



Infant Jesus School

17 Smith Street, Morley WA 6062 Phone: 9276 1769 Fax: 9276 2998
Email: admin@infantjesus.wa.edu.au Website: www.infantjesus.wa.edu.au

APPLICATION PROCEDURES

The Principal welcomes applications from families who wish to share in the mission and vision of the Infant Jesus School community.

- Application must be made on the official Infant Jesus Enrolment form.
- One form per child.
- Please complete **ALL** details ~ if not applicable please write N/A.
- The application form is submitted to the School office with photocopies (not the originals) of the child's Baptism Certificate, Birth Certificate and Immunisation Record.
- Please note that this is only an application for a position at Infant Jesus School - it does not guarantee a place. You will be advised of the status of your application in due course.
- Prior to the proposed date of entry, parents will be required to attend an interview with the Principal. *At the interview there is a non-refundable fee of \$50 for administration purposes.* Please note that an interview does not guarantee a position at the school.
- On acceptance of a place at Infant Jesus School a *non-refundable \$50 acceptance fee is charged.* This fee will be deducted from the school fees account.
- The Principal is responsible for the implementation of the Enrolment policy and process. All applications should be directed to the Principal in writing through the school office.

Year Level Requested (Kindy - Year 6): _____ Year of Admission Requested _____

Pre-Kindy Program for 3 year old children - *Please tick if interested*

Official Use

Family Name: _____

Child's Christian Names: _____

Please note that any enquiries relating to this application or on any other issue should be made in writing and addressed to the Principal.

Infant Jesus School Privacy Policy

1. The School collects personal information, including sensitive information about students and parents or guardians, before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child.
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. Some laws governing or relating to the operation of schools require that certain information is collected. These include Public Health.
4. Health information about students is sensitive information within the terms of the National Privacy Principle 10 under the Privacy Act. We ask you to provide medical reports about pupils from time to time. On occasions Health Information may be disclosed to staff to enable the School to discharge its duty of care.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes Catholic Education Office, Parish Priest, other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers.
6. Personal information collected from students may from time to time be disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities, photos and other news is published in School newsletters, magazines and on our website.
7. Parents may seek access to personal information collected about them and their child by contacting the School. Students 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 student, or where students have provided information in confidence.
8. 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 organizations that assist in the School's fundraising activities solely for that purpose.) We will not disclose your personal information to third parties for their own marketing purposes without your consent.
9. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us.
10. 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.

STUDENT INFORMATION

Student Surname: _____

First Name: _____

Preferred Name: _____

Address: _____

State: _____ Postcode: _____

Date of Birth: _____ Birthplace: _____

Birth Certificate Attached: Yes/No

Sex: Male/Female

Aboriginal/Torres Strait Islander: Yes/No

Nationality: _____

Australian Permanent Resident: Yes/No

Born outside of Australia. Date of arrival: _____

Number of years in Australia: _____

Country of Citizenship _____ Visa No _____

Language Spoken at Home: _____

Child to commence in: **Pre-Kindy** **Kindy** **P/P** **1** **2** **3** **4** **5** **6**
(Please circle one)

Religious Denomination: _____

Parish Priest: _____

Parish: _____

Suburb: _____

Date of Reception of Sacraments: _____

Baptism Certificate Attached Yes/No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

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 _____

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?

If so please detail name of Service Provider and Contact No. Yes/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

FAMILY INFORMATION

MOTHER OR FEMALE GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
_____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Country of Citizenship: _____
Contact Numbers: Hm _____ Wk _____ Mobile _____
Email Address: _____

FATHER OR MALE GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
_____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Country of Citizenship: _____
Contact Numbers: Hm _____ Wk _____ Mobile _____
Email Address: _____

CUSTODY/GUARDIANSHIP (if applicable)

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? _____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

1. Name: _____ Relationship to Student: _____
Contact Numbers: _____
2. Name: _____ Relationship to Student: _____
Contact Numbers: _____

STUDENT'S PRESENT SCHOOL

_____ Location: _____ Year Level: _____

SIBLINGS CURRENTLY ATTENDING INFANT JESUS SCHOOL

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

OTHER SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____

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: _____
(If known)

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.

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.

If accepted, I/we consent to our child taking part in school excursions and travelling by bus or any other vehicle authorised by the Principal and I/we agree that photos of our child may be taken and used for purposes authorised by the Principal.

I/we agree to abide by the Catholic Ethos of the school. Furthermore we agree to support all policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted.

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

MOTHER OR FEMALE GUARDIAN

_____ Date: _____

FATHER OR MALE GUARDIAN

PLEASE COMPLETE

Attached: **Birth Certificate**
 Baptism Certificate
 Immunisation Records