

Surname \_\_\_\_\_ Year Level \_\_\_\_\_

# **St Munchin's Catholic School, Gosnells**

## **Western Australia**

**ENROLMENT FORM**

**K - 6**



# PRIVACY COLLECTION NOTICE

## St Munchin's Catholic School

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1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the 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 students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about your son/daughter 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 of WA, 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 students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in School newsletters, magazines (and on our website).
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Students 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 student, or where students 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 that purpose.) We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.
11. 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.

*\*If appropriate*

# WELCOME

Important information regarding the enrolment process at St Munchin's Catholic School.

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## Step One

An interview with the Priest from your Parish **must be** conducted prior to meeting with the Principal to discuss enrolment at St Munchin's. The enrolment will not proceed without this step being taken. The 'Reference Letter' for your Priest is attached.

The Gosnell's Parish Priest's contact number is **08 9398 2331**

Email: [secretary@gosnellsparish.org.au](mailto:secretary@gosnellsparish.org.au)

Office Hours: Tuesday to Friday 9.00am to 1.30pm

## Step Two

Complete all sections in the Enrolment Booklet with particular attention to the following:

1. The Interview Questions
2. Review Questions (if this is an enrolment for a sibling)
3. Read and sign the '**Agreement**' on page 8.

A deposit of \$60 must be received with acceptance of enrolment.

## Step Three

Arrange to meet with the Principal to discuss the enrolment application.

School Contact number: 9234 7555

Office Hours: Monday to Friday 8.30am to 3.30pm

Email: [admin@stmunchins.wa.edu.au](mailto:admin@stmunchins.wa.edu.au)

Please bring all necessary documents when you meet with the Principal.

- Baptism certificate
- Birth Certificate
- Immunisation records

We look forward to meeting with you to discuss your child's education needs.

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## The Interview

At the Enrolment Interview the Principal will discuss the following. You might like to consider your answers beforehand. Some space is made available for your responses.

- Why do you wish to have your child educated at St Munchin's?

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- Have you considered how you might help the Parents & Friends Association?

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*A member of the P&F will contact you in due course to welcome you to St Munchin's.*

*\*Please bring your child to the enrolment interview.*

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## Criteria for Enrolment

Applications will be considered in the following order of priority:

- Catholic students from the Parish with a Parish Priest Reference
- Catholic students from outside the Parish with a Parish Priest Reference
- Other Catholic students
- Siblings of non-Catholic students
- Non-Catholic students from other Christian denominations
- Other Non-Catholic students

Enrolment does not automatically follow as a result of an application.

As there are limits to class sizes, children may have to be placed on waiting lists.

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## Review Questions (*Sibling enrolment only*)

Through this brief survey, we hope to find out the impressions you have formed of our school. If you don't know for sure about an issue, it will be still useful for us to know what you **believe**. For this reason, please use the *unable to comment* option as little as possible.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Unable to comment</i>
1. <i>The school shows that it is always trying to find better ways to do things.</i>	4	3	2	1	<i>uc</i>
2. <i>The changes that occur at this school mostly result in improvements.</i>	4	3	2	1	<i>uc</i>
3. <i>The school seems to make a decision in a planned and organised manner.</i>	4	3	2	1	<i>uc</i>
4. <i>The educational program offered by this school needs the needs of this community.</i>	4	3	2	1	<i>uc</i>
5. <i>Teachers at this school are committed and enthusiastic.</i>	4	3	2	1	<i>uc</i>
6. <i>The teachers here often try new ideas to find better ways to help students learn.</i>	4	3	2	1	<i>uc</i>
7. <i>The school's leaders demonstrate a clear vision as to what the school is trying to achieve.</i>	4	3	2	1	<i>uc</i>
8. <i>Parents are able to help plan and are kept informed about significant changes in the school.</i>	4	3	2	1	<i>uc</i>
9. <i>The school's leaders are approachable and listen to parent opinion on how they are running the school.</i>	4	3	2	1	<i>uc</i>
10. <i>Teachers at this school care about the students and their learning.</i>	4	3	2	1	<i>uc</i>
11. <i>This school has high standards of student behaviour.</i>	4	3	2	1	<i>uc</i>
12. <i>Parents receive helpful information about each student's progress and achievement levels.</i>	4	3	2	1	<i>uc</i>
13. <i>The school's first learning area 'Religious Education', is promoted throughout the school's culture.</i>	4	3	2	1	<i>uc</i>
14. <i>Parents are informed about the standards the school is achieving.</i>	4	3	2	1	<i>uc</i>
15. <i>This school values parents as partners in the education process.</i>	4	3	2	1	<i>uc</i>

