



HOLY ROSARY SCHOOL

35 Williamstown Road, Doubleview WA 6018
Tel: (08) 9203 4500 Fax: (08) 9244 1931 Website: www.hrs.wa.edu.au

APPLICATION FOR ADMISSION

I hereby make application for the admission of my son/daughter
\$65 Application fee applies

OFFICE USE

Class: ____ Year ____
Birth Certificate: ____
Baptism Certificate: ____
Immunisation: ____
Application Fee: ____

ENROLMENT LEVEL (Kindy,PP,Yr) _____ Year to Commence _____ Interested in 3YO Kindy: Yes No

STUDENT INFORMATION

Students Surname: _____ Male Female

First Name: _____ Second Name: _____

Preferred Name: _____ Date of Birth: _____ Telephone: _____

Home Address: _____

Postal Address (If different from above) : _____

Country of Birth: _____ Language Spoken at Home: _____

Present School: _____ Year Level: _____

School Address: _____

Is student of Aboriginal/Torres Strait Islander descent? Yes No

Is student an Australian Citizen? Yes No

If born outside of Australia:

Visa category Number: _____ Expiry Date: _____

Arrival date in Australia: _____ Country of Citizenship: _____

A copy of the Visa must be provided for application for enrolment to proceed

Religious Denomination _____ Parish Priest _____

Parish _____ Suburb _____

Sacraments Received: (DD/MM/YY) _____ Place (e.g. Our Lady of the Rosary) _____

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

FAMILY INFORMATION

Mother or Guardian:

Surname _____

Christian Name _____

Email address _____

Employer _____

Occupation _____

Mobile phone _____

Work phone _____

Country of birth _____

Religion _____

Father or Guardian:

Surname _____

Christian Name _____

Email address _____

Employer _____

Occupation _____

Mobile phone _____

Work phone _____

Country of birth _____

Religion _____

Student living with : Both parents Mother Father Guardian Other

DISCLOSURE

Do you agree that the relevant information supplied in the Student Information and Family Information sections, can be provided to the relevant Parish Priest? Yes No

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student _____

If applicable, a copy of Parenting or Restraint Order is attached Yes No

SIBLINGS CURRENTLY ATTENDING HOLY ROSARY

Name	Year level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT IF PARENT UNAVAILABLE

Name _____ Relationship to Student _____

Daytime Contact Numbers: _____

Name _____ Relationship to Student _____

Daytime Contact Numbers: _____

MEDICAL/IMMUNISATION RECORD (*Immunisation record attached?*) Yes No

Fully immunised Not immunised Incomplete information Personal objections

Family Doctor/Medical Clinic _____ Phone Number _____

Dentist/Dental Clinic _____ Phone Number _____

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 or 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 Parents/Guardians _____ Date _____

Female Parent/Guardian

_____ Date _____

Male Parent/Guardian

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency that may affect educational arrangements? If so, please detail the name of the Service Provider and contact number Yes No

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

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.

PRIVACY ACT COLLECTION NOTICE

Holy Rosary 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 son/daughter.

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 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.

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, schools within other Dioceses, medical practitioners, and people providing services to the school, including specialist visiting teachers, sports coaches, volunteers and counsellors.

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.

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.

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.

As you 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 that purpose. 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 for the purpose of school excursions, camps.

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, and that they can access that information if they wish and that the School does not usually disclose the information to third parties.

ENROLMENT POLICIES

1. Enrolment is open to all who follow the Catholic faith with priority being given to students belonging to the Our Lady of the Rosary Parish Community (with a Parish Priest Reference).
2. In the case of Catholics every effort will be made to accept students of families outside the Parish (with a Parish Priest Reference)
3. Siblings of non-Catholic families are also considered a priority.
4. Application for enrolment from members of other faiths expressing a desire to acquire religious values will be considered. Acceptance and enrolment of a particular child does not necessarily mean other siblings will be considered.
5. The minimum age for enrolment of a child in kindergarten will be four years of age prior to 30 June of the enrolment year.
6. The Principal alone is responsible for the implementation of the Enrolment Policy and all applications should be directed to the Principal.

CONDITIONS FOR ADMISSION

1. An interview attended by both parents and child is a condition for admission, in order that parents may be fully briefed on the principles underlying the Enrolment Policy and on the application of these principles in practice.
2. Being a Catholic School it is important that applicants accept the values underlying the Catholic philosophy of education, and that the student undertakes to participate fully as a committed member of the school community.
3. Parents undertake to support the policies and the activities of the school.
4. Parents undertake to support the Parents and Friends Association, participating fully as committed members of the school community.
5. Parents undertake each term to settle promptly the school fees accounts and Amenities fee as set by the School Board each year. Any expenses, costs or disbursements incurred by the school in recovering any outstanding monies including debt collection fees and solicitor costs, shall be paid by the Parent/s, providing that those fees do not exceed the scale charges as charged by that debt collection agency/solicitor and in any event the commission is not to exceed 18% of the debt value, plus out of pocket expenses.

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) _____ Dated _____
Female Parent/Guardian

_____ Dated _____
Male Parent/Guardian

A copy of your child's Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the Application for Admission form. Originals of these documents should be presented at the enrolment interview.