



Our Lady of Fatima School
3 Harris Rd, Palmyra, W.A. 6157
Telephone 9333 7900 Fax 9339 4951
Email office@olof.wa.edu.au

APPLICATION FOR ENROLMENT

YEAR APPLICATION MADE FOR

Year Level Applied for _____ Year of Entry _____

\$22 Non-Refundable Application Fee Applies Receipt No _____

STUDENT INFORMATION

Student Surname _____ First Name _____

Preferred Name _____ Male or Female _____

Address _____

_____ State _____ Postcode _____

Date of Birth _____ Birthplace _____

Nationality _____ Australian Permanent Resident Yes/No

Religious Denomination _____ Parish Priest _____

Parish _____ Suburb _____

Present School _____ Location _____ Year Level _____

Please circle certificates applicable and attach copies

Baptism Certificate Birth Certificate Immunisation Certificate

Reconciliation First Communion Confirmation

FAMILY INFORMATION

Female Parent or Guardian

Title _____ Surname _____ First Name _____

Mothers Maiden Name _____

Contact Address _____

_____ State _____ Postcode _____

Contact Phone Nos. Home _____ Work _____

Mobile _____ Email _____

Occupation _____ Employer _____

Nationality _____ Country of Birth _____ Australian Permanent Resident Yes/No

Religious Denomination _____ Parish Priest _____

Parish _____ Suburb _____

Male Parent or Guardian

Title _____ Surname _____ First Name _____

Contact Address _____

_____ State _____ Postcode _____

Contact Phone Nos. Home _____ Work _____

Mobile _____ Email _____

Occupation _____ Employer _____

Nationality _____ Country of Birth _____ Australian Permanent Resident Yes/No

Religious Denomination _____ Parish Priest _____

Parish _____ Suburb _____

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 by law? _____

SIBLINGS CURRENTLY ATTENDING OUR LADY OF FATIMA SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

PRE SCHOOL-AGED SIBLINGS

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

STUDENTS 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/Prothesis _____

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 an external agency, which may affect educational arrangements? (eg Speech & Hearing Centre, Language Centre etc)? Yes/No

If so please detail name of Service Provider and Contact 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

EMERGENCY CONTACT DETAILS OTHER THAN A PARENT/GUARDIAN

Name _____ Relation to Student _____

Address _____

Contact Numbers _____

Name _____ Relation to Student _____

Address _____

Contact Numbers _____

MEDICAL INFORMATION

Immunization Record

Measles Mumps Rubella Diphtheria Tetanus
Hepatitis B Pertussis (whooping cough) Polio(OPV)
Immunisation Record Attached Yes/No

Family Doctor/Medical Clinic _____

Contact Number _____

Medicare No _____ Private Health Fund _____

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

PRIVACY ACT

1. Our Lady of Fatima School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other

Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School Newsletters.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include 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 pupil, or where pupils have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations 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.
10. We may include your contact details in a class list.
11. 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, that they can assess that information if they wish and that the School does not usually disclose the information to third parties.

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 and accept 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 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 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

_____ Date _____

Male Parent or Guardian

OFFICE USE ONLY:

Birth Certificate Baptism Certificate Immunisation Records