



Emmanuel Catholic College

122 Hammond Road
SUCCESS WA 6164

Telephone: (08) 9414 4000

Facsimile: (08) 9498 5864

Email admin@emmanuel.wa.edu.au

Web site www.emmanuel.wa.edu.au

APPLICATION



PLEASE RETURN THIS FORM TO:

The Principal

Emmanuel Catholic College

P.O. Box 3102

SUCCESS WA 6964

ACADEMIC ADMISSION YEAR: 20 _____

YEAR LEVEL OF ADMISSION: [7] [8] [9] [10] [11] [12]

STUDENT INFORMATION (Please print all details)

Student Surname: _____ Male/Female: _____
First Names: _____
Address: _____

State: _____ Postcode: _____
Date of Birth: ____ / ____ / ____ .
Birth Certificate Attached: Yes / No
Aboriginal / Torres Strait Islander: Yes / No
Country of Birth: _____ Australian Permanent Resident: Yes / No
If Born outside Australia. Date of Arrival: _____ Number of years in Australia: _____
Country of Citizenship: _____ Language Spoken at Home: _____
Type of Visa: _____ Copy Attached: Yes / No Location: _____ Year level: _____
Present School: _____ Parish Priest: _____ Reference Attached: Yes / No
Religious Denomination: _____ Parish: _____ Baptism Certificate Attached: Yes / No
Sacraments Received (please tick) Reconciliation Eucharist Confirmation

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Names: _____
Address: _____

State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____
Employer: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
Country of Citizenship: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Names: _____
Address: _____

State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____
Employer: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
Country of Citizenship: _____

FEES

Name of Person(s) responsible for payment of fees _____
Relationship to student _____ Are you a Healthcare Card Holder: Yes / No
Address to which account is to be sent : _____

If different from above.

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? _____

Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT / GUARDIAN)

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

MEDICAL INFORMATION

IMMUNISATION RECORD (Please mark boxes as follows)

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

Meningitis (Whooping Cough)

Family Doctor / Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist / Central Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____

(if known)

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 area(s) that 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.

Please detail service _____

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.

Signature of Parent(s) / Guardian(s): _____ Date: _____

FEMALE PARENT OR GUARDIAN

Date: _____

MALE PARENT OR GUARDIAN

SIBLINGS CURRENTLY ATTENDING EMMANUEL CATHOLIC COLLEGE

Full Name	Year Level	House	Full Name	Year Level	House
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Full Name	Year Level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's enrolment criteria.

I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

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 the grounds of withholding information.

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.

The APPLICATION FEE of \$75.00 together with birth certificate and baptism certificate is required to accompany this application; cheques made payable to Emmanuel Catholic College. (Eftpos, Credit Card and Direct Debit payment facilities are available at the College). The application fee is not refundable.

Signature of Parent(s) / Guardian(s): _____ Date: _____

FEMALE PARENT OR GUARDIAN

Date: _____

MALE PARENT OR GUARDIAN