



ST VINCENT'S SCHOOL

PO Box 22
Kwinana WA 6966
Telephone: 9419 2631
Fax: 9419 5991
Email:
admin@stvincents.wa.edu.au

APPLICATION CHECKLIST

Parents please provide;

- Completed Enrolment application form
- Birth certificate- copy
- Baptism certificate- copy (where applicable)
- Immunisation record- copy
- Application fee - \$35



ST VINCENT'S SCHOOL

114 Parmelia Ave Parmelia
 PO Box 22 Kwinana WA 6966
 Ph (08) 94192631 Fax: (08) 94195991
 Email: admin@stvincents.wa.edu.au / www.stvincents.wa.edu.au

Application for Enrolment

OFFICE USE ONLY	
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sacrament Certificates eg. Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Volunteer form	<input type="checkbox"/> Yes <input type="checkbox"/> No
MCEETYA Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Priest Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application fee \$35	____/____/____
Enrolment fee \$100	____/____/____
Interview date	____/____/____ <input checked="" type="checkbox"/>
Medical Action Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
OSH Club	<input type="checkbox"/> Yes <input type="checkbox"/> No
Media permission	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excursion permission	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT INFORMATION			
Student's Surname:	First:	Middle:	
Preferred Name:	Date of Birth:	Year of Entry:	Male/female
		Academic Year:	

STUDENT INFORMATION			
Address:			
State:	Post Code:	Birthplace:	Aboriginal/Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No
Born outside Australia:		Australian Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Visa Class	
Nationality:	 Expiry Date:.....	
Date of Arrival:	Country of Citizenship:		No. of years in Australia:
Present School:	Phone	Address	

PARENT INFORMATION			
MOTHER/GUARDIAN		FATHER/GUARDIAN	
Title		Title	
First Name		First Name	
Surname		Surname	
Address		Address	
Employer		Employer	
Occupation		Occupation	
Address:		Address:	
Phone Home		Phone Home	
Phone Work		Phone Work	
Phone Mobile	SMS <input type="checkbox"/>	Phone Mobile	SMS <input type="checkbox"/>
Email	School correspondence to this email YES <input type="checkbox"/> NO <input type="checkbox"/>	Email	School correspondence to this email YES <input type="checkbox"/> NO <input type="checkbox"/>
Religion		Religion	
Parish		Parish	
Country of Citizenship		Country of Citizenship	
Language spoken at home		Language spoken at home	

STUDENTS RELIGIOUS DETAILS – This form is to be accompanied by copies of student's certificates			
Student's Religion:		Parish/Location	
Baptism Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:
Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:
Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:
Confirmation Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sacrament received / /	Name of Church:

Custody/Guardianship	
Name of person(s) with legal guardianship of the student	
If applicable a copy of any parenting or Restraint order is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other conditions enforced at law?	

Siblings currently attending St Vincent's Primary School			
Name	Current Year level	Name	Current Year level

Other Siblings to be Considered for Enrolment		
Name	Year of Admission	Year Level

MEDICAL AND EMERGENCY CONTACTS			
Name of local relative or friend (if we are unable to contact you)	Relationship to Student:	Home phone no.:	Mobile phone no.:
1.		()	
2.			
Family Doctor & Medical Clinic			
Address			
Phone No.		Ambulance Cover: Yes/No	
Dentist/Dental Clinic		Phone No ()	
Address			

IMMUNISATION RECORDS

Fully immunized Yes Please provide copy No

STUDENTS 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"

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 or Health conditions

Medication

Physical

Orthoses/Prosthesis

Psychological/Cognitive

Sensory (eg. vision/hearing)

Behavioural or Safety

Communication

Allergies

Other

If medication or medical/health care services are required during school hours please provide a Medical Action Plan signed by yourself or the relevant practitioner if required. Medical Action Plans are available at the school reception or through your health provider.

External Service Provision

Does your child receive any services from an external agency, which may affect educational arrangements? Yes No

If so, please details name of Service provider and contact number.....
.....

Please indicate ways in which you are able to assist our school:-

Eg, Talent, Time, Expertise

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

**SIGN
HERE**

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 the recommended treatment by an accredited medical practitioner on my behalf.

Signature of Female Parent/Guardian

Date: / /

SIGN
HERE

Signature of Male Parent/Guardian

Date: / /

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 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.

I/we agree to pay all applicable fees charged by the school, as detailed in the Fees Schedule provided.

Signature of Female Parent/Guardian

Date: / /

SIGN
HERE

Signature of Male Parent/Guardian

Date: / /

Collection of Information – Privacy Act

1. 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 St Vincent's School. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. 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.
5. 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.
6. 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.
7. 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 school newsletters, school magazines and on our website.
8. 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.
9. 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 organisations that assist in the School's fundraising activities solely for the purpose). We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. 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.
11. If you provide the school with the personal information of others, such as doctors or emergency contacts, 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.

Return Date:

SCHOOL NAME

Data Collection Form

This information is being collected to enable nationally comparable reporting of students' outcomes against the *National Goals for Schooling in the Twenty-First Century*. This information is collected in accordance with the school's Privacy Policy.

Note: If you need help with this form please telephone
(schools to add contact name and phone number for school)

Name of student:

First name

Last name

Date of Birth (dd/mm/yyyy)

Home address of student:

(No. and street name)

Suburb

Postcode

1 Sex

Male

Female

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

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No	<input type="checkbox"/>	(office use only) 4
Yes, Aboriginal	<input type="checkbox"/>	1
Yes, Torres Strait Islander	<input type="checkbox"/>	2
Yes, both Aboriginal and Torres Strait Islander	<input type="checkbox"/>	3

3 In which country was the student born?

Australia	<input type="checkbox"/>	(office use only) 1101
England	<input type="checkbox"/>	2102
South Africa	<input type="checkbox"/>	9225
New Zealand	<input type="checkbox"/>	1201
Singapore	<input type="checkbox"/>	5205
Malaysia	<input type="checkbox"/>	5203
Scotland	<input type="checkbox"/>	2105
Indonesia	<input type="checkbox"/>	5202
United States of America	<input type="checkbox"/>	8104
India	<input type="checkbox"/>	7103

Other – please specify

4 Does the student or their female parent/guardian or their male parent/guardian speak a language other than English at home?

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

	student	female parent guardian	Male parent guardian	(office use only)
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1201
Yes, Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2401
Yes, Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6302
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7101
Yes, Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7104
Yes, Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4202
Yes, Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1403
Yes, Indonesian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6504
Yes, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2303
Yes, Malay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6505
Yes, Other - please specify	<input type="text"/>			

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		office use only
	female parent/guardian	male parent/guardian	
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	4
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	3
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	2
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>	1

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

	Mark one box only in each column		office use only
	female parent/guardian	male parent/guardian	
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	7
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	6
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	5
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>	8

6 (a) What is the occupation group of the female parent/guardian?

6 (b) What is the occupation group of the male parent/guardian?

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.

List of Parental Occupation Groups (for question 6)

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]

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

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]

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.

ST VINCENT'S SCHOOL PARENT VOLUNTEER FORM

How will you be able to contribute to our St Vincent's Community?

In a community school, it is essential that all parents support the school by becoming involved and helping contribute their talents to the ongoing life of St. Vincent's. By being actively involved in working in and for your child's school, together we continue to build pride and community in our school and your child benefits enormously from you involvement.

Please tick below all the ways you will be able to help in our school life both next year and into the future.

- St. Vincent's Catholic School Board Member
 - Parents & Friends (P&F) Association: Executive Member
 - Parents & Friends (P&F) Association: Attending meetings

 - Canteen Volunteer Monday and/or Friday
 - Uniform Volunteer
 - Catering
 - Special Events Co-coordinator (Morning/Afternoon Teas)

 - Library helper
 - Cover books at home/school
 - Classroom helper (e.g: listening to children read, cooking)
 - Excursion helper
 - School camp helper
 - Sports Coaching helper
 - Special Initiatives (assemble cubby, fencing etc, create gardens,)
 - Special talents to share with students (eg: nurse, cooking, mechanic, woodwork, craft, sport etc)
- Please list: _____

What special skills or interests do you have that would help to support our school community? (e.g. have bus licence, plumber, artist, TA etc)

Please list these: _____

During the year there are events and rosters that parents are expected to support and attend: Parent Information Meetings, Parent/Teacher Interviews, Busy Bee, Disco, P&F Initiatives, Classroom Rosters, Canteen Roster etc

Parent's Name: _____ Telephone: _____
Please Print

Child's Name: _____ Year: _____
Please Print

Parent's Signature: _____ Date

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 Vincent's School, Parmelia**. Contact should be made with the parish secretary . Please call 9419 2920.

To be completed by parent

To the Parish Priest at:

Name of Student:

Address:

Phone No......

Name of Mother: **Name of Father:**

Current School:

If Government school, does child attend 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 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?

.....

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.

.....

Signed:.....

To the Parish Priest: Please send or fax this completed form to:
ST VINCENT'S SCHOOL PO BOX 22 KWINANA WA 6966 FAX 08 9419 5991