



**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	
AIR	
Baptism	
Siblings	
Complete	Y / N

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**

*It is a condition of enrolment that you provide a current Australian Immunisation Register (AIR) Immunisation History Statement which shows your child is 'up-to-date' with all the scheduled immunisations (according to the National Immunisation Program) for their age. This Statement must not be more than two months old.*

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 Yes/No <input type="checkbox"/>

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 in person at the school office or over the phone by credit card.**

**THIS APPLICATION MUST BE COMPLETED AS MUCH AS POSSIBLE AND SIGNED BY BOTH PARENTS/GUARDIANS.**

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

1. Birth Certificate
2. Passport and/or Visa if born outside of Australia
3. Australian Immunisation Register (AIR) Immunisation History Statement.
4. Parish Priest Reference
5. Certificate of Baptism
6. Current Restraining Orders / Custody Orders
7. Data Collection Form

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**

**Mary's Mount Primary School**

47 Davies Crescent, Gooseberry Hill WA 6076

Ph. 08 9290 5200 | [admin@mmps.wa.edu.au](mailto: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.

### Date

### Name of student:

First name

Last name

Date of Birth (dd/mm/yyyy)

### Home address of student:

(No. and street name)

Suburb

Postcode

- 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.....       4  
Yes, Aboriginal.....       1  
Yes, Torres Strait Islander.....       2  
Yes, both Aboriginal and Torres Strait Islander       3

### 3 In which country was the student born?

*(office use only)*

- Australia.....       1101  
England.....       2102  
South Africa .....       9225  
New Zealand.....       1201  
Singapore.....       5205  
Malaysia.....       5203  
Scotland.....       2105  
Indonesia.....       5202  
United States of America.....       8104  
India.....       7103  
Other – please specify.....

**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		office use only
	female parent/ guardian	male parent/ guardian	
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		office use only
	female parent/ guardian	male parent/ guardian	
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.





## MARY'S MOUNT PRIMARY SCHOOL STANDARD COLLECTION NOTICE

1. Mary's Mount Primary School (MMPS) collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at Mary's Mount Primary School. As the school is a member of Catholic Education of Western Australia (CEWA), it collects the information on behalf of CEWA. Collection may be in writing or in the course of conversations. The primary purpose of collecting this information is for MMPS and CEWA to support and administer students' safe participation in the educational programme of the school according to law, which will enable students to participate in MMPS and CEWA activities.
2. Some of the information we collect is to satisfy MMP's and CEWA's legal obligations, particularly to enable the Principal to discharge their duty of care.
3. Laws governing or relating to the operation of a school requires certain information be collected and disclosed. These include the School Education Act, the Children and Community Services Act, and the System and funding agreements between CEWA and the State and Federal governments.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
5. Mary's Mount Primary School may disclose personal and sensitive information for educational, administrative and support purposes. This may include to:
  - i. other schools and teachers at those schools;
  - ii. government departments;
  - iii. The Catholic education Office, the Catholic Education Commission, the diocese and the parish, other related church agencies/entities;
  - iv. medical practitioners;
  - v. people providing educational, support and health services to MMPS and CEWA, including specialist visiting teachers, sports coaches, volunteers, counsellors and providers of learning and assessment tools;
  - vi. assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority;
  - vii. people providing administration and financial services to the School and CEWA;
  - viii. anyone you authorise MMPS to disclose information to; and
  - ix. anyone to whom MMPS or CEWA is required or authorised to disclose the information to by law, including child protection laws.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. MMPS or CEWA may use online or 'cloud' service providers to store personal information and to provide services to MMPS that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's server which may be situated outside Australia. Further information about MMPS or CEWA's use of an online or 'cloud' service providers is contained in the School's Privacy Policy.
8. MMPS's Privacy Policy, accessible on the school's website, sets out how parents or students may seek access to and correction of their personal information which MMPS has collected and holds on behalf of CEWA. However, access may be refused in certain circumstances such as where access would have

an unreasonable impact on the privacy of others, where access may result in a breach of MMPS's duty of care to the student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.

9. MMPS's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
10. MMPS may engage 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 or their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in MMPS and CEWA newsletters and magazines, on our intranet, and on ours or CEWA's website. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. MMPS will obtain permission (annually) from the student's parent or guardian (and from student if appropriate) if we would like to include such photographs or videos (or other identifiable material) in our promotional material or otherwise make this material available to the public such as on the internet.
12. We may include students' and students' parents' contact details in a class list and School directory.
13. If you provide MMPS or CEWA 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 MMPS and why.
14. 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.

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**I have read, understood and accept the above conditions.**

Name: .....

Signed: .....

Date: .....



**MARY'S MOUNT PRIMARY SCHOOL**  
**PARISH PRIEST REFERENCE FORM**

**INSTRUCTIONS: Please complete the top part of this form and then submit it to your Parish Priest for final completion. The Parish will forward the completed form to MMPS.**

The Catholic Education in Western Australia (CEWA) 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? .....

.....

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**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 email this completed form to Mary's Mount Primary School  
[admin@mmmps.wa.edu.au](mailto:admin@mmmps.wa.edu.au) at your earliest convenience.**