



APPLICATION FOR ENROLMENT

Name: _____

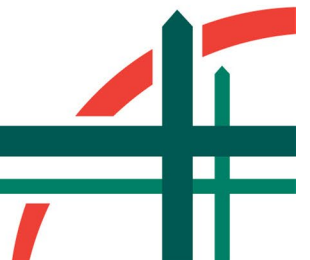
Application for Admission into Year Level _____ in 20 _____

Date: _____

OFFICE USE ONLY

INTERVIEW DATE: _____

INTERVIEW TIME: _____



APPLICATION FOR ENROLMENT

STUDENT INFORMATION:

Student Surname: _____ Gender: _____

First Name: _____ Preferred Name: _____

Student's date of birth: _____ Telephone: (Home) _____

Home Address: _____

Postal Address: (If different from residential) _____

Country of Birth: _____ Language Spoken at Home: _____

Is student of Aboriginal / Torres Strait Islander descent?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Both, Torres Strait Islander and Aboriginal

Is student an Australian Citizen?

Yes No

If "No" Visa Category Number: _____ Expiry Date of Visa: _____ Arrival Date: _____

A copy of the Visa must be provided for application for enrolment to proceed.

Present school: _____ Location: _____ Year Level: _____

Religion: _____ Parish Priest / Pastor: _____

Sacraments received: Year (DD/MM/YY) _____ Place (e.g. St Paul's, Karratha) _____

Baptism: _____

First Communion: _____

Confirmation: _____

FAMILY INFORMATION:

Mother / Guardian (please circle)

Name: _____

Address: _____

Email Address: _____

Employer: _____

Telephone (work): _____

Occupation: _____

Mobile: _____

Country of birth: _____

Religion: _____

Father / Guardian (please circle)

Name: _____

Address: _____

Email Address: _____

Employer: _____

Telephone (work): _____

Occupation: _____

Mobile: _____

Country of birth: _____

Religion: _____

Student living with: Both Parents Mother Father Guardian Other



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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? _____

EMERGENCY CONTACT IF PARENT UNAVAILABLE:

Name: _____ Relationship to student: _____

Phone (1): _____ Phone (2): _____

SIBLINGS:

Name	Age	Year Level	School	House

MEDICAL INFORMATION:

Family Doctor/Medical Clinic: _____

Contact Number(s): _____

Family Dentist/Dental Clinic: _____

Contact Number(s): _____

Medicare Number: _____

Private Health Fund (if applicable): _____

Blood Group (if known): _____

Student is fully immunised: Yes / No (A copy of the student's immunisation record is required).

Under the Public Health Act 2016 (WA) parents / guardians must provide the child's Australian Immunisation Register (AIR) Immunisation History Statement as evidence of the child's immunisation status. The date of the statement should be within the two months prior to enrolment.

PARACETAMOL:

I consent to my son/daughter being given a maximum of two Paracetamol tablets by the College administration in any one day should he/she request it. Yes No

Signature of Parent/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 []



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SCHOOL FEES:

Please state who is responsible for paying the College fees. If there are two parties, please state both parties and their percentage:

Parent/Guardian 1

I _____ am responsible for paying _____ % of the St Luke's College fees. I agree to do this in accordance with the College Fee Policy.

Parent/ Guardian Signature

Date

Parent/Guardian 2

I _____ am responsible for paying _____ % of the St Luke's College fees. I agree to do this in accordance with the College Fee Policy.

Parent/ Guardian Signature

Date

Please indicate if you have a Health Care Card [] or Pensioner Concession Card []

I am able to assist the College in the following ways:

P & C [] Canteen during school times []

Busy Bees [] Fete/FeNaCING []

Trade _____

Other _____

STANDARD COLLECTION NOTICE: PUBLICITY AND THE USE OF STUDENT IMAGES:

As part of the school's publicity activities, the situation, on occasion, may arise whereby the school, Catholic Education (CEWA) or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, CEWA documents, training videos and/or the school/CEWA website and school Facebook page.

Should you want your child/ren to feature in such publicity, please complete the information below.

I _____

Parent/Guardian of _____ Year _____ do / do not hereby give permission for the use of my son's/daughter's photo/video image in school publicity activities.

Signed _____ Date _____

HOW DID YOU HEAR ABOUT ST LUKE'S COLLEGE?

