



Our Lady of Fatima School Application for Enrolment

“Peace”

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Palmyra WA 6157
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admin@olof.wa.edu.au
www.olof.wa.edu.au

Name _____
School Year Requested _____
Year of Entry Requested _____
Date Submitted _____

Student Information

Academic Year for Entry: _____

Surname: _____

Other names _____

Address: _____

Date of birth: _____

Australian Permanent Resident: Yes No

Aboriginal origin: Yes No

If born outside Australia:

Country of citizenship: _____

Number of years in Australia: _____

Visa class: _____

Is a language other than English spoken at home: Yes No

If currently enrolled, present school name: _____

Calendar year for entry: _____

First name: _____

Gender: Male Female

Suburb: _____ Post Code: _____

Country of birth: _____

Torres Strait Islander origin: Yes No

Date of arrival in Australia: _____

Type of visa: _____

Visa expiry: _____ / _____ / _____

If yes, language spoken most often: _____

Year level: _____

How did you hear about our school?: _____

Family Information

Parent One/Legal Guardian

Title: _____ Surname: _____

First Name: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone (H): _____

Telephone (W): _____

Mobile: _____

Email: _____

Occupation: _____

Employer: _____

Family Parish: _____

Australian Permanent Resident: Yes No

Type of visa: _____

Visa expiry: _____ / _____ / _____

Country of Birth: _____

Country of Citizenship: _____

Is a language other than English spoken at home: Yes No

If yes, language spoken most often: _____

Parent Two/Legal Guardian

Title: _____ Surname: _____

First Name: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone (H): _____

Telephone (W): _____

Mobile: _____

Email: _____

Occupation: _____

Employer: _____

Family Parish: _____

Australian Permanent Resident: Yes No

Type of visa: _____

Visa expiry: _____ / _____ / _____

Country of Birth: _____

Country of Citizenship: _____

Is a language other than English spoken at home: Yes No

If yes, language spoken most often: _____

Sacrament Information

Baptism Date _____

Reconciliation Date _____

Place of Baptism _____

Place of Reconciliation _____

First Eucharist Date _____

Confirmation Date _____

Place of Eucharist Date _____

Place of Confirmation _____

Emergency Contacts

Name _____

Phone Number _____

Relationship to child _____

Custody/Guardianship

Name of person(s) with legal guardianship of the student _____

If applicable, a copy of any Parenting or Restraining Order is attached Yes No

Any other conditions enforced at law _____

Medical and Immunisation Information

Medicare No: _____ Ref: _____

F – Fully Immunised N – Not Immunised I – Incomplete Immunisation P – Personal Objections

Measles Mumps Rubella Diphtheria Tetanus Hepatitis B Polio (OPV) Pertussis (Whooping Cough)

Other _____

attached AUSTRALIAN IMMUNISATION REGISTER (AIR) IMMUNISATION HISTORY STATEMENT (Downloaded from MyGov) ~ according to the amended 'Public Health Act 2016 (WA)' & the 'School Education Act 1999'

Family Doctor/Medical Clinic _____

Address _____ Contact Number _____

Dentist/Dental Clinic _____

Address _____ Contact Number _____

Private Health Fund _____ Blood Group (If known) _____

Medical Emergency Authorisation

I Authorise the Our Lady of Fatima 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 the school to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

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

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

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.

Medication Required _____

Physical _____

Orthoses / Prostheses _____

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? Yes No

If so please detail name of Service Provider and Contact 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

Siblings Currently Attending the School

Name _____ Year Level _____

Name _____ Year Level _____

Name _____ Year Level _____

Name _____ Year Level _____

Siblings Currently Attending Other Schools

Name _____ Year Level _____

Name _____ Year Level _____

Name _____ Year Level _____

Siblings Under School Age

Name _____ Year Level _____

Name _____ Year Level _____

Name _____ Year Level _____

Disclosure

Do you agree that the information supplied in the Student Information and Family sections, can be provided to the relevant Parish Priest? Yes No

Agreement

I/we understand and accept that the completion of this Application for Enrolment Form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's 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 fully understand parents are responsible for the payment of school fees.

I/we agree to abide by the policies, directions and Code of Conduct of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent One/Guardian: _____ Date: _____

Signature of Parent Two/Guardian: _____ Date: _____

Documentation and Requirements

The following documentation copies and additional requirements are to accompany your child's Application for Enrolment form (Originals of the following documents should be presented at the enrolment interview)

BIRTH CERTIFICATE

BAPTISM CERTIFICATE

PARISH PRIEST REFERENCE

AUSTRALIAN IMMUNISATION REGISTER (AIR) IMMUNISATION HISTORY STATEMENT

CURRENT VISA GRANT NOTICE OR CITIZENSHIP (IF BOTH PARENTS ARE BORN OUTSIDE OF AUSTRALIA). TO OBTAIN YOUR CURRENT VISA GRANT NOTICE, GO DIRECTLY TO THE VEVO WEBSITE ~ www.immi.gov.au

CUSTODIAL COURT ORDERS

SUPPORTING DOCUMENTATION FROM A CERTIFIED PROFESSIONAL (IF APPLICABLE) RELATING TO 'STUDENT'S INDIVIDUAL NEEDS' AS COMPLETED BY THE PARENT ON THIS 'APPLICATION FOR ENROLMENT' FORM

APPLICATION FOR ENROLMENT NON-REFUNDABLE LODGMENT FEE \$35:00 (Payable by Cheque; Credit Card or Electronic Funds Transfer)

Privacy Collection Notice

The School collects personal information, including sensitive information about 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.

Some of the information we collect is to satisfy the Schools legal obligations, particularly to enable the School to discharge its duty of care.

Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.

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.

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

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.

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 the school newsletters, promotional material, and school photos and on our website.

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.

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.

We may include your contact details in a class list and school directory. If you do not agree to this you must advise us now.

If you provide the School with the personal information of others, such as doctors or emergency contact, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

Dear Parents/Guardians

During your child's time at Our Lady of Fatima School, photos of your child taking part in school activities as well as samples of their work may be taken. These items are intended to be used by the school on the school website, media release or other publications. All of these will be used to publicise the school and activities that children have taken part in.

Information about your child that may appear is outlined in the table below

Publication	Photo	Name	Year Level	Publish Student Work
School Website	√			√
School Newsletter	√	√	√	√
Carnival / Special Events		√	√	
Newspaper Report	√	√	√	√

Special Note:

The school's newsletter is published fortnightly on the school website: www.olof.wa.edu.au

All information gathered is subject to the school's Privacy Policy and will be treated in accordance with it.

If you do not want your child's details to appear in any of the above mentioned publications, or you do not wish the school to publish your child's work, you need to contact the school in writing to inform us of what information you wish to have withheld.

Sandro Coniglio

Principal