APPLICATION FOR ENROLMENT

Ph: (08) 9391 7000
Fax: (08) 9391 7070
Email: admin@xavier.wa.edu.au
Website: www.xavier.wa.edu.au

SCHOOL ENROLMENT POLICY

Xavier Catholic School seeks to provide a Catholic education for the children of the Armadale Parish and the surrounding areas. Enrolment guidelines are as follows:

1. Catholic students from the Parish with a Parish Priest reference
2. Catholic students from outside the Parish with a Parish Priest reference
3. Other Catholic students
4. Siblings of non-Catholic students
5. Non-Catholic students from other Christian denominations
6. Other non-Catholic students

Parents enrolling children at Xavier Catholic School are expected to:
• support the Catholic Ethos of the school,
• support Pastoral Care and Disciplinary Procedures,
• attend Parent meetings when requested,
• support the Parents and Friends Association,
• attend Busy Bees and other parent organised assistance for the school,
• ensure that children are attired in the correct school uniform at all times,
• make every effort to communicate with the appropriate class teachers regarding their own child’s welfare and education,
• assist with the Canteen rosters and class excursions, where possible.

Please supply a photocopy of Birth Certificate, Baptism Certificate and Immunisation
XAVIER CATHOLIC SCHOOL
ENROLMENT FORM

STUDENT INFORMATION

Student Surname: _________________________
First Name: ____________________________
Preferred Name: _________________________
Address: __________________________________
Email: ____________________________________
State: __________________ Postcode: ________
Date of Birth: _______ Birthplace: ___________ Birth Certificate Attached: Yes/No
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: __________________ Language Spoken at Home: _________________

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: ___________________________________________________________________
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: ___________________________________________________________________
Country of Citizenship: ___________________________ _______________________
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 XAVIER SCHOOL
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SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS
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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? 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 □ Diptheria □ Tetanus □
Hepatitis B □ Pertussis □ Polio (OPV) □ Immunisation Record □
(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/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college 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 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