Word of mouth / Friend []

St Luke's College Website []

Other []



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CONSENT FOR USES AND DISCLOSURES OF PERSONAL INFORMATION

(Privacy Collection Notice):

1. The College collects personal information, including sensitive information about you. As the College is a member of Catholic Education Western Australia (CEWA), it collects the information on behalf of CEWA. This may be in writing, through technology systems or in the course of conversations. The primary purpose of collecting your information is to support the design and safe delivery of the educational programme to each student in their CEWA community of faith.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable the Principal and CEWA to discharge their duty of care.
3. The law also requires us to collect, use and disclose certain information. These include and are not limited to the School Education Act (WA) 1999, the Children and Community Services Act (WA) 2004, and common law.
4. Health information about students is sensitive information within the terms of the Privacy Act 1988. We may collect such information about students from time to time.
5. A student's enrolment may be delayed or prevented, and their education adversely affected if CEWA cannot collect certain personal information. This is particularly so where the information is relevant to the health and safety of the student, other students and/or staff.

CEWA may disclose personal and sensitive information for educational, administrative and support purposes. This may include to:

- other CEWA schools and government schools and teachers at those schools
 - staff and governing bodies of order accountable schools who are CEWA members
 - government departments (including for policy and funding purposes)
 - the Catholic Education Office, the parish and the Archdiocese or dioceses, other related church agencies/entities
 - medical practitioners
 - people providing educational, support and health services to CEWA, including specialist visiting teachers, tutors, coaches, volunteers, and counsellors
 - people participating in, ancillary or incidental to, digital communication such as Teams video and chats
 - providers of learning and assessment tools
 - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority (ACARA) and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN)
 - agencies and organisations to whom we are required to disclose personal information for education and research purposes
 - people providing administrative and financial services to CEWA
 - anyone you authorise CEWA to disclose information to and
 - anyone to whom 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. If you make an enrolment application to another CEWA or government school, personal information provided during the application stage may be used in this process. This personal information may include health information and is used for the purpose of considering and administering the enrolment.
 8. CEWA uses centralised information management and storage systems ('Systems'). These Systems are provided by CEWA and third-party service providers. Personal information is stored with and accessible by those providers for the purpose of providing services to CEWA.



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9. CEWA may use online or 'cloud' service providers to store personal information and to provide services that involve the use of personal information, such as services relating to email, instant messaging, online 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 CEWA's use of on online or 'cloud' service providers is contained in CEWA's Privacy Statement.
10. CEWA's Privacy Statement, accessible on the College website, sets out how you may seek access and correct your personal information. However, access may be refused in certain circumstances such as where access would have an unreasonable effect on the privacy of others, where access may result in a breach of CEWA's duty of care to the student, where students have provided information in confidence or where CEWA is otherwise required or authorised by law to refuse access. Any refusal will be notified in writing with reasons (unless, given the grounds for refusal, it would be unreasonable to provide reasons).
11. CEWA's Privacy Statement also sets out how you can make a complaint about a Privacy breach and how the complaint will be handled.
12. CEWA may engage in fundraising activities. Your information may be used to make an appeal to you. It may also be disclosed to organisations that assist CEWA'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.
13. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines, and on our website, or otherwise shared with the CEWA community. This may include photographs and videos of student activities such as sporting events, concerts and plays, school camps and school excursions. CEWA will obtain permissions from the student's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos in our promotional material or otherwise make this material available to the public such as on the internet.
14. If you provide the College 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 the School and why.
15. As with all decisions concerning children, the best interests of the student are a primary and overriding consideration in the management of information. A student's right to safety prevails above all other considerations, including theirs and others' right to privacy.

ENROLMENT CRITERIA:

All enrolment applications are subject to an interview before a place may be offered. Families are expected to be supportive of the ethos and practices of St Luke's College. In general, the following criteria will apply to prioritise offers of enrolment.

1. Catholic student from a Catholic school with a Parish Priest reference
2. Catholic student from a non-Catholic school with a Parish Priest reference
3. Catholic student from a Catholic school
4. Catholic student from a non-Catholic school
5. Siblings of non-Catholic students
6. Non-Catholic student from a Catholic school
7. Non-Catholic student from other Christian denominations
8. Other non-Catholic students

All applications must be accompanied by a non-refundable fee of \$60.



