



# OUR LADY OF MOUNT CARMEL SCHOOL

## APPLICATION FOR ENROLMENT THREE-YEAR-OLD KINDERGARTEN

### STUDENT INFORMATION

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ (A copy of your child's Birth Certificate is required.)

Birthplace: \_\_\_\_\_

Do you identify as  Aboriginal  
 Torres Strait Islander  
 Aboriginal and Torres Strait Islander  
 Neither

Nationality: \_\_\_\_\_

Australian Permanent Resident:  Yes  No

Language/s Spoken at Home: \_\_\_\_\_

### *If born outside of Australia*

Date of Arrival: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (A copy of your child's Passport and Visa is required.)

Country of Citizenship: \_\_\_\_\_ Visa Category Number: \_\_\_\_\_

### *Religious Information*

Religious Denomination: \_\_\_\_\_

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

Date of Baptism: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ (A copy of the Baptism Certificate is required.)

### Sibling Details

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian One**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Salutation:  Mr  Mrs  Ms  Miss  Dr  Other: \_\_\_\_\_

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

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

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

Telephone Numbers: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

*If born outside of Australia*

Date of Arrival: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (A copy of your Passport and Visa is required.)

Country of Citizenship: \_\_\_\_\_ Visa Category Number: \_\_\_\_\_

**Parent/Guardian Two**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Salutation:  Mr  Mrs  Ms  Miss  Dr  Other: \_\_\_\_\_

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

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

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

Telephone Numbers: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

*If born outside of Australia*

Date of Arrival: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (A copy of your Passport and Visa is required.)

Country of Citizenship: \_\_\_\_\_ Visa Category Number: \_\_\_\_\_

Parenting or Restraint Order Applicable  Yes (a copy is required)  No

Any other conditions enforced at law?  Yes (please detail below)  No

\_\_\_\_\_  
\_\_\_\_\_

Name of person/s with legal guardianship of the student, if not the parent/guardians named above:

\_\_\_\_\_

The School Administration System requires one contact to be identified as the person to receive the accounts.  
Who should receive the accounts?

Parent/Guardian One

Parent/Guardian Two

**EMERGENCY CONTACT DETAILS**

Please include the details of two people, **other than parent/guardian**, who can be contacted in case of an emergency.

**Emergency Contact One**

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

**Emergency Contact Two**

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

**MEDICAL AND OTHER INFORMATION**

The School Education Act 1999 requires the provision of:

16G "...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."

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

- 1. Allergies: \_\_\_\_\_
- 2. Medication: \_\_\_\_\_
- 3. Physical: \_\_\_\_\_
- 4. Emotional: \_\_\_\_\_
- 5. Vision: \_\_\_\_\_
- 6. Hearing: \_\_\_\_\_
- 7. Communication: \_\_\_\_\_
- 8. Self-care: \_\_\_\_\_
- 9. External Agencies or Services: \_\_\_\_\_
- 10. Any other medical or student information that may be relevant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT

I/we understand and accept that the completion of this Application for Enrolment Form does not guarantee an offer of a place for Three-Year-Old Kindergarten. Successful applicants will be determined in accordance with the Executive Directive – Enrolment.

I/we understand that enrolment in to Three-Year-Old Kindergarten is separate from the standard school enrolment and does not guarantee the enrolment of that student as part of the standard school enrolment (Four-Year-Old Kindergarten to Year Six).

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 understand that enrolment of a student in one Catholic school does not guarantee the enrolment of siblings.

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 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 educational program of the school including the Religious Education Program of the school.

I/we have read and fully understand and agree to the terms and conditions set out in the Executive Directive – School Fees.

The signatories to this contract to enrol a student are liable jointly and severally to pay, and agree to pay, to the School, for all fees and charges incurred in respect of that student, regardless of:

- (a) any pre-arranged or subsequent private agreement to share or apportion payment responsibility;
- (b) any Court Order or statutory direction that may apply to any signatory;
- (c) any separate or individual invoicing of any amount.

This joint and several liability includes all costs that may be incurred by the School in the recovery of fees and charges including legal action, if necessary.

I/we agree to abide by the Executive Directives, policies, guidelines, procedures and directions of the school and Catholic Education Western Australia Limited.

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

Parent/Guardian One: \_\_\_\_\_

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

Parent/Guardian Two: \_\_\_\_\_

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

### **A separate Enrolment Form must be completed for Four-Year-Old Kindergarten Enrolment.**

Copies Attached (tick below to indicate what is attached):

- Birth Certificate.
- Immunisation History Statement – from the Australian Immunisation Register.  
(Not more than two months old at the time of applying.)
- Baptism Certificate (if applicable).
- Passport and Visa for Child (if applicable).
- Passport and Visa for Parent(s)/Caregiver(s) (if applicable).
- Custody or Court Orders (if applicable).

Originals of these documents may be requested at any time for verification.

All information provided is treated in accordance with our Privacy Policy which can be viewed via <https://policy.cewa.edu.au>

Your application will not be processed until all applicable aspects of the form are completed, including appropriate documentation. An Application Fee must also be paid.

**If you have any questions, please call (08) 9269 2000.  
Thank you for your interest in Our Lady of Mount Carmel School, Hilton.**