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# ENROLMENT DETAILS

## STUDENT INFORMATION

Student Surname: \_\_\_\_\_ Year Level to be enrolled: \_\_\_\_\_  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Birth Certificate Attached: Yes / No  
Born outside of Australia: \_\_\_\_\_ Aboriginal / Torres Strait Islander: Yes / No  
Date of Arrival: \_\_\_\_\_ Australian Permanent Resident: Yes / No  
Country of Citizenship: \_\_\_\_\_ Number of Years in Australia: \_\_\_\_\_  
Visa No. (if applicable): \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Baptism: \_\_/\_\_/\_\_ Reconciliation: \_\_/\_\_/\_\_ First Communion: \_\_/\_\_/\_\_ Confirmation: \_\_/\_\_/\_\_  
*Please include the date of Reception of Sacraments.* Baptism Certificate Attached: Yes / No  
Present School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_

## FAMILY INFORMATION

### FEMALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Schooling Qualification: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Born out of Australia: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Visa No. (if applicable): \_\_\_\_\_ Expiry: \_\_\_\_\_

**MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Schooling Qualification: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Born out of Australia: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Visa No. (if applicable): \_\_\_\_\_ Expiry: \_\_\_\_\_

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

## FAMILY INFORMATION *(continued)*

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 area(s) that may affect his/her learning, participation or welfare during school hours.

Medical / Health Care \_\_\_\_\_

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Orthoses / Prosthese \_\_\_\_\_

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 yes, please provide name and contact details of the Service Provider.

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

## MEDICAL INFORMATION

### IMMUNISATION RECORD

**F** – fully immunised

**N** – not immunised

**I** – incomplete immunisation

**P** – personal objections

Measles

Mumps

Rubella

Diphtheria

Tetanus

Hepatitis B

Pertussis

Polio (OPV)

Immunisation Record attached: Yes / No

(Whooping Cough)

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

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dentist / Dental Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or hospitalise my son/daughter when considered necessary. I further authorise 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 recommend treatment by an accredited medical practitioner on my behalf.

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

FEMALE PARENT / GUARDIAN

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

MALE PARENT / 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

If my child is eligible for Disability funding I give the school permission to apply for funding. Yes / No

# AGREEMENT

Student Name: \_\_\_\_\_ Entry Level: \_\_\_\_\_

We agree to support St Munchin's Catholic School and its policies by:

- nurturing the Faith education of our child;
- participating in school activities such as the Celebration of Mass, Parent Teacher Meetings and the Annual School Community meeting held in November (AGM);
- our active involvement in the Parents and Friends Association including fundraising activities, canteen rosters and busy bees;
- ensuring that our child fully participates in the life of the school;
- ensuring that our child abides by the School's regulations, dress code and code of conduct as outlined in the Parent Handbook;
- fostering a sense of community marked by a spirit of harmony between parents, staff and students.

We also undertake each term to settle promptly, the school fee accounts and amenities fees as set by the School Board each year. Any expenses, costs or disbursements incurred by the school in recovering any outstanding monies, including debt-collection agency fees and solicitor's costs, shall be paid by the parent.

**In accepting this position we shall work co-operatively both with the Principal and the staff of the school.**

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, medication 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 Office of Western Australia as they are enacted from time to time.

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

\_\_\_\_\_ Date: \_\_\_\_\_  
MALE PARENT / GUARDIAN

**OFFICE USE ONLY**

Date of interview held with Parish Priest: \_\_\_\_\_

**Enrolment Notes**

Name of Student: \_\_\_\_\_

Appropriate Records Sighted:	Birth Certificate	Yes / No
	Baptism	Yes / No
	Immunisation	Yes / No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Admitted: Yes / No                      Year Level / Class Placed \_\_\_\_\_

Date of Admission: \_\_\_\_\_                      Faction: \_\_\_\_\_

Placed on Waiting List: Yes / No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: Principal: \_\_\_\_\_                      Date: \_\_\_\_\_



*St Munchin's Catholic School crest is the Celtic cross,*

*a symbol of Ireland,  
the homeland of St Munchin,  
and the Sisters of Mercy.*

*The symbol of the Southern Cross  
recognises that we are educating children within Australia.*

*The school's Motto  
"Sequere Veritatem" ... "Follow Truth",  
encourages each child to allow the teachings of Christ to guide them through life's journey.*