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AGREEMENT AND MEDICAL EMERGENCY AUTHORISATION

- I understand and accept that the completion of this enrolment application form does not guarantee an enrolment interview.
- Successful applicants will be determined in accordance with the school's enrolment criteria.
- I understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- I understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
- I 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 application 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 understand that enrolment of a student may be terminated if the student does not abide by College rules and standards of conduct and behaviour. All policies are available at the College's website: www.stlukescollege.wa.edu.au.
- I 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.

PARENT/GUARDIAN SIGNATURE: DATE:

PARENT/GUARDIAN SIGNATURE: DATE:

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- | | |
|--|--------------------------|
| 1. Parish Priest Reference (where applicable) | <input type="checkbox"/> |
| 2. Birth Certificate (copy) | <input type="checkbox"/> |
| 3. Baptism Certificate (copy, where applicable) | <input type="checkbox"/> |
| 4. Most recent School Report (copy) | <input type="checkbox"/> |
| 5. Most recent NAPLAN report (copy) | <input type="checkbox"/> |
| 6. Immunisation Statement from Australian Immunisation Register) | <input type="checkbox"/> |
| 7. Residency Visa (copy, where applicable) | <input type="checkbox"/> |
| 8. Non-refundable Enrolment Fee of \$60 | <input type="checkbox"/> |





St Luke's College

Please complete and bring this form and supporting documents with you to the Enrolment Interview with the Principal.

STUDENT'S INDIVIDUAL NEEDS and MEDICAL DETAILS:

Student Name: _____ Academic Year: _____

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 person in the school (16G).

To assist the school to respond to individual requirement, please detail any special needs your child has in the following area(s) that may affect his or her learning, participation or welfare during school hours.

The school reserves the right to consider termination of enrolment if relevant information is not disclosed. If appropriate, please attach diagnostic reports relating to your child.

Does your child have any medical condition or special educational needs?

If so, please give details:

Medical Conditions, including Mental Health:

Allergies:

Medication:

Special Educational Needs:

Has your child accessed any of the following health professionals, in relation to their school performance or wellbeing? **If yes, please provide relevant report(s).**

- | | | |
|--|--|--|
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Developmental Optometrist | <input type="checkbox"/> Developmental Audiologist | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Counsellor | | |

Other (please specify)

Has your child been diagnosed with any of the following? **If yes, please provide relevant report(s).**

- | | | |
|---|--|--|
| <input type="checkbox"/> Specific Learning Difficulty | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> ADD – passive / inattentive | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Dysgraphia |
| <input type="checkbox"/> ADHD - hyperactive | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Other medical conditions that may affect your child’s learning:

Medical Emergency Authorisation:

I acknowledge that the College will seek medical/dental attention, call an ambulance or hospitalise my son/daughter when considered necessary and agree to cover any associated costs. I further acknowledge 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 will agree to medically recommended treatment by an accredited medical practitioner on my behalf.

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

PARENT / GUARDIAN Date: _____



Parish Priest Reference Form

The College Enrolment Policy allows preference to be given to children of families who are able to demonstrate an active association with a Church in their parish. The process generally requires parents to make an appointment with a Parish Priest with this form ready to be completed by them. It is recommended that parishioners give their Parish Priest/Minister ample time to complete this form, which will be sent to the College.

Completion of this form and presentation to the Parish Priest or Minister forms part of the enrolment process for St Luke's College. Contact should be made with the parish secretary to find out the specific process for your Parish.

To be completed by Parent / Guardian:

Parish:	
Name of Student:	
Current School Name:	
Current School Address:	
Current School Year:	
School Telephone:	
Name of Mother/Guardian:	Name of Father/Guardian:

Sacraments the child has received (please tick as applicable):

Baptism Reconciliation First Communion Confirmation

Please list the family's participation in Parish activities e.g. *Reader, Parish Council, Planned Giving Program, St Vincent De Paul, etc.*

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the fiat development of the student. How do you see yourselves as parents fitting into the life of your parish?

To be completed by Parish Priest/Minister or his delegate:

Please complete the information below in reference to the family information provided on the previous page.

How long have you known the family?

Does the family participate regularly in the practice of the Faith, by attending Sunday Mass/Worship?

Frequently From time to time Not at all

Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic or Christian Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

Yes No

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

Any other comments:

Signed:

--

To the Parish Priest/Minister:

Please send this completed form to:

The Principal
St Luke's College
Via email to admin@stlukescollege.wa.edu.au

ST LUKE'S COLLEGE - CREDIT CARD PAYMENT

Name of Parent/Guardian

Contact Phone Number

Student's Surname (If different