

<b>Academic Year of Admission:</b> _____	<b>Calendar Year of Admission:</b> _____
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**STUDENT DETAILS**

Family Name:		Given Names:		Preferred Name:	
Residential Address:				Postal Code:	
Date of Birth    /    /    Gender:		Language Spoken at Home:			
Country of Birth:		Nationality:		<input type="checkbox"/> Aboriginal descent <input type="checkbox"/> Torres Strait Islander descent	
Residency Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident					
Visa Class:                      Expiry:		Date of arrival:		Passport Number:	
<small>Please provide copy of passport &amp; visa</small>					
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian _____ <input type="checkbox"/> Non-Christian: _____ <input type="checkbox"/> Nil					
Parish:		<input type="checkbox"/> Baptism    /    /		<input type="checkbox"/> Reconciliation    /    /	
Parish Priest:		<input type="checkbox"/> Holy Communion    /    /		<input type="checkbox"/> Confirmation    /    /	
Current School:		Student Number:		Current Year Level:	

**FAMILY DETAILS**
**Mother/Parent/Guardian**

Title:		Family Name:		Given Name (in full):	
Country of birth:		Nationality:		Relationship to student:	
Language:		Religion:		Parish:	
Home Address:				Postal Code:	
Telephone (Home):		Mobile:		Email:	
Postal Address (If different from above):					
Employer:					
Occupation:				Telephone (Work):	

**Father/Parent/Guardian**

Title:		Family Name:		Given Name (in full):	
Country of birth:		Nationality:		Relationship to student:	
Language:		Religion:		Parish:	
Home Address:				Postal Code:	
Telephone: (Home):		Mobile:		Email:	
Postal Address (If different from above):					
Employer:					
Occupation:				Telephone (Work):	

**Please nominate one email address for school communication:**

**Please nominate one mobile phone number for absentee SMS communication:**

**Custody/Guardianship**

Name of Person(s) with legal guardianship of the student:	
Are there any current Family Court Orders or current Restraining Orders that would apply to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable please attach a copy outlining details of any special or restricted access arrangements.	

**SIBLINGS**

Name	Year Level	School

**STUDENT MEDICAL DETAILS**

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

The school reserves the right to consider termination of the enrolment if relevant information is not disclosed. If appropriate, please attach diagnostic reports relating to your child.

**Please provide additional information on a separate sheet if space is inadequate.**

Family Doctor	Name:	Phone No:
Required Medication		
Allergies		
Is a Medic Alert Bracelet required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medicare Number:</b>		
Student:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Individual's Reference Number <input type="text"/>
Mother:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Individual's Reference Number <input type="text"/>
Father:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Individual's Reference Number <input type="text"/>
<b>Private Health Fund</b>		Ambulance Cover <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Immunisations:</b>		
<input type="checkbox"/> Measles	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Mumps	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hep B
Other: _____		
Please attach a copy of the Immunisation Record.		

**Emergency Contact Details (other than parent/guardian)**

Name (1):	Relationship to student:
Telephone:	Mobile:
Name (2):	Relationship to student:
Telephone:	Mobile:

**Medical Emergency Authorisation**

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I authorise the College that if an emergency occurs requiring surgery, anesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the College has authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf and at my expense.

Signature of Female Parent/Guardian		Date / /
Signature of Male Parent/Guardian		Date / /

## Photographic & Digital Media Permission Agreement

As part of the school's publicity and/or daily activities there may arise the situation whereby the school, Catholic Education Office of WA (CEOWA) or local media will need to take photographs, video footage, or recordings of your child for educational purposes, publication in newspapers, school documents, CEOWA and Catholic agency documents (e.g. Caritas, Catholic Development Fund, LifeLink etc.), training videos and/or the school/CEOWA website. The College may also need to publish information or private details of our students as outlined in the College Collection Notice Policy.

If you **do not** consent, please tick the box

## Enrolment Agreement

I/we understand that the completion of this Application for Enrolment does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's Enrolment Policy.

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

I/we have completed this Application for Enrolment 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 applicant/enrolment process, especially in relation to this student's individual needs, medical conditions, healthcare requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we understand and accept that Irene McCormack Catholic College is a private school and fees and charges are payable in accordance with the School Fees Policy and Fee Schedule.

### Privacy Statement:

In submitting this application, you will be providing Irene McCormack Catholic College with personal and sensitive information. This information will be collected in order to assess the application for enrolment. We may also make notes and prepare a confidential report in respect of the application. We will not disclose this information to a third party without your consent. A copy of the School's Privacy Policy is available from the School's website or from the Business Manager.

I/we understand and accept that the College reviews and updates all policies on an annual basis, or from time to time as required, and that all current policies are available on the official Irene McCormack Catholic College Website or upon request from the College office. Further, I/we understand and accept that it is my/our responsibility to be aware of the terms and conditions of the current policies as enacted by the College, and that I/we will abide by the policies and directives of the College and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Account to be paid by:  Mother  Father  Both

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

Name of Mother/Parent/Guardian (in full)	
Signature	Date / /
Name of Father/Parent/Guardian (in full)	
Signature	Date / /

## Application Fee

A non-refundable application fee of \$30.00 is to be paid with each enrolment. This can be paid in person at the College or by cheque or credit card if paying by post.

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date / /
Cardholder's Name	Signature
	Date / /

Please enclose **photocopies** of the following supporting documentation:

- Birth Certificate
- Immunisation Record.
- Sacramental Certificates (Baptism/ Reconciliation/Holy Communion/Confirmation).
- Parish Priest Reference Form.
- Most recent school report.
- NAPLAN reports.
- Other relevant education or psychological assessments.
- Court Orders (if applicable).
- Passport showing Visa (if born overseas).

Office Use – Payment details: Amount paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_

# Agreement

**NOTE: It is essential both parents and students read the following agreements prior to submitting this application for consideration. THIS AGREEMENT WILL BE SIGNED AT THE ENROLMENT INTERVIEW.**

## PERIOD OF VALIDITY

This agreement is valid from the date of commencement of attendance at the College to the date of formal graduation, withdrawal or dismissal from the College.

## STAFF UNDERTAKING

- The Principal undertakes, on behalf of the College staff, to provide good quality teaching and pastoral care to each student.
- Given the goodwill, good behaviour and co-operation of the student, the Principal further guarantees that the College staff will work, within the resource limitations of the College, to enable each student to reach their highest possible level of achievement in all courses undertaken.

Signature (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT CODE OF CONDUCT

I shall try to understand and support Catholic teaching and Christian faith and values. I shall try to do my part in building a caring College community. I shall:

- Act with dignity and respect towards College staff, students and other members of the community.
- Behave in public in such a way as to uphold the good name of the College.
- Fulfil the requirements of Irene's Service Learning Program.
- Try to achieve my personal best in my studies.
- Work to the best of my ability to develop excellent learning attributes.
- Make myself available to represent the College in sporting and cultural activities. and to attend training sessions/rehearsals.
- Follow the uniform, hair and jewellery standards of the College.
- Comply with all College rules and regulations, including the College classroom and travel codes of behaviour.

I will not engage in the following actions at College, at College functions and while travelling to and from such venues:

- The possession or use of illegal drugs.
- The possession or use of alcohol, tobacco, vaping paraphernalia or unauthorised prescription medication.
- The possession or use of a weapon or implement that may inflict harm.
- Bullying, including cyber bullying at any time, fighting or verbal intimidation.
- The illegal use of social media and electronic devices.
- Vandalism or theft.
- Offensive language and possession of, or accessing, offensive materials.
- Disruption of lessons through inappropriate behaviour.
- Unauthorised absence from class or school.

I \_\_\_\_\_ understand that I must follow the College Code of Conduct, rules and regulations. If I do not do so, the Principal may suspend or end my enrolment at the College without notice.

Signature (Student): \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT'S/GUARDIAN'S UNDERTAKING

I/We undertake:

- To support all College regulations and policies, as amended from time to time including those set out in the Student's Undertaking.
- To accept the Principal's ruling in relation to my son/daughter/wards breach of the Enrolment Agreement.
- To pay one term's fees in lieu of notice of withdrawal of a student.
- To pay the College fees within thirty days of issue of accounts, except where a special arrangement has been made with the College. In the event of outstanding fees having to be collected, I understand that I would be liable for any legal costs and commissions incurred.

Signature (Mother/Guardian) ..... Date:        /        /

Signature (Father/Guardian) ..... Date:        /        /