

MOTHER TERESA CATHOLIC COLLEGE



JUNIOR SCHOOL ENROLMENT APPLICATION


OFFICE USE

Maze: _____

Date: _____

JS

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"/>			
Catholic Baptism Certificate	<input type="checkbox"/>			
Immunisation	<input type="checkbox"/>	Date of arrival into Australia _____		
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/GUARDIAN


PARENT/GUARDIAN

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

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

Religious Denomination:		Parish:
Baptism Certificate Yes/No	Date Sacrament received ... / ... /...	Place & Name of Church
Reconciliation Yes/No	Date Sacrament received ... / ... /...	Place & Name of Church
Eucharist Yes/No	Date Sacrament received ... / ... /...	Place & Name of Church
Confirmation Certificate Yes/No	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 
Any other conditions enforced at law	

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:	
Address		
Specific medical information relevant to the School eg. Medications		
Medicare No	Private Health Fund	Blood Group

F – fully immunised		N – not immunised		I – incomplete immunisation		P – personal objection	
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"/>	Other				

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 college”. To assist the college 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?
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 MTCC School Fees Policy.

Female Parent/Guardian Name :	Signature:	Date / /
Male Parent/Guardian Name :	Signature:	Date / /

Collection of Information – Privacy Act

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at Mother Teresa Catholic School. 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 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, 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 or guardians. 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 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.
9. As you may 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 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 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, that they can access that information if they wish and that the school does not usually disclose the information to third parties.
11. The School 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	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash			
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Expiry Date	<input type="text"/>	Card Holder's Name:	<input type="text"/>				
Signature: _____			Date: _____				
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