

Application for Student Enrolment



St Patrick's School Katanning

STUDENT INFORMATION

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_
Residential Address: \_\_\_\_\_
Town : \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ 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
Born outside Australia - Date of arrival: \_\_\_\_\_ Visa Category: \_\_\_\_\_ (Please provide proof)
Number of years in Australia: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_
Language Spoken at Home: 1st \_\_\_\_\_ 2nd \_\_\_\_\_
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_
Date of Reception of Sacraments: \_\_\_\_\_ Baptism Certificate Attached Yes/No
Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_
Present School \_\_\_\_\_ Location: \_\_\_\_\_ Year level: \_\_\_\_\_

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_
Address: \_\_\_\_\_
State: \_\_\_\_\_ Postcode: \_\_\_\_\_
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_
Occupation: \_\_\_\_\_
Contact Address: \_\_\_\_\_
Contact Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_
Email Address: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

MALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_
Address: \_\_\_\_\_
State: \_\_\_\_\_ Postcode: \_\_\_\_\_
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_
Occupation: \_\_\_\_\_
Contact Address: \_\_\_\_\_
Contact Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_
Email Address: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Centrelink Concession Details if Applicable:

[ ] Family Health Care Card (Family Card only, not Child's card) or [ ] Pension Concession Card
Card No. (CRN) \_\_\_\_\_ Date of Expiry (in full) \_\_\_\_\_

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**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 at law? \_\_\_\_\_

**SIBLINGS**

Name	DOB /Year Level	Name	DOB/ Year Level
_____	_____	_____	_____
_____	_____	_____	_____

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	DOB/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 (e.g. Vision/Hearing)** \_\_\_\_\_  
\_\_\_\_\_

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

**Communication** \_\_\_\_\_

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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 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**

**IMMUNISATION RECORD**

F- Fully immunised    N – not immunised    I – incomplete immunisation    P– personal objections

Measles     Mumps     Rubella     Diphtheria     Tetanus

Hepatitis B     Pertussis     Polio (OPV)     Immunisation Record Attached? Yes/No  
(Whooping Cough)

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

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

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

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

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

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

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_

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**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 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

**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 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

\_\_\_\_\_ Date: \_\_\_\_\_

MALE PARENT OR GUARDIAN

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PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the parish priest.

Completion of this form and presentation to the parish priest forms part of the enrolment process for St Patrick's School Katanning. Contact should be made with the parish priest or secretary to find out the process for St Patrick's Parish Katanning (ph 98 214 675)

To be completed by parent

To the Parish Priest at: .....

Name of Student: .....

Address: ..... Phone No:.....

Name of Mother/Guardian: .....

Religious Denomination: ..... Parish:.....

Name of Father/Guardian: .....

Religious Denomination: ..... Parish:.....

Current School: .....

If a Government school, does this child attend out of school scripture classes in the Parish? Yes/ No

In a Catholic school, the parish and the school, work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

.....
.....
.....
.....

To be completed by St Patrick's Parish Priest or his delegate

Please complete the information below in reference to the family information above.

Q1. Is the family actively involved in the life of the Church? .....

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

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.....

Q3. Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

.....
.....

Q4. Any other comments by the priest.

.....
.....

Signed: .....

Please return St Patrick's School PO Box 857 Katanning or (Fax 98 214 281)

# Student MCEETYA Data Collection

## Information required for assessment and reporting purposes



### Name of student:

First Name	Last Name	Student Key
School Year	Roll Group	

**1 Sex** Male..... \*\* [M]  
 Female..... \*\* [F]

**2 Is the student of Aboriginal or Torres Strait Islander origin?**

No..... \*\* [4]  
 Yes, Aboriginal..... \*\* [1]  
 Yes, Torres Strait Islander..... \*\* [2]  
 Yes, Both Aboriginal and Torres Strait Islander..... \*\* [3]

**3 In which country was the student born?**

Australia..... \*\* [1101]  
 England..... \*\* [2102]  
 New Zealand..... \*\* [1201]  
 South Africa..... \*\* [9225]  
 Malaysia..... \*\* [5203]  
 Indonesia..... \*\* [5202]  
 Singapore..... \*\* [5205]  
 Scotland..... \*\* [2105]  
 United States of America..... \*\* [8104]  
 India..... \*\* [7103]

Other - please specify.. \_\_\_\_\_

## Student MCEETYA Data Collection

**4 Does the student or their mother/guardian or their father/guardian speak a language other than English at home?**

(If more than one language, indicate the one that is spoken most often.)

		student	mother/ parent1/ guardian1	father/ parent2/ guardian2	
No,	English only.....	..	..	..	[1201]
Yes,	Italian.....	..	..	..	[2401]
Yes,	Cantonese.....	..	..	..	[7101]
Yes,	Vietnamese.....	..	..	..	[6302]
Yes,	Mandarin.....	..	..	..	[7104]
Yes,	Polish.....	..	..	..	[3602]
Yes,	Macedonian.....	..	..	..	[3504]
Yes,	Arabic (incl. Lebanese).....	..	..	..	[4202]
Yes,	Spanish.....	..	..	..	[2303]
Yes,	Indonesian.....	..	..	..	[6504]
Yes,	Other - please specify.. _____				

**5(a) What is the highest year of primary or secondary school the parents/guardians have completed?**

(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark one box only in each column

	mother/parent1/ guardian1	father/parent2/ guardian2	
Year 12 or equivalent.....	..	..	[4]
Year 11 or equivalent.....	..	..	[3]
Year 10 or equivalent.....	..	..	[2]
Year 9 or equivalent or below.....	..	..	[1]

**5(b) What is the level of the highest qualification the parents/guardians have completed?**

Mark one box only in each column

	mother/parent1/ guardian1	father/parent2/ guardian2	
Bachelor degree or above.....	..	..	[7]
Advanced diploma/Diploma.....	..	..	[6]
Certificate I to IV (including trade certificate) ..	..	..	[5]
No non-school qualification.....	..	..	[8]

**6(a) What is the occupation group of the mother/parent1/guardian1?**      . .

**6(b) What is the occupation group of the father/parent2/guardian2?**      . .

Please select the appropriate parental occupation group from the attached list.

- \* If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- \* If the person has not been in paid work in the last 12 months, enter '8' in the box above.

Thank you for your time.  
Please return this form to the school in the enclosed envelope.

## Student MCEETYA Data Collection

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### List of Parental Occupation Groups (for question 6)

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#### **Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager** (Section head or above), regional director, health/education/police/fire services administrator

**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]

**Defence Forces** Commissioned Officer

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

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#### **Group 2: Other business managers, arts/media/sportspersons and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces** senior Non-Commissioned Officer

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#### **Group 3: Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship.

*All tradesmen/women are included in this group.*

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

**Skilled office, sales and service staff**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

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#### **Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production/processing machinery and other machinery operators.**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

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#### **Group 8: If person has not been in paid work in the last 12 months**

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