



St Joseph's College

Application for Enrolment

(To be returned to the College Administration Office with Application Fee of \$50.00)

Office Use:	Date of Application: _____	Application Fee Received : <input type="checkbox"/>
Entered on Waitlist: <input type="checkbox"/>	Entered in MAZE <input type="checkbox"/>	FAMILY CODE _____
Interview Date: _____		
Letter of Offer <input type="checkbox"/>	Enrolment Deposit Received <input type="checkbox"/>	Enrolment Complete <input type="checkbox"/>

STUDENT DETAILS

Calendar Year of Admission to the College: 20..... Academic Year of Entry:

Surname Name:..... Given Names:.....

Gender: Male/Female Preferred Name:.....

Date of Birth:..... Birthplace:.....

Country of Birth:..... Nationality:.....

(A copy of the student's birth certificate is required – please attach to your application)

Home Address of Student:.....

.....Postcode.....

Language(s) Spoken at Home:.....

Is the Student Aboriginal Yes/No Or Torres Strait Islander Yes/No

Present School: Location: Year Level

Student ID Number (for Years 8 to 12 only) :.....

(May be printed on student's school report)

Religious Denomination: Parish Priest:

Parish: Suburb:

Date of Reception of Sacraments: :.....

Date of Baptism: Place of Baptism:..... Baptism Certificate Attached Yes/No

Reconciliation: First Communion: Confirmation:

Born Outside of Australia: Date of Arrival:
(Country)

Visa Type/Number: Number of Years in Australia:.....
(please supply a copy of Passport and Visa)

Is the Student an Australian Citizen: Yes/No
(if yes please supply a copy of Citizenship)

Is the Student a Permanent or Temporary Resident of Australia
Permanent Temporary

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S COLLEGE

Name.....Year..... Name..... Year.....

PARENT/GUARDIAN DETAILS

Student Resides with Both Parents Mother/Guardian 1 Father/Guardian 2

Mother/Guardian 1

Title..... Surname :.....

First Name:.....

Relationship to Child:.....

Residential Address:.....

.....

.....Postcode.....

Postal Address:.....

.....Postcode.....

Occupation:.....

Contact Numbers: Home.....

Mobile:..... Work.....

Email:.....

Country of Citizenship.....

Religious Denomination:.....

Parish:.....

Suburb:.....

Father/Guardian 2

Title..... Surname:.....

First Name:.....

For Guardian, relationship to Child:.....

Residential Address:.....

.....

.....Postcode.....

Postal Address:.....

.....Postcode.....

Occupation:.....

Contact Numbers: Home.....

Mobile:..... Work.....

Email:.....

Country Citizenship.....

Religious Denomination:.....

Parish:.....

Suburb:.....

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? _____

Telephone: 9844 0222 Fax: 9844 0223 E: admin@sjc-albany.wa.edu.au W: http://web.sjc-albany.wa.edu.au

STUDENT'S INDIVIDUAL NEEDS

Does the child have any medical condition or special educational needs?

If so, please give details*:

* Please note: Any medical conditions or special educational needs must be known to the Principal or Head of School prior to enrolment. This may include access to recent School reports and any professional assessments.

Reports and assessments will be treated confidentially.

Medical Conditions: _____

Allergies _____

Medication _____

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.

Special Educational Needs:

Has the child accessed any of the following health professionals, in relation to their school performance?

- | | | |
|--|--|--|
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Developmental Optometrist | <input type="checkbox"/> Developmental Audiologist | <input type="checkbox"/> Vision |

Other (please specify) _____

Has the child been diagnosed with any of the following?

- | | | |
|---|--|--|
| <input type="checkbox"/> Specific Learning Difficulty | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> ADD – passive/inattentive | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Dysgraphia |
| <input type="checkbox"/> ADHD – hyperactive | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Other medical conditions that may affect your child's learning:

EMERGENCY CONTACT DETAILS (other than a Parent/Guardian)

Name: _____ Relationship to Student: _____

Address : _____

Contact Numbers: _____

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: _____

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____

Address: _____

Contact Number: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____ (if known)

Student is fully immunised: Yes/No

A copy of the student's immunisation record is required (*please attach to your application*)

MEDICAL EMERGENCY AUTHORISATION

I authorize the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary and agree to cover any associated costs. I further authorize the College that if an emergency occurs requiring surgery, anesthetic, 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 / GUARDIAN

_____ Date: _____

MALE PARENT / GUARDIAN

PHOTOGRAPHIC PERMISSION

Permission is granted to the College to use images of my child in newspapers, publications, brochures, the College newsletter, College website, displays and other promotional material.

Yes/No

DISCLOSURE OF INFORMATION

St Joseph's College will collect personal information about your family from time to time for the purpose of implementing the curriculum and discharging its legal and pastoral obligations towards you and your child. This information may be disclosed to third parties who assist the school in this purpose, including the Catholic Education Office, and the parish priest. You may access this information at any time.

As part of making your child feel special and to celebrate special events teachers may acknowledge your child's birthday. Should you not wish this to happen please indicate as such below.

I **DO NOT** wish for my child's birthday to be acknowledged in the College Community.

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

MALE PARENT OR GUARDIAN

Date: _____

CHECKLIST FOR PARENTS – DOCUMENTS TO BE INCLUDED WITH APPLICATION

Please ensure that you have included the following with your Application for Enrolment

- Application fee (\$50 per student)**
- Copy of Birth Certificate**
- Copy of Immunisation Record**
- Copy of Visa and Passport (if applicable)
- Parish Priest Form (if applicable)
- Baptism Certificate (if applicable)

Applications should be forwarded to:
Enrolments
St Joseph's College
Martin Road
ALBANY WA 6330

Cheques to be made payable to *St Joseph's College*.

Credit Card can be used by contacting the
Administration Office on 98440 222

SCHOOL FEES

Person/s responsible for payment of accounts:

Parent/Guardian 1 _____
(Name)

Parent/Guardian 2 _____
(Name)

I, the undersigned, as the person/s responsible for payment of fees, acknowledge that I have read the School Fees Policy and the Fees and Charges brochure, and I accept the conditions as described.

Signed: _____
(Parent/Guardian 1)

Signed: _____
(Parent/Guardian 2)

Date: _____

Date: _____

Please indicate if you have a Health Care Card Pensioner Concession Card

To be completed by Staff Member conducting the Interview:

Interviewed by: _____

Student Accepted: YES NO

Signed: _____ Date: _____

STUDENT COMMENCEMENT DATE: _____

Notes:

Application Procedures

1. Application is made on the form Application for Enrolment.
2. This form should be returned to the College Office with a photocopy of the student's Birth Certificate, Immunisation Record to date, Baptism Certificate (if applicable), any other supporting documentation and \$50 non-refundable application fee.
3. The College will issue an Acknowledgement of Receipt of Application for Enrolment. This acknowledgement is not an indication that the application has been successful but acknowledgement that the future student has been waitlisted.
4. Successful applicants will be determined in accordance with the school's enrolment criteria. If offered an interview; a copy of the student's most recent report will be required prior to the interview.
5. Following the interview written confirmation of an offer of a place will be issued. To confirm the place you will be required to sign the Letter of Offer and return it to the College Office with an enrolment deposit of \$250. This deposit is not refundable should the student not attend the College.