Good Shepherd Catholic School Enrolment Form

Good Shepherd Catholic School
215 Morley Drive
LOCKRIDGE WA 6054
Ph: 08 6278 9500
Email: admin@gsl.wa.edu.au

STUDENT INFORMATION

Student Surname: _____ Gender: Male / Female (please circle)

First Name: _____ Preferred Name: _____

Address: _____

_____ State: _____ Postcode: _____

Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: ☐Yes ☐No

Nationality: _____ Language Spoken at Home: _____

Is your child: An Australian Citizen ☐Yes ☐No

Aboriginal ☐Yes ☐No Torres Strait Islander ☐Yes ☐No

A permanent resident of Australia ☐Yes ☐No Visa Category Number: _____ Copy of VISA Attached: ☐Yes ☐No

If Applicable does your child Currently Attend:

Primary School: _____ Location: _____Year level: _____

Early Learning Centre: _____ Location: _____ Circle Days Attending: M T W TH F

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Reception of Sacraments: Baptism Certificate Attached: ☐Yes ☐No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____ Email: _____

_____ State: _____ Postcode: _____

Religious Denomination: _____ Parish: _____

Occupation: _____ Employer: _____

Contact Numbers: Home _____ Work _____Mobile _____

Country of Citizenship: _____ Nationality: _____

Australian Permanent Resident ☐Yes ☐No

MALE PARENT OR GUARIDAN

Title: _____ Surname: _____ First Name: _____

Address: _____ Email: _____

_____ State: _____ Postcode: _____

Religious Denomination: _____ Parish: _____

Occupation: _____ Employer: _____

Contact Numbers: Home _____ Work _____Mobile _____

Country of Citizenship: _____ Nationality: _____

Australian Permanent Resident ☐Yes ☐No

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 GOOD SHEPHERD SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____

PRE SCHOOL AGED SIBLINGS

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT'S INDIVIDUAL NEEDS

The school *Education Act 1999* requires the provision of:
"details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee 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

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 ☐ Diphtheria ☐ Tetanus ☐

Hepatitis B ☐ Pertussis (Whooping Cough) ☐ Polio (OPV) ☐ Immunisation Record Attached ☐Yes ☐No

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.

Signature of Parent(s)/Guardian(s): _____ Date: _____
MOTHER OR FEMALE GUARDIAN

_____ Date: _____
FATHER OR MALE 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, as advertised and available upon request, and Practices of the school and the Policies of the Catholic Education Commission of Western Australia as enacted from time to time.

I/We acknowledge that as a part of the quality educational and pastoral care offered at Good Shepherd Catholic School, my/our child may be referred to the School Social Worker. I/We consent to social worker involvement as determined by their professional ethics.

I/we give permission for copies of school authored documents related to my child to be forwarded to the next school at which they are enrolled.

I/we have read and fully understand and agree to the terms and conditions set out in the School Fees Policy and accept responsibility for the incurred costs. Further I/We understand that ALL costs incurred in recovering outstanding accounts will be mine/our responsibility.

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

_____ _____
MOTHER OR FEMALE GUARDIAN FATHER OR MALE GUARDIAN

Date: _____ Date: _____