



St Mary Star of the Sea College

Johnston Street, CARNARVON WA 6701

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APPLICATION FOR 3YO KINDERGARTEN ENROLMENT



School Year 20 _____

Date of Application: _____

FOR OFFICE USE ONLY

STUDENT INFORMATION

First Name: _____ Middle Name: _____

Surname: _____ Preferred Name: _____

Gender: Male Female Other (Please circle)

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

Medicare Number: _____ Position: _____ Expiry Date: ____/____

Aboriginal/Torres Strait Islander: Yes/No (Please circle)

If yes to Aboriginal/Torres Strait Islander, then Group of Origin: _____

Nationality: _____ Australian Permanent Resident: Yes/No

VISA DETAILS

If born outside of Australia:

Date of arrival in Australia: _____ Visa Category Number: _____

Visa Expiry Date: _____

Country of Citizenship: _____ Language Spoken at Home: _____

STUDENT DEMOGRAPHICSTUDENT

Country of Birth: _____ Ethnicity: _____

Language at Home: _____ Religion: _____

RELIGION

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Baptism: _____ Baptism Certificate Attached Yes/No

FAMILY INFORMATION

Father/ Caregiver 1

Title: _____
First Name: _____
Surname: _____
Address: _____

Postal Address _____
Medicare: _____
Gender: Male Female Other
Nationality: _____
Religious Denomination: _____
Occupation: _____
Employer: _____
Business Phone: _____
Home Phone: _____
Mobile Phone: _____
Email: _____
Relationship: _____
Contact Type: Guardian Secondary Other
Lives with Student: Yes No
Living Arrangements:
Always Balanced Other
Family Type: Full Split
Country of Citizenship: _____

Mother/ Caregiver 2

Title: _____
First Name: _____
Surname: _____
Address: _____

Postal Address _____
Medicare: _____
Gender: Male Female Other
Nationality: _____
Religious Denomination: _____
Occupation: _____
Employer: _____
Business Phone: _____
Home Phone: _____
Mobile Phone: _____
Email: _____
Relationship: _____
Contact Type: Guardian Secondary Other
Lives with Student: Yes No
Living Arrangements:
Always Balanced Other
Family Type: Full Split
Country of Citizenship: _____

IN THE CASE OF SPLIT BILLING, WHAT PERCENTAGE IS THE ACCOUNT ALLOCATION?

Caregiver 1: _____ % Caregiver 2 _____ %
Billing Email: _____ Billing Email: _____

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 SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

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 (Immunisation Record must be sighted by the school)

F = fully immunised N = not immunised I = incomplete immunisation P = personal objections

Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>		
Hepatitis B	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>

Family Doctor / Medical Clinic: _____
 Address: _____
 Contact Numbers: _____
 Medicare Number: _____ Private Health Fund: _____ Blood Group: _____
(If known)

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

Do you agree that the information supplied on the *Student Information* and *Family Information* sections can be provided to the St Mary's P&F Association? Yes / No

Do you agree that the email address supplied on the *Student Information* and *Family Information* sections can be used to communicate school events and distribute newsletters?
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

Signature of Principal:

_____ Date: _____

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

**St Mary Star of the Sea Catholic School
3 year old Kindy Parent Questionnaire**

Child's Surname: _____
First Name: _____
Preferred name: _____
Date of birth: _____
Mother's Name: _____
Father's Name: _____

Sibling's names and age:

What do you hope your child will have the opportunity to develop this year?

What do you consider are your child's interests?

What do you feel are your child's strengths?

Typically, how does your child act in social situations?

