

MOTHER TERESA CATHOLIC COLLEGE



SECONDARY SCHOOL ENROLMENT APPLICATION


OFFICE USE

AOS: _____

Date: _____

SS

STUDENT INFORMATION

Student Surname:		Student No.:		M / F
First Name:		Second Name:		
Address:				
			State:	Postcode:
Postal Address (If different to above):				
			State:	Postcode:
Date of Birth/...../.....	Birthplace:		Nationality:	
The following forms should be submitted with your application. <u>PLEASE ATTACH TO THIS APPLICATION</u>				
Birth Certificate	<input type="checkbox"/>	Proof of Residency	<input type="checkbox"/>	Citizenship <input type="checkbox"/> 
If not born in Australia : Current Visa	<input type="checkbox"/>	Date of arrival into Australia	_____	
Catholic Baptism Certificate	<input type="checkbox"/>			
Immunisation	<input type="checkbox"/>			
Proof of Change of Name	<input type="checkbox"/>			
Enrolment for Year Level _____ in 20 _____		Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>		
Religion:		Member of which Parish/Church:		
Present School:		Current Report Attached Yes / No		

PARENT/CAREGIVER

PARENT/CAREGIVER

Surname:	Miss / Mrs / Ms / Mr	Miss / Mrs / Ms / Mr
First Name:		
Nationality / Country of Birth		
Address (if different from above):		
Telephone Numbers: Home		
Work		
Mobile		
Email		
Religion		

STUDENT'S RELIGIOUS DETAILS - The following certificates should be submitted with your application.

Religious Denomination:		Parish:
Baptism Certificate	Date Sacrament received ... / ... /...	Place & Name of Church
Reconciliation	Date Sacrament received ... / ... /...	Place & Name of Church
Eucharist	Date Sacrament received ... / ... /...	Place & Name of Church
Confirmation Certificate	Date Sacrament received ... / ... /...	Place & Name of Church

CUSTODY/GUARDIANSHIP

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

If applicable, please attach a copy of any Parenting or Restraint Order

Yes / No



SIBLINGS CURRENTLY ATTENDING MOTHER TERESA CATHOLIC COLLEGE

Name	Year Level	Name	Year Level

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School

SIBLINGS YOUNGER THAN SCHOOL AGE

Name	DOB	Name	DOB

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Address: _____

☎ Home _____ ☎ Work _____ ☎ Mobile _____

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____ Phone No: _____

Medicare No: <i>It is a requirement of the School Education Act 1999(WA) that our College collects this information. We cannot offer a place of enrolment without your child's Medicare number and their place on the card.</i> <i>The only exception to this is if a child does not qualify for Medicare as they are on a visa. If your child is on a visa please advise by marking this section "Visa" and include the relevant visa subclass.</i>	Private Health Fund:	Blood Group:
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F – fully immunised	N – not immunised	I – incomplete immunisation	P – personal objection
Measles €	Mumps €	Rubella €	Diphtheria €
Hepatitis B €	Pertussis €	Polio (OPV) €	Other

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:
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

MEDICAL EMERGENCY AUTHORISATION

I authorise the college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the 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 college has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

I understand that I am legally responsible for the full payment of any costs incurred for emergency medical/dental treatment provided to my son/daughter, including emergency transportation.

AGREEMENT

- I/we accept that the completion of this application form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's enrolment criteria. I/we 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 and that false, misleading or incomplete information on this form, especially in relation to this student's needs. Medical conditions, health requirements and/or Parenting Orders may entitle the College to refuse or terminate enrolment on these grounds.
- I/we agree to abide by the policies and directions of the college and the Catholic Education Commission of Western Australia as they are enacted from time to time.
- I/We agree to notify the College of any changes to our relationship status that may affect our ability to continue paying our School fees as originally agreed. Failure to do so may result in termination of enrolment.
- I/We have received information regarding school fees and accept legal liability for all fees and charges incurred in relation to this enrolment, within the terms of the Mother Teresa Catholic College Fees Policy.

Parent/Caregiver Name :	Signature:	Date / /
Parent/Caregiver Name :	Signature:	Date / /

Collection of Information – Privacy Act

1. The College collects personal information, including sensitive information about pupils and Parents and/or Caregivers before and during the course of a pupil's enrolment at Mother Teresa Catholic College. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.
2. 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.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. 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.
5. The College 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, medical practitioners and people providing services to the school, including specialist visiting teachers, sports coaches and volunteers.
6. 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.
7. Personal information collected from pupils is regularly disclosed to their parents and/or Caregivers. On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, school magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. 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.
9. As you may know the College 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 the purpose). We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. If you provide the college 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 College and why, that they can access that information if they wish and that the College does not usually disclose the information to third parties.
11. The 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, other schools and the parish priest. You may access this information at any time.

ENROLMENT FEE - Please find enclosed my non-refundable deposit of \$50.00.

Payment by Mastercard Cheque Cash

Card Number:

Expiry Date / Card Holder's

Signature: _____ Date: _____

Amount: _____
Receipt No.: _____
Date: _____