

# *St Benedict's School*



## *Enrolment Application*

*A Catholic Co-Educational School from  
3 Year Old Kindergarten to Year 6*



*70 Ainess Street, APPLECROSS, WA 6153  
Telephone: (08) 6217 3500  
Email: [admin@stbenedicts.wa.edu.au](mailto:admin@stbenedicts.wa.edu.au)  
ABN : 87 303 594 198*

## **Enrolment Application Procedure:**

*For your child's application to be accepted and processed please follow the following guidelines:*

- 1. Applications will only be processed once all the correct documentation and payment has been received.**
- 2. Applications must be signed by both parents;**
- 3. The supporting documentation, listed below, must accompany the application:**
  - i. Copy of your child's Birth Certificate;**
  - ii. Copy of your child's Baptism Certificate (where applicable);**
  - iii. Copy of your child's Immunisation History Statement from Medicare at the following website: <https://www.humanservices.gov.au> website;**
  - iv. Parish Priest Reference (download from the school website). All families, Catholic or not, are required to provide a Parish Priest Reference. Contact the Parish Secretary, Mrs Geldenhuys on 9364 1120 to make an appointment with Father Nelson Pho;**
  - v. Non-refundable Enrolment Fee of \$100. We accept cash, credit or eftpos;**
  - vi. Proof of Child's Citizenship / Residency or Visa type (where applicable);**
  - vii. Proof of Parent Citizenship / Residency (where applicable);**
  - viii. New Arrival Enrolment form (where applicable - download from the school website - <http://www.stbenedictswa.com>)**

*If you have any queries regarding your application, please do not hesitate to contact Mrs Funga in the Administration Office on 08-62173500 or via email to: [admin@stbenedicts.wa.edu.au](mailto:admin@stbenedicts.wa.edu.au).*

***We look forward to welcoming you  
and your family to our  
School Community.***

**I HOPE I BELIEVE I LOVE**

<b>DETAILS OF CHILD - Please complete in block letters</b>	
Family Name:	
Given Name/s:	Preferred Name:
Date of Birth: / /	Place of Birth:
Calendar Year of Admission:	Gender: M / F
Academic Year of Admission:	Previous School:
<b>RELIGIOUS DENOMINATION</b>	<b>Catholic Y / N</b> <small>If not Catholic please specify religion:</small>
Parish & Diocese of Baptism:	Parish Priest:
Date of Baptism:	Date of First Eucharist:
Date of Confirmation:	Date of Reconciliation:
<p>Is your child: An Australian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Home Language: A permanent resident of Australia <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> English <input type="checkbox"/> Other <small>If not, Visa <b>Category</b> No. (please do not insert your visa number)</small></p> <p>A full fee paying overseas Student <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If different please state : _____</p> <p>Is the student an Aboriginal or Torres Strait Island Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal</p> <p><input type="checkbox"/> Yes - Torres Strait Islander</p>	
<b>MOTHER/FEMALE GUARDIAN - All fields are mandatory</b>	
Title: Mrs / Miss / Ms / Dr / Prof	Name
	Surname Christian
Residential Address:	
Suburb:	Post Code:
Contact Numbers: Home: ( )	Business: ( )
Email:	Mobile:
Occupation:	Marital Status : Married/Divorced/Single
Employer:	Defacto/Widowed/Deceased/Separated
Religious Denomination:	Australian Permanent Resident
Nationality:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER/MALE GUARDIAN - All fields are mandatory</b>	
Title: Mr / Dr / Prof	Name
	Surname Christian
Residential Address:	
Suburb:	Post Code:
Contact Numbers: Home: ( )	Business: ( )
Email:	Mobile:
Occupation:	Marital Status : Married/Divorced/Single
Employer:	Defacto/Widowed/Deceased/Separated
Religious Denomination:	Australian Permanent Resident:
Nationality:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CUSTODY/GUARDIANSHIP**

Parent/Guardian with whom student lives - both parents/Mother/Father/other - Please specify:

Name of Person who has legal custody/guardianship of the student:

Is a Parenting or restraint order in place?

Yes  No

(if so please attach copy)

Any other conditions enforced by law?

Please list below any special family circumstances of which the School needs to be aware in order to provide maximum support to the student. (Eg. Parent/s deceased, parents separated or divorced)

**FOR OVERSEAS APPLICANTS ONLY - Guardian must live in Perth, Western Australia**

Name of Guardian:

Residential Address:

**Contact Numbers:** Home: ( )

Business: ( )

Mobile:

Email:

Occupation:

Place of Employment:

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

Medical/Health Care:

Medication:

Physical Needs:

Learning Needs:

Psychological/Socio-emotional Needs:

Sensory Needs (e.g. Vision/Hearing):

Behavioural or Safety Needs including any suspensions or exclusions from other schools:

Communication Needs:

Self-Care Needs:

Allergies:

**EXTERNAL SERVICE PROVISION:**

Does your child receive any services from an external agency, which may affect education arrangement?

Yes  No

If so, please detail name of service provider and contact details:

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 school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the school to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.*

**Signature of Parent/s****Date:**

Female Parent/Guardian: \_\_\_\_\_

Male Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS - other than parents/legal guardian**

Name of Contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Contact Numbers:** Home: ( ) \_\_\_\_\_

Business: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

**IMMUNISATION RECORD****F - FULLY IMMUNISED****N- NOT IMMUNISED****I - INCOMPLETE IMMUNISATION****P- PERSONAL OBJECTIONS**Measles Mumps Rubella Diphtheria Tetanus Hepatitis B Pertussis (Whooping Cough) Polio (OPV) Immunisation record attached? *(from the MyGov website if registered, alternatively the schedule from Medicare - please do not send the one from the Clinic Nurses book)*

Family Doctor / Medical Clinic:

Address : Contact No:

Dentist / Dental Clinic:

Address : Contact No:

Medicare No:

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

**SIBLINGS**

Siblings currently attending St Benedict's:

Siblings currently attending other schools:

## 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 be 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 have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the education programme of the school including the Religious Education programme of the school.*
- *I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.*
- *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.*

<b>Parent / Guardian Name</b>	<b>Parent / Guardian Signature</b>	<b>Date</b>
<b>Parent / Guardian Name</b>	<b>Parent / Guardian Signature</b>	<b>Date</b>

## SUPPORTING DOCUMENTATION

***We acknowledge that the following documentation has been provided together with this application (where applicable):***

**Please tick**

- Birth Certificate;*
- Baptism Certificate ;*
- Immunisation History Statement;*
- Parish Priest Reference (**for ALL applicants including non-Catholic families**);*
- Enrolment Fee Form;*
- Child's Proof of Citizenship / Residency or Visa type;*
- Proof of Parent Citizen / Residency or Visa type;*
- New Arrival Enrolment form.*