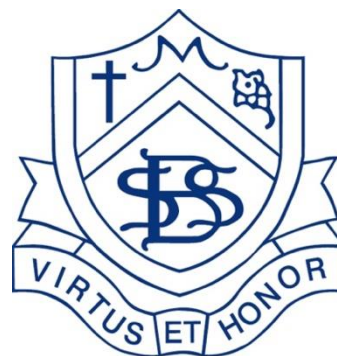


# St Brigid's School, Bridgetown

130 Roe Street, WA 6255

T: 08 9761 1635 F: 08 9761 2338 E: admin@stbrigidsbt.wa.edu.au



## APPLICATION FOR ENROLMENT

YEAR OF ADMISSION _____
SCHOOL YEAR LEVEL _____

STUDENT INFORMATION	
Surname: _____	Date of Birth: ___/___/___
Given Names: _____	Male / Female (please circle)
Birthplace: _____ <i>If born outside Australia, please complete VISA INFORMATION section below</i>	
Aboriginal / Torres Strait Islander: YES / NO	Health Care Card: YES / NO
Residential Address: _____	Home Phone Number: _____
Town/Locality: _____	State: _____ Postcode: _____
Postal Address: _____	
Town/Locality: _____	State: _____ Postcode: _____
Present School: _____	Location: _____ Year Level: _____
Religious Denomination: _____	Parish Priest: _____
Parish: _____	Town/Suburb: _____
Date & Location of Sacraments received (please attach a copy of each certificate):	
Baptism: ___/___/___ _____	Reconciliation: ___/___/___ _____
First Communion: ___/___/___ _____	Confirmation: ___/___/___ _____

Please complete this Application as fully as possible, signed and dated with all relevant documents attached as below:	
Immunisation Details:	attached <input type="checkbox"/>
Birth Certificate:	attached <input type="checkbox"/>
Sacrament Certificates attached: (please circle) Baptism / Reconciliation / 1 <sup>st</sup> Communion / Confirmation	
Latest School Report:	attached <input type="checkbox"/>
Most recent NAPLAN:	attached <input type="checkbox"/>
Visa/Travel Documents	attached <input type="checkbox"/>
Restraining/Custody Orders	attached <input type="checkbox"/>
Health Care Card Held (please tick)	<input type="checkbox"/>

VISA INFORMATION (if born outside Australia)	
Country of Citizenship:	_____
Australian Permanent Resident:	YES / NO (please circle)
Language Spoken at Home:	_____
Date of Arrival in Australia:	___/___/___
VISA CODE:	_____
<i>(Please attach a copy of Visa/Travel documents. Originals will also be required to be sighted)</i>	

### OFFICE USE ONLY

APP. STATUS	NEW/CURRENT	DATA ENTERED	FAMILY CODE	INTVW. DATE	INTVW. TIME

**MOTHER (FEMALE GUARDIAN)**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Christian or Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_  bill to this address?

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_

Telephone – Business: \_\_\_\_\_

Telephone – Mobile: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**FATHER (MALE GUARDIAN)**

Title: \_\_\_\_\_ Surname : \_\_\_\_\_

Christian or Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_  bill to this address?

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_

Telephone – Business: \_\_\_\_\_

Telephone – Mobile: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Designated email address to receive school correspondence:

Email: \_\_\_\_\_

**PLEASE NOTIFY THE ST BRIGID'S OFFICE IMMEDIATELY OF ANY CHANGES OR UPDATES TO THE ABOVE****FAMILY CIRCUMSTANCES***CUSTODY / GUARDIANSHIP*

Name of the person with legal guardianship of the student: \_\_\_\_\_

If applicable, a copy of any Parenting or Restraining Order is attached YES / NO

Are any other conditions enforced at law? \_\_\_\_\_

**SIBLINGS ATTENDING ST BRIGID'S**

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

**SIBLINGS ATTENDING OTHER SCHOOLS**

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

**STUDENT 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 the 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/Prosthesis: \_\_\_\_\_

Education/Learning Assistance: 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

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 1**

*(Other than parent or guardian)*

Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_

Town / Locality: \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMERGENCY CONTACT 2**

*(Other than parent or guardian)*

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 objectionsMeasles       Mumps       Rubella       Tetanus       Diphtheria Pertussis (Whooping Cough)       Polio       Hepatitis B       *(please attach Immunisation Statement)*

Family Doctor/Medical Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Locality: \_\_\_\_\_

Dentist/Dental 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 recommend treatment by an accredited medical practitioner on my behalf.*

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

MOTHER/FEMALE GUARDIAN

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

FATHER/MALE GUARDIAN

**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 agree to abide by the policies and directions of St Brigid's School and the Catholic Education Commission of Western Australia as they are enacted from time to time.**I/We agree that the information supplied on the Student Information and Parent/Guardian sections can be provided to others for administrative and educational purposes as detailed in St Brigid's **Collection Notice**.**I/We agree to St Brigid's using our child's work or photo for school newsletters, yearbook and promotional material.**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 or Restraining Orders, then the enrolment may be refused or terminated on this ground.*

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

MOTHER/FEMALE GUARDIAN

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

FATHER/MALE GUARDIAN