



MARY'S MOUNT PRIMARY SCHOOL
APPLICATION FOR ADMISSION 3K & 4K - Y6
PRIVATE AND CONFIDENTIAL

OFFICE USE ONLY	
Dep Pd	
Maze	
Letter	
PP Ref	
DC Form	
SC Form	
Birth	
Imm	
Baptism	

CALENDAR YEAR of Admission 20 _____

ACADEMIC YEAR of Admission (please circle) 3K 4K PP Y1 Y2 Y3 Y4 Y5 Y6

STUDENT INFORMATION

Student Surname: _____ Gender: Male/Female

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: _____

Date of Reception of Sacraments: _____ Baptism Certificate Attached Yes/No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

Present School : _____ Location: _____ Year level: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

State: _____ Postcode: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____ Employer: _____

Contact Address: _____

Contact Numbers: _____ (hm) _____ (wk) _____ (mob)

Email Address: _____

Country of Citizenship: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

State: _____ Postcode: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Occupation: _____ Employer: _____

Contact Address: _____

Contact Numbers: _____ (hm) _____ (wk) _____ (mob)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

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

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 _____

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 affect educational arrangements? Yes/No

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

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: _____ (hm) _____ (wk) _____ (mob)

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____ (hm) _____ (wk) _____ (mob)

MEDICAL INFORMATION (Applicable to an imminent enrolment commencement)

IMMUNISATION RECORD

F- fully immunised	N – not immunised	I – incomplete immunisation	P– personal objections
Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>	Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Pertussis <input type="checkbox"/> (Whooping Cough)	Polio (OPV) <input type="checkbox"/>	Immunisation Record Attached <input type="checkbox"/>

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/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 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 conditions, health care requirements and/or 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 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

3 YEAR OLD KINDERGARTEN: To be considered for enrolment into 3 Year Old Kindergarten, your child must be three years of age at commencement and be toilet trained.

4 YEAR OLD KINDERGARTEN: To be considered for enrolment into 4 Year Old Kindergarten, your child must be four years of age by 30 June of that year. Should your child be turning four later in the year they will be considered for Kindergarten the following year.

A copy of your child's Birth Certificate, Baptism Certificate, Immunisation Record, 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.

An application fee of \$25.00 is to be forwarded with this application form which is non-refundable. Payment can be made over the phone by credit card.

THIS APPLICATION MUST BE COMPLETED AS MUCH AS POSSIBLE AND SIGNED.

Where applicable, please attach a copy of each of the following documents.

- | | |
|--|--|
| 1. Birth Certificate | 5. Certificate of Baptism |
| 2. Passport and/or Visa if born outside of Australia | 6. Current Restraining Orders / Custody Orders |
| 3. Immunisation Records | 7. Data Collection Form |
| 4. Parish Priest Reference | |

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Mary's Mount Primary School
47 Davies Crescent, Gooseberry Hill WA 6076
Ph. 08 9293 2800 | admin@mmps.wa.edu.au



MARY'S MOUNT PRIMARY SCHOOL DATA COLLECTION FORM

This information is being collected to enable nationally comparable reporting of students' outcomes against the *National Goals for Schooling in the Twenty-First Century*. This information is collected in accordance with the school's Privacy Policy.

Name of student:

First name	Last name	Date of Birth (dd/mm/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Home address of student:

(No. and street name)	Suburb	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

1 Sex Male.....
 Female.....

2 Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

(office use only)

No.....	<input type="checkbox"/>	4
Yes, Aboriginal.....	<input type="checkbox"/>	1
Yes, Torres Strait Islander.....	<input type="checkbox"/>	2
Yes, both Aboriginal and Torres Strait Islander	<input type="checkbox"/>	3

3 In which country was the student born?

(office use only)

Australia.....	<input type="checkbox"/>	1101
England.....	<input type="checkbox"/>	2102
South Africa	<input type="checkbox"/>	9225
New Zealand.....	<input type="checkbox"/>	1201
Singapore.....	<input type="checkbox"/>	5205
Malaysia.....	<input type="checkbox"/>	5203
Scotland.....	<input type="checkbox"/>	2105
Indonesia.....	<input type="checkbox"/>	5202
United States of America.....	<input type="checkbox"/>	8104
India.....	<input type="checkbox"/>	7103
Other – please specify.....	<input style="width: 100%;" type="text"/>	

