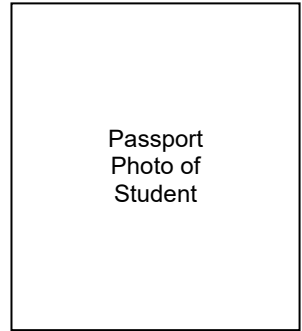


JOHN PAUL COLLEGE

OFFICE USE ONLY	
Student Photo	
Birth Certificate	
Baptismal Certificate	
Visa/Australian Certificate	
Immunisation Records	
Recent School Report	
NAPLAN Test Results (Year 5, 7 or 9)	
Parent Agreement	
Student Agreement	
Privacy Policy	
ICT Form	
Parent Survey	
Enrolment Form Complete	



ENROLMENT FORM

STUDENT INFORMATION

Student Surname:

First Name: Second Name: Preferred Name:

Address: Postcode:

Date of Birth: ____/____/____ Birth Certificate Attached: Yes / No

Student Curriculum Council Number: USI Number:

Country of Birth: Australia / Other (Please Circle) If Other, Country:

Type of Visa Held: Date of Arrival: Visa Expiry Date:

(If holding a Visa, please bring Passport / Documentation for photocopying and citing)

Language spoken at home: Aboriginal: Yes / No

Torres Strait Islander: Yes / No

Student lives with: B: Both Parents If other, please specify:
 M: Mother
 F: Father
 O: Other

Religious Denomination:
Parish Priest: Parish:
Date of Reception of Sacraments:
Baptism: Reconciliation: First Communion: Confirmation:

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: Surname: First Name:

Address:

..... State: Postcode:

Country of Birth: Nationality:

Type of Visa Held: Date of Arrival: Visa Expiry Date:

Religious Denomination: Parish:

Occupation:

Employer/Place of Work:

Contact Numbers: (H) (Wk) (Mob)

Email: (H) Email (Wk)

MALE PARENT OR GUARDIAN

Title: Surname: First Name:

Address:

..... State: Postcode:

Country of Birth: Nationality:

Type of Visa Held: Date of Arrival: Visa Expiry Date:

Religious Denomination: Parish:

Occupation:

Employer/Place of Work:

Contact Numbers: (H) (Wk) (Mob)

Email: (H) Email (Wk)

CUSTODY/GUARDIANSHIP (where student is not living with both biological parents)

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 JOHN PAUL COLLEGE

Name	Home Room	Year	Name	Home Room	Year
.....
.....

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
.....
.....

STUDENT'S INDIVIDUAL NEEDS

To assist the College to respond to individual requirements, as provided for in the *Education Act 1999(16G)*, 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. For each category, indicate with an **X** if not applicable and a **✓** followed by details if applicable.

Medical/Health Care:	<input type="checkbox"/>
Medication:	<input type="checkbox"/>
Physical:	<input type="checkbox"/>
Orthoses/Prostheses:	<input type="checkbox"/>
Psychological/Cognitive:	<input type="checkbox"/>
Sensory (eg Vision/Hearing):	<input type="checkbox"/>
Behavioural or Safety:	<input type="checkbox"/>
Communication:	<input type="checkbox"/>
Allergies:	<input type="checkbox"/>

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.

..... Name Contact Number Signature

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No

If Yes please detail name of Service 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: Relation to Student:

Address:

Contact Numbers: (H)..... (Wk)..... (Mob)

MEDICAL INFORMATION

IMMUNISATION RECORD (Immunisation Record Attached: (Yes/ No)

F – fully immunised N – not immunised I – incomplete immunised P – personal objections

Measles Mumps Rubella Diptheria Tetanus

Hepatitis B Pertussis (Whooping Cough) Polio (OPV) Meningococcal

Family Doctor/Medical Clinic:

Address:

Contact Numbers:

Dentist/Dental Clinic:

Address:

Contact Numbers:

Medicare Number: Private Health Fund: Yes / No Blood Group:

MEDICAL EMERGENCY AUTHORISATION

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my 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 on the Student Information and Family Information sections, can be provided to the relevant Parish Priest. Yes/No

CONDITIONS OF ENROLMENT

AGREEMENT

- * I/we understand and accept that the completion of this enrolment form does not guarantee acceptance. Successful applicants will be determined in accordance with the John Paul College 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 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 agree to abide by the policies and directions of the College and the Catholic Education Commission of Western Australia as they are enacted from time to time.

We accept and support the aims of John Paul College and in particular:

- * The Faith Education programme of the College and its associated spiritual and learning activities, including attendance at camps and retreats.
- * Full involvement of each student in all aspects of the curriculum (spiritual, educational, physical and social).
- * The College regulations, prescribed uniform and code of conduct.
- * The College extra-curricular programme.
- * The fostering of a spirit of co-operation amongst parents, students and staff and, associated with this aim, the participation of parents and families in College community functions.

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

..... Date:
MALE PARENT OR GUARDIAN