



ST BRIGID'S SCHOOL

205 Prinsep Street COLLIE WA 6225
PO Box 281

Tel: 9734 1097 Fax: 9734 3011 Mob 0407 497 060
www.stbrigidscollyie.wa.edu.au
admin@stbrigidscollyie.wa.edu.au

Approved: _____

Commence: _____

Year Level: _____

STUDENT DETAILS

Surname: _____

Christian Names: _____

Preferred Name: _____

Address: _____

State: _____ Post Code: _____

Date of Birth: _____ Country of Birth: _____

Aboriginal/Torres Strait Islander: Yes/No

Nationality: _____

Australian Permanent Resident: Yes/No

Language Spoken at Home: _____

Religious Denomination : _____	Parish Priest _____		
Parish: _____	Suburb: _____		
Date of Reception of Sacraments:			
Baptism: _____	Reconciliation: _____	First Communion: _____	Confirmation: _____
Present School _____	Location _____	Current Year Level : _____	

FAMILY INFORMATION

MOTHERS/GUARDIAN DETAILS:

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Religion: _____ Parish Priest: _____

Occupation: _____ Status: Single/ Married/ Divorced

Nationality: _____

Mailing Address (if different) _____

Contact Numbers: _____(H) _____(W) _____(M)

Email: _____

FATHERS/GUARDIAN DETAILS:

Title: _____ Surname: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Religion: _____ Parish Priest: _____

Occupation: _____ Status: Single/ Married/ Divorced

Nationality: _____

Mailing Address (if different) _____

Contact Numbers: _____(H) _____(W) _____(M)

Email: _____

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 CURRENTLY ATTENDING ST BRIGID'S

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

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 areas that may affect his/her learning, participation or welfare during school hours.

Medication _____

Physical _____

Psychological/Cognitive _____

Vision/Hearing _____

Behavioural _____

Allergies _____

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorization 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

Please supply the following with this application

- **Copy of Birth Certificate**
- **Copy of Baptism Certificate**
- **Copy of Immunization Records**
- **Copy of latest school report**

EMERGENCY CONTACT DETAILS (Other than a parent/guardian)

Name: _____ Relation to Student _____

Contact No: _____

Name: _____ Relation to Student _____

Contact No: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

F - fully immunized **N** - not immunized **I** - incomplete immunization **P** - personal objection

Family Doctor/Medical Clinic _____

Contact No: _____

MEDICAL EMERGENCY AUTHORISATION

I authorize the school to seek medical attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorize 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 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.

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

Female Parent or Guardian

_____ Date _____

Male Parent or Guardian

PARENTAL UNDERTAKING

St Brigid's School requires all parents of its students to be aware of, and make a commitment to, the policies of the School.

When accepting a place at the School, it is expected that families will support and respect the place that Christ holds in this School.

When accepting a place at the School, that student and her/his parents accept the obligation that the student will observe the School rules and standards of dress, conduct and behaviour. It is parents' responsibility to ensure students wear the correct school uniform.

Parents undertake to be supportive of the programmes of the School and make every endeavour to attend the functions organised for the complete School community, especially Awards Night and Teacher/Parent meetings and interviews.

Parents accept the obligation of contributing to the financial support of the School by regular and prompt payment of tuition, building levy and amenities.

A further undertaking on the part of the student is that she/he understands and supports the programmes of the School and with the support of her/his parents, she/he will participate fully in all School activities required. This particularly applies to School Masses, awards night, camps, sports carnivals and special school day activities.

PARENTAL DECLARATION

I/We have read the above Undertaking and accept it as a condition of admission. I/We understand that my/our daughters/sons place at St Brigid's School, is in accordance with this undertaking and I/We agree to abide the conditions while my/our daughter/son is enrolled at the School.

Parent's Name: _____

Signatures: _____

Date: _____

STANDARD COLLECTION NOTICE

- St Brigid's School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The Primary purpose of collecting this information is to enable the School to provide schooling for your child.
- 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.
- Certain laws governing or relating to the operation of Schools require that certain information is collected. These include Public Health [and Child Protection]* laws.
- Health information about pupils is sensitive information with the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
- 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, Catholic Education Commission, your local Diocese and Parish, medical practitioners and people providing services to the School, including specialist visiting teachers, sports coaches and volunteers.
- If we do not obtain the information referred to above we may not be able to enroll or continue the enrolment of your child.
- 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 and local Newspapers,
- Parents may seek access to personal information collected about them and their child 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.
- 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. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- 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.
- 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 a third party.