4 **Does the student or their female parent/guardian or their male parent/guardian speak a language other than English at home?**
 (If more than one language, indicate the one that is spoken most often.)

	student	female parent/ guardian	male parent/ guardian	(office use only)
No, English only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1201
Yes, Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2401
Yes, Vietnamese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6302
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7101
Yes, Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7104
Yes, Arabic (incl. Lebanese).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4202
Yes, Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1403
Yes, Indonesian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6504
Yes, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2303
Yes, Malay.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6505
Yes, Other - please specify				

5(a) **What is the highest year of primary or secondary school the parents/guardians have completed?**

(For persons who have never attended school, mark 'Year 9 or equivalent or below.')

Mark one box only in each column

	female parent/ guardian	male parent/ guardian	office use only
Year 12 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>	4
Year 11 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>	3
Year 10 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>	2
Year 9 or equivalent or below.....	<input type="checkbox"/>	<input type="checkbox"/>	1

5(b) **What is the level of the highest qualification the parents/guardians have completed?**

Mark one box only in each column

	female parent/ guardian	male parent/ guardian	office use only
Bachelor degree or above.....	<input type="checkbox"/>	<input type="checkbox"/>	7
Advanced diploma/Diploma.....	<input type="checkbox"/>	<input type="checkbox"/>	6
Certificate I to IV (including trade certificate).....	<input type="checkbox"/>	<input type="checkbox"/>	5
No non-school qualification.....	<input type="checkbox"/>	<input type="checkbox"/>	8

6(a) What is the occupation group of the female parent/guardian?

6(b) What is the occupation group of the male parent/guardian?

Please select the appropriate parental occupation group from the attached list.

- *If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.*
- *If the person has not been in paid work in the last 12 months, enter '8' in the box above.*

List of Parental Occupation Groups (for question 6)

GROUP 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

GROUP 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

GROUP 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

GROUP 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest forms part of the enrolment process for Mary's Mount Primary School. Contact should be made with the Parish Secretary to find out the process for that Parish.

TO BE COMPLETED BY THE PARENT

To the Parish Priest at:

Name of Student: Phone No:

Address:.....

Name of Mother/Guardian:

Name of Father/Guardian:.....

Current School:.....

If Government school, does child attend out of school scripture classes in the Parish:

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students.

How do you see yourselves as parents fitting into the life of your parish?

.....

TO BE COMPLETED BY THE PARISH PRIEST

Please complete the information in reference to the family information above.

Q1. Is the family actively involved in the life of the Church?.....

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic faith are such that the school and home would be able to work successfully in the areas of faith education?

.....

.....

Q 3. Are there any pastoral circumstances you consider need to be taken into account about this student's enrolment in our school?

.....

.....

Q 4. Any other comments by the Parish Priest:

.....

Signed:..... Name:.....

Date:

***To the Parish Priest: Please fax or email this completed form to Mary's Mount Primary School
Fax 08 9293 3425 / admin@mmps.wa.edu.au at your earliest convenience.***



STANDARD COLLECTION NOTICE

1. Mary's Mount Primary School (the Diocese both independently and through its schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at Mary's Mount Primary School. The primary purpose of collecting this information is to enable Mary's Mount Primary School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy Mary's Mount Primary School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health (and Child Protection)* laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. Mary's Mount Primary School, from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, (Catholic Education Office, the Catholic Education Commission, your local Diocese and the parish, schools within other Dioceses/other Dioceses)* medical practitioners, and people providing services to Mary's Mount Primary School (ie.camps and excursions), including specialist visiting teachers, (sports) coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. (On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines (and on our website).*
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence. As you may know Mary's Mount, from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose.) We will not disclose your personal information to third parties for their own marketing purposes without your consent.
9. We may include your contact details in a class list and School directory.
10. If you provide Mary's Mount Primary School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

* *If appropriate*

I have read, understood and accept the above conditions.

Name:

Signed:

Date: