ENROLMENT APPLICATION

Our Lady of Grace School



Student Name:

Academic Year o	of Entry (Please Circle): PK KG	PP 1 2 3 4 5 6
Calendar Year of	Entry:	
Entry age for Ki	e-Kindy is when your child turns in the sear your child er enter the year they turn 5.	3. turns 4 if born prior to 1 July. Children turn
Please complete	and return this form to the school	before your interview.
Please complete a		before your interview.
	LY	

Academic Year for which Enrolment is sought (e.g., Year 6): Calendar Year for which Enrolment is sought (e.g., 2017): Current School: _____ Location: Year Level: STUDENT SURNAME: _____ First Name: Second Name: Preferred Name: _____ Gender: Date of Birth / / Place of Birth: Country of Birth: ☐ Permanent Resident ☐ Temporary Resident Residency Status: Citizen Visa Class / No. _____ (Please provide a copy of passport and visa) Date of Arrival: _____ Passport Number: _____ Nationality: ☐ Torres Strait Islander Descent ☐ Aboriginal Descent Language Spoken at Home: Religion: □ Baptism ___/___/ ☐ Reconciliation / / ☐ Holy Communion ____/___/___ ☐ Confirmation ____/___/___ FAMILY INFORMATION Mother / Parent / Guardian Title: _____ Given Name (in full): _____ Occupation: Nationality: Country of Birth: Language: ____ Employer: Religion: Work Phone: Mobile: Email Address: Marital Status: _____ Relationship to Student: _____ Residential Address: Suburb: Post Code: Home Telephone: Postal Address (if different from above): ______ Suburb: ____ Post Code:

STUDENT INFORMATION

Father / Parent / Guardian			
Title: Surname:	Give	en Name (in full):_	
Occupation:	1	Nationality:	
Country of Birth:		Language:	
Employer:		Religion:	
Work Phone:		Mobile:	
Email Address:			
Marital Status:	Relation	nship to Student: _	
Residential Address:		Suburb	:
Post Code: Home T	Celephone:	 	
Postal Address (if different):	Sul	ourb:	Post Code:
Custody / Guardianship			
Name of Person(s) with legal gu	ardianship of the student	t:	
Are there any current Family Co	urt Orders or current Re	straining Orders th	at would apply to the child?
□ Yes □ No			
If applicable, please attach a cop	y outlining details of any	y special or restrict	red access arrangements.
Why would you like your child of	educated at Our Lady of	Grace School?	
SIBLINGS			
Name	Date of Birth	Year Level	School
	/		
	//		
	//		
EMERGENCY CONTA	ACT DETAILS (O	ther than Par	ents)
Name (1):	Relatio	onship to Student:	
Telephone:			
Name (2):			
Telephone:			
Medicare Number:			

STUDENT'S INDIVIDUAL NEEDS

The school Education Act 1999 requires the provision of:

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 condition* Orthoses/Prostheses Psychological/Cognitive Vision/Hearing (sensory)____ Behavioral or Safety Communication Allergies* *If medication or medical/health care services are required during school hours, an action plan signed and authorised by the relevant practitioner will be required on enrolment. School Policy and Medication Administration request forms are available from the office or website. Other comments: 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 Number Do you require After School Care? YES / NO **MEDICAL INFORMATION** IMMUNISATION RECORD Immunisation Record attached F – fully immunised N – not immunised I – incomplete immunisation P – personal objections* Measles Other Whooping Cough HIB Mumps Diphtheria **BCG** Rubella Polio (OPV) Chicken Pox Tetanus Hepatitis B Meningococal An updated copy of Immunisation will be will be required on enrolment. *please supply a copy of Australian Government Immunisation exemption Conscientious objection form. Please be aware that children whose immunization status is not up-to-date may be excluded during outbreaks of some vaccine-preventable diseases. Family Doctor / Medical Clinic: Address: Contact Number: Dentist / Dental Clinic: Contact Number: Medicare Number:

"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) - e.g. Communicable diseases, learning needs. To assist the

MEDICAL EMERGENCY AUTHORISATION

Signature of Parent(s) / Guardian(s)

son/daughter when considered necessary. I further authorequiring surgery, anesthetic, oxygen, blood transfusi	al /dental attention, call an ambulance or to hospitalise my orise Our Lady of Grace School that if an emergency occurs on, medication and I am unable to be contacted within a see to medically recommended treatment by an accredited
Signature of Mother / Legal Guardian	Date
Signature of Father / Legal Guardian	Date
DISCLOSURE	
UNIFORM I understand that the uniform is compulsory for Pre-P correct uniform, as set out in the Uniform Policy, at all	rimary – Year 6 and I will ensure my child is wearing the times.
PERMISSION TO TRAVEL I give permission for my child to travel on any excursio suitable. I understand this will generally be either:- * public transport - bus or train * private transport where necessary * excursion	on the school organises, on transport that the school deems te charted bus rsions on foot eg. to the shopping centre
	ns on specific occasions, then I shall notify the school in NOF my child's enrolment at Our Lady of Grace School.
	on occasion, arise the situation whereby the school, Catholic d to take photographs and/or video footage of your child/ren
(Please tick) □ I give □ I do not give permission for the use of my activities undertaken by the school, CEWA or local medians.	
\square I give \square I do not give permission for the use of my s	on's/daughter's photo on the School Website.
This permission is valid <u>FOR THE DURATION OF</u> my understand it will be my responsibility to notify the schetime.	y child's enrolment at Our Lady of Grace School. I ool in writing should I wish to change this authority at any

MOTHER / GUARDIAN

FATHER /GUARDIAN

Date _____

AGREEMENT

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 the best of my/our knowledge. The Principal reserves the right to refuse or terminate enrolment if the parent(s) or guardian(s) has knowingly withheld material information relevant to the application/enrolment process.

I/we agree to support and uphold the OLG Code of Conduct (attached).

I/we agree to give priority to my/our role as supportive and involved parents in the school community and to participate in meetings and procedures that are part of my/our child's/children's educational program.

I/we agree to support the Catholic objectives and ethos of the school.

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.

I/we agree that while my/our child/children is/are in Pre Kindy, Kindergarten and Pre-Primary that I/we or another adult will accompany my/our child/children to and from the classroom for every session.

FEE	RESP	ONSI	BIL	ITY

Payment of School Fees is the responsi Both parents/guardians jointly or at what percentage) please indicate.	bility of:mother /guardian	father /guardian	(full
Signature of Parent(s) / Guardian(s)	MOTHER / GUARDIAN	Date	
	FATHER /GUARDIAN	Date	

ENROLMENT PROCEDURE

Please return this application to the school office in person, via email (enquiries@olg.wa.edu.au) or post to P.O. Box 383, North Beach 6920, marked "Attention Enrolment Officer". There is no application fee on enrolment, but once you have been offered a position an acceptance fee of \$100 per child for Kindergarten to Year 6 and \$60 for Pre-Kindy is payable via cash, cheque or credit card.

This Enrolment Application does NOT mean automatic acceptance. All enrolments are subject to an interview with the Principal.

INTERVIEW PROCESS

All new students to the school and their parents are interviewed by the Principal. This interview is the final stage in the enrolment process and items discussed may include:

- The school's nature as a faith community
- Sacramental programmes and Parish connection
- Our Lady of Grace Vision for Learning and Strategic Directions
- Fee structure
- An opportunity to update information on Enrolment Application form
- An overview of the school's curriculum
- An outline of the school's expectation of parents
- An outline of the parent's expectations of the school
- Broad discussion about the interests/abilities of the child, medical conditions etc
- Information regarding orientation, letter of offer of position, waiting lists etc
- The Outside School Hours Care programme

The interview process will be followed by a letter offering a position or one explaining that no position can currently be offered and waiting lists are kept as appropriate.

The final decision for any enrolment/placement is at the discretion of the Principal. Please take the time to read the information in regard to our Student Enrolment Policy.

ENROLMENT PRIORITY

Our Lady of Grace School Catholic Primary School exists for the primary purpose of providing Catholic children from the parish of Our Lady of Grace with a Catholic education thus enrolment priority is given to:

- Children of practising Catholic families from Our Lady of Grace Parish (in order of application)
- Siblings of students already attending, or having attended Our Lady of Grace School
- Children of practising Catholic families from other parishes (in order of application)
- Non-practising Catholic/non Catholic families
- Aboriginal and Torres Strait Islander people will be given enrolment preference wherever possible and practical.

This Enrolment Application is consistent with the Enrolment Policy as stated by Catholic Education.

PLEASE NOTE:

- Completion of this document does NOT guarantee an enrolment interview or offer
- Enrolment will involve an interview with the Principal. A letter of invitation will follow and enrolment in the school will be processed on receipt of all requested documents
- This Enrolment Application has been completed to the best of my/our knowledge

Our Lady of Grace School is conscious of each person's right to privacy for personal information. Information relating to the Schools Privacy and Information Collection notice can be found on the schools website under Student Enrolment Policy.

Please enclose the following supporting documentation:
☐ Birth Certificate
☐ Baptism Certificate
☐ Immunisation
☐ Most recent school report
☐ NAPLAN report (if applicable)
☐ Other relevant educational or psychological assessments
☐ Copy of Parenting, Restraint or Custodial Order (if applicable)
☐ Copy of Passport, Visa, or Travel Documents – including date of entry stamp (if born overseas)
☐ Data Collection Form (copy enclosed in package)

Our Lady of Grace School



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