



# Sacred Heart Catholic School

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## STUDENT INFORMATION

Student Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ M/F Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No  
Aboriginal/Torres Strait Islander: Yes/No  
If yes to Aboriginal/Torres Strait Islander, then Group of Origin : \_\_\_\_\_  
Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No  
If born outside of Australia:  
Date of arrival in Australia: \_\_\_\_\_ Visa Category Number: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
Present School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_

Religious Denomination: _____	Parish Priest: _____
Parish: _____	Suburb: _____
Date of Reception of Sacraments: _____	Baptism Certificate Attached Yes/No
Baptism _____	Reconciliation _____
First Communion _____	Confirmation _____

## FAMILY INFORMATION

### FEMALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_  
Parish: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Numbers: (H) \_\_\_\_\_ (Mb) \_\_\_\_\_ (W) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

### MALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Religious Denomination : \_\_\_\_\_  
 Parish : \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 Contact Numbers: (H) \_\_\_\_\_ (Mb) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_

**ACCESS ALERT (please indicate where relevant)**

Custody Information YES / NO  
 Name of person(s) with legal guardianship of the student: \_\_\_\_\_  
 Other conditions enforced at law: \_\_\_\_\_  
 Child Services (Government): \_\_\_\_\_  
 Specified contact by family: \_\_\_\_\_  
 Custody Mother: \_\_\_\_\_  
 Custody Father: \_\_\_\_\_  
 Restraining Order: \_\_\_\_\_  
 Pick up by Immediate family only: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING SCHOOL**

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

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

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

**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.

Medical/Health Care \_\_\_\_\_

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Orthoses/Prostheses \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_

Sensory (eg Vision/Hearing) \_\_\_\_\_

Behavioural or Safety \_\_\_\_\_

Communication \_\_\_\_\_

Allergies/Asthma \_\_\_\_\_

Medical Action Plan required: \_\_\_\_\_

Medication: \_\_\_\_\_

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 effect educational arrangements? Yes/No

If so please detail name of Service Provider and Contact No. \_\_\_\_\_

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: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

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

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

Contact Numbers: \_\_\_\_\_

**MEDICAL INFORMATION** (Applicable to an imminent enrolment commencement)

**IMMUNISATION RECORD**

F- fully immunised	N - not immunised	I - incomplete immunisation	P- personal objections
Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>	Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Pertussis <input type="checkbox"/> (Whooping Cough)	Polio (OPV) <input type="checkbox"/>	Immunisation Record Attached <input type="checkbox"/>

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

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

Contact Numbers: \_\_\_\_\_

Dentist/Dental Clinic: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**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. 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/college to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.*

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

\_\_\_\_\_  
MALE PARENT OR GUARDIAN Date: \_\_\_\_\_

### **DISCLOSURE**

Do you agree that the information supplied in 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 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 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 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

\_\_\_\_\_  
MALE PARENT OR GUARDIAN Date: \_\_\_\_\_

*A copy of your child's Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview.*