trace Certificate) ☐ No non-school qualifications

CAREGIVER 2	
Title:	Does the child live with you? ☐ Yes – always ☐ Yes – some of the time ☐ No – never
First name:	
Surname:	
Relationship to child:	

CONTACT DETAILS	
Email:	Telephone-home:
Telephone-mobile:	Telephone-work:
Address:	Postal Address:

DEMOGRAPHICS

Country of citizenship:	Visa subclass number (if not an Australian citizen):
Visa Expiry date:	Religious denomination:
Occupation and Place of Work:	Main Language spoken:

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Highest Year of Schooling	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below
Level of highest qualification Completed:	☐ Bachelor's Degree or above ☐ Advanced Diploma /Diploma ☐ Certificate I to IV (Including trace Certificate) ☐ No non-school qualifications

GUARDIANSHIP

Please identify the legal guardian(s) of the student: ☐ Caregiver 1 ☐ Caregiver 2	Are there any legally binding parenting or restraining orders, or other conditions we should be aware of? (please specify)
Other (please specify)	Office:
Email	Phone:

SIBLINGS

Siblings currently attending the school:	Siblings currently attending other schools:

EMERGENCY CONTACTS – if caregivers cannot be contacted**Name:****Name:**

Telephone:

Telephone:

Relationship to child:

Relationship to child:

HEALTH PROVIDERS**Medicare number:**

Child's reference number (position on card):

Medicare expiry date:

IMMUNISATION

Government regulations require schools to obtain immunisation records at the time of enrolment and keep records. School Health Services has to be notified of children who are not immunised. **Only an Australian Immunisation Register (AIR) Immunisation Status Reports can be accepted.**

Do you have an AIR Immunisation Status Report for the student? **Yes/No****BILLING – SCHOOL FEES****Who is responsible for paying school fees?**

Name:

Email:

- ☐ Both caregivers
☐ Caregiver 1 only
☐ Caregiver 2 only
☐ Other (provide details below)

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college that if an emergency occurs requiring surgery, aesthetic, 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:** _____**PARENT OR GUARDIAN**_____
PARENT OR GUARDIAN**Date:** _____

MEDIA AND INTERNET CONSENT

PHOTO PERMISSION

Are you happy for your child's photograph to be taken when participating in school activities?

- ☐ YES, I give consent to my child having his/her photograph taken at school
☐ NO, I do not give consent

MEDIA CONSENT

Children's image and/or their work may be published and may appear in CEWA, local newspapers, on the internet, in the school newsletter, or on film or video. Parents will be contacted for added consent if names are to be published with photos.

- ☐ Yes, I give consent to my child to have his/her image and /or work published as described above.
☐ I understand images will be used in subsequent years unless revoked in writing.
☐ No, I do not give consent.

INTERNET ACCESS CONSENT

Student access to the internet is provided in accordance with the School Policy (available from the office or school website).

- ☐ Yes, my child has permission to access the internet in accordance with School Policy.
☐ No, I do not give consent.

VIEWING CONSENT

Children often watch videos/DVDs/television documentaries as part of their learning. Almost always these are G rated and don't require consent. Very occasionally something with a PG rating is appropriate for which we need parental permission.

- ☐ Yes, my child has permission to view items with a PG rating if deemed suitable by the teacher and school administration.
☐ No, I do not give consent.

This form will stay in effect for the time that the student is enrolled at St Joseph's Primary School Kununurra unless reversed in writing and delivered to the school office. If at any time you wish to change this form, please ask for one in the office.

Student Documents Checklist

- ◇ **Birth Certificate**
- ◇ **Australian Immunisation Register (AIR) Immunisation Status Report**
- ◇ Australian Citizenship Certificate (if applicable)
- ◇ Medical Reports or correspondence (if applicable)
- ◇ Allergy/Asthma Action Plan (if applicable)
- ◇ Most recent school report
- ◇ Baptism Certificate (if applicable)
- ◇ Passport (if not born in Australia)

Caregiver Document Checklist

- ◇ **Passport (if not born in Australia)**
- ◇ **Visa (if NOT an Australian citizen)**
- ◇ **Australian Citizenship Certificate (if applicable)**
- ◇ **Health Care Card (if applicable)**
- ◇ **Parish Priest Reference (if applicable)**
- ◇ **Custodial Court Order (if applicable)**

***Required Documents**

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 understand that enrolment into the 3-year-old program is separate to the enrolment process for kindergarten through to Year 6 at St Joseph's Primary School Kununurra. We strongly encourage families wishing to continue their educational journey into kindergarten and beyond, to complete the student application & information forms and submit them alongside the 3-year-old application forms.

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 CEWA Limited as they are enacted from time to time.

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

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