



Student Enrolment Forms

Catholic Education of Western Australia Policy [No. 2 D5](#)

PARENT / GUARDIAN CHECKLIST

You must complete the forms in this document and include any relevant paperwork as listed below. Once the enrolment forms and all additional documentation is received, you will be contacted for an appointment. Both the Mother and Father should attend the enrolment interview with their child. **If you do not speak English, it is your responsibility to bring a translator** with you to ensure you understand the conditions of enrolment at Our Lady of Mercy Primary School. Please ensure you submit copies of the following with this application. If you do not submit the relevant paperwork, we will not be permitted to arrange an interview. Please use this checklist:

COMPULSORY PAPERWORK:

- Our Lady of Mercy Enrolment forms (see pages overleaf)
- Birth Certificate
- Immunisation History Statement
- Baptism certificate
- VISA information (where applicable)
- Copy of the child's most recent school reports (if transferring from another school)
- Copies of any custody papers or court orders, e.g. VROs etc. (if applicable)
- Child's Medical Action Plan (if suffering from Asthma, allergies or other illnesses requiring medication or medical action)

IF YOUR CHILD HAS BEEN INVOLVED IN ANY INTERVENTION OR HAD ASSISTANCE FROM OUTSIDE AGENCIES YOU MUST ALSO INCLUDE REPORTS / COMMUNICATIONS FROM:

- Child Development Services
- Speech Therapists
- Occupational Therapists
- Paediatrician
- Psychologist
- Behaviour Management Plans



Application for Enrolment

Date of Application: _____

Date of admission required: _____ Year Level: _____

STUDENT DETAILS	MALE / FEMALE
SURNAME _____	
FIRST & SECOND NAME _____	PREFERRED NAME _____
DATE OF BIRTH _____	RELIGION _____
DATE OF BAPTISM _____	PLACE OF BAPTISM _____
RECEIVED RECONCILIATION: YES (date: _____) or NO.	
RECEIVED COMMUNION: YES (date: _____) or NO.	
RECEIVED CONFIRMATION: YES (date: _____) or NO.	
PREVIOUS SCHOOL:	
Name _____	Year level: _____
Address: _____	Tel.No: _____
NAME OF SIBLINGS CURRENTLY ENROLLED AT OUR LADY OF MERCY:	
Name: _____	Class: _____
Name: _____	Class: _____
COUNTRY OF BIRTH: _____	
IF BORN OUTSIDE OF AUSTRALIA:	
Date of arrival in Australia: _____	Visa Category Number: _____
Country of Citizenship: _____	
Language Spoken at Home: _____	
ABORIGINAL OR TORRES STRAIT ISLANDER: Yes <input type="checkbox"/> No <input type="checkbox"/>	

TICK IF PRIMARY CONTACT

MOTHER'S DETAILS

FATHER'S DETAILS

First name: _____

First name: _____

Surname: _____

Surname: _____

Occupation: _____

Occupation: _____

Mobile Tel: _____

Mobile Tel: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Business Tel: _____

Business Tel: _____

Country of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Citizenship: _____

Religion: _____

Religion: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____



Student Medical Information

(Applicable to an imminent enrolment commencement)

IMMUNISATION RECORD

F-fully immunized N-not immunized I – incomplete immunization P- personal objections

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis B Polio (OPV) Pertussis (Whooping cough)

Immunisation Record Attached: Yes /No

Family Doctor/Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Blood Group: _____ (If known)

Fully completed copies of Immunisation Records should be attached to the Application form.

EMERGENCY CONTACT INFORMATION (parents are not to be listed)

Emergency Contact No. 1

Name _____ Tel No: _____ Relation to Student: _____

Emergency Contact No. 2

Name _____ Tel No: _____ Relation to Student: _____

MEDICAL EMERGENCY AUTHORISATION

I/We authorise Our Lady of Mercy School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise Our Lady of Mercy School to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf. I/we understand we are responsible for all associated costs.

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

Female Parent of Guardian

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

Male Parent of Guardian

CUSTODY / GUARDIANSHIP

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

Conditions enforced at law (e.g. Custody papers, restraining orders) _____

Have you provided a copy of legal papers to our Lady of Mercy Primary School? Yes / No



Permission to Use Photos, Video, Audio and Work Samples

I give permission for photos, video/audio and samples of work created by my child/children to be used without acknowledgment, remuneration or compensation in publications and/or presentations for Our Lady of Mercy Primary School and/or Catholic Education Office of WA.

I authorise the Our Lady of Mercy Primary School to include the photos, video/audio and samples of work in material for their educational and communication purposes, such as in school newsletters, school banners, school flyers and other promotional materials for the school or Catholic Education Office of W.A. I acknowledge that at times, this will include material for public use such as council newsletters, or other outside agencies.

To be signed by a parent or guardian.

When you enrol your children into Our Lady of Mercy Primary school permission, you grant permission for the school to use your child / children's images in school, CEWA and public communications and publications. *If you do not wish to provide this permission, please indicate in the note section below.*

Child/ren's Name/s _____

Name of Parent/Guardian (cross out whichever is inapplicable): _____

Address: _____

Tel: _____

Signature: _____

Date: _____

Notes: I do not grant permission for my child's image to be used.

Any personal information will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988*.

SUPPLEMENTARY INFORMATION

National Educational Access Licence for Schools Agreement (NEALS)

The CEWA and its schools are parties to an agreement between almost all educational institutions in Australia that allows each party to use another party's copyright material for free. The CEWA must obtain consent to allow other parties to use student copyright material under NEALS.

Personal Information

Personal Information is information which is about a person whose identity can be reasonably known. This can include a photograph, video or digital image of a student. CEWA & Our Lady of Mercy Primary School should protect the privacy of individuals in the collection, storage and display of their images.

The purposes for collecting individual images/works by schools and CEWA & Our Lady of Mercy Primary School include:

- Recording of individual participation in CEWA, school and in school events,
- Promoting the schools and CEWA and their activities.

Consent

The use of digital media means that once personal information is collected and put on line, the CEWA & Our Lady of Mercy Primary School cannot control how it is used. CEWA & Our Lady of Mercy Primary School must be mindful of this when collecting and using information and take reasonable care to ensure that the information is of a nature that it may not be exploited. The consent form is one way in which CEWA & Our Lady of Mercy Primary School ensures that individuals are fully informed about how the information may be used, and the consequences of their consent.