

# ST BRIGID'S SCHOOL

205 Prinsep Street COLLIE WA 6225  
PO Box 281  
Tel: 9734 1097 Fax: 9734 3011

Approved: \_\_\_\_\_  
Commence: \_\_\_\_\_  
Year Level: \_\_\_\_\_

## STUDENT INFORMATION

Student Surname: \_\_\_\_\_  
Christian Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Birth Certificate Attached: Yes/No  
Aboriginal/Torres Strait Islander: Yes/No  
Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No  
Language Spoken at Home: \_\_\_\_\_

Religious Denomination : _____	Parish Priest _____
Parish: _____	Suburb: _____
Date of Reception of Sacraments: _____	Baptism Certificate Attached Yes/No
Baptism: _____ Reconciliation: _____	First Communion: _____ Confirmation: _____
Present School _____	Location _____ Current Year Level : _____

## FAMILY INFORMATION

### MOTHERS/GUARDIAN DETAILS:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Location: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Status: Single/ Married/ Divorced  
Mailing Address (if different) \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(M)  
Nationality: \_\_\_\_\_

### FATHERS/GUARDIAN DETAILS:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Location: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Status: Single/ Married/ Divorced  
Mailing Address (if different) \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(M)  
Nationality: \_\_\_\_\_

**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 ST BRIGID'S**

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

**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 school' (16G)

To assist the school to respond to individual requirements please detail any special needs your child has in the following areas that may affect his/her learning, participation or welfare during school hours.

Family Health Care Card Yes/No (copy attached) Yes/No

Pensioner Concession Cards (PPS) Yes/No (copy attached) Yes/No

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_

Vision/Hearing \_\_\_\_\_

Behavioural \_\_\_\_\_

Allergies \_\_\_\_\_

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.

**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. \_\_\_\_\_

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 \_\_\_\_\_

Contact No: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student \_\_\_\_\_

Contact No: \_\_\_\_\_

## MEDICAL INFORMATION

### IMMUNISATION RECORD

**F** - fully immunized      **N** - not immunized      **I** - incomplete immunization      **P** - personal objection

Family Doctor/Medical Clinic \_\_\_\_\_

Contact No: \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

*I authorize the school to seek medical attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorize 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 \_\_\_\_\_

Female Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Male Parent or 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 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.

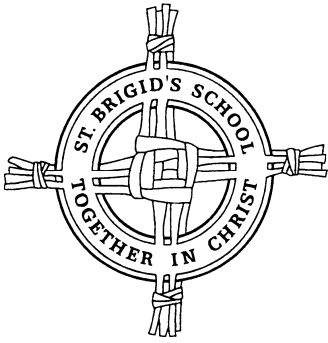
I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

Female Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Male Parent or Guardian



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## **PARENTAL UNDERTAKING**

St Brigid's School requires all parents of its students to be aware of, and make a commitment to, the policies of the School.

When accepting a place at the School, it is expected that families will support and respect the place that Christ holds in this School.

When accepting a place at the School, that student and her/his parents accept the obligation that the student will observe the School rules and standards of dress, conduct and behaviour. It is parents' responsibility to ensure students wear the correct school uniform.

Parents undertake to be supportive of the programmes of the School and make every endeavour to attend the functions organised for the complete School community, especially Awards Night and Teacher/Parent meetings and interviews.

Parents accept the obligation of contributing to the financial support of the School by regular and prompt payment of tuition, building levy and amenities.

A further undertaking on the part of the student is that she/he understands and supports the programmes of the School and with the support of her/his parents, she/he will participate fully in all School activities required. This particularly applies to School Masses, awards night, camps, sports carnivals and special school day activities.

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## **PARENTAL DECLARATION**

I/We have read the above Undertaking and accept it as a condition of admission. I/We understand that my/our daughters/sons place at St Brigid's School, is in accordance with this undertaking and I/We agree to abide the conditions while my/our daughter/son is enrolled at the School.

Parent's Name: \_\_\_\_\_

Signatures: \_\_\_\_\_

Date: \_\_\_\_\_