

Year admission  
required: \_\_\_\_\_



# OUR LADY OF GRACE SCHOOL

## Three Year Old program ENROLMENT FORM

*Acceptance into this program does not guarantee enrolment in the school's K-6 program*

### **STUDENT INFORMATION**

Student Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No  
Aboriginal/Torres Strait Islander: \_\_\_\_\_ Yes/No  
If yes to Aboriginal/Torres Strait Islander, then Group of Origin : \_\_\_\_\_  
Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No  
If born outside of Australia:  
Date of arrival in Australia: \_\_\_\_\_ Visa Category Number: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Baptised Catholic? Yes/No

### **FAMILY INFORMATION**

#### **FEMALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Mob: \_\_\_\_\_ Business: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

#### **MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Numbers Home: \_\_\_\_\_ Mob: \_\_\_\_\_ Business: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

---

**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
------	------------	------	------------

_____	_____	_____	_____
_____	_____	_____	_____

**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 may affect his/her learning, participation or welfare during school hours.

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

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Is your child toilet trained \_\_\_\_\_

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 effect educational arrangements? Yes/No

If so please detail name of Service Provider and Contact No. \_\_\_\_\_

---

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

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

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

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

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

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

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

**MEDICAL INFORMATION**

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

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

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

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

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

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

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

(If known)

**MEDICAL EMERGENCY AUTHORISATION**

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

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

FEMALE PARENT OR GUARDIAN

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

MALE PARENT OR GUARDIAN

**DISCLOSURE**

Do you agree that the information supplied in 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 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 this three-year-old program does not guarantee the enrolment of that student in the K-6 program at Our Lady of Grace school or 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, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we have fully understand and agree that enrolment in the OLG three-year-old program means that we and our child will participate fully in all required aspects of the educational program of the school including the religious aspects of the program 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.

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

\_\_\_\_\_ Date: \_\_\_\_\_  
MALE PARENT OR GUARDIAN

*A copy of your child's Birth Certificate, Passport, Visa and Custodial Court Orders are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview.*

**Office Use Only**

Parents interviewed \_\_\_\_\_  
Date

Student has been accepted into program \_\_\_\_\_  
Principal Date

Parents informed