



SACRED HEART SCHOOL, BEAGLE BAY

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Working together to be the best School in the Kimberley

OFFICE USE ONLY

Family No.: _____
Student No.: _____

CONFIDENTIAL ENROLMENT FORM

STUDENT INFORMATION

Date of Enrolment: _____
Student's Surname: _____ First Name: _____
Sex: Male Female Date of Birth: _____ Birthplace: _____
Address: _____ State: _____ Postcode: _____
Phone Number: _____ Nationality: _____
Aboriginal/Torres Strait Islander: Yes/No _____ Language spoken at Home: _____
Previous School: _____
Previous Year Level: _____
Year Level Entering: _____ Birth Certificate Attached: Yes/No _____

Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Date of Reception of Sacraments: Baptism Certificate Attached..... Yes/No
Baptism _____ Reconciliation _____
First Communion _____ Confirmation _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Contact Address: _____
Contact Numbers: _____ Relationship to Student: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____ Contact Address: _____
Contact Numbers: _____ Relationship to Student: _____

CUSTODY/ GUARDIANSHIP

Name of person (s) with legal guardianship of the student: _____
If applicable a copy of any Parenting or Restraining Order is attached _____ Yes/No
Any other conditions enforced at Law? _____

SIBLINGS CURRENTLY ATTENDING SCHOOL

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

SIBLINGS ATTENDING OTHER SCHOOLS

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

STUDENTS 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:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sensory (e.g. Vision/ Hearing):	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medication:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Behavioural or Safety:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Physical:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Communication:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Orthoses/Prostheses:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Allergies:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Psychological/Cognitive:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Asthma:	YES <input type="checkbox"/> NO <input type="checkbox"/>

If **yes** to any of the above, please give details: _____

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 arrangement? YES/NO

If so please detail name of Services Provider and Contact No. _____

Please Detail: _____

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

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

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relationship to Student: _____

Address: _____

Contact Numbers: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

F = fully immunised

N = not immunised

I = incomplete immunisation

P = personal objections

Measles Mumps Rubella Diphtheria

Tetanus Hepatitis B Pertussis Polio (OPV)

(whooping Cough)

Immunisation Record Attached Yes No

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

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

(MALE PARENT OR GUARDIAN) Date: _____

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 applicant 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 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. 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 condition, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we agree to abide by the policies and direction of the school and 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)

(MALE PARENT OR GUARDIAN) Date: _____

I give permission for my child to:

- Go on excursions. YES NO
- Travel by car to excursions. YES NO
- Go swimming YES NO
- Have photographs taken by the media. YES NO
- Have video footage taken by the media. YES NO
- Have photographs taken by the school. YES NO
- Have video footage taken by the school. YES NO
- Have photographs included in School Publications. YES NO

PARENT OR GUARDIAN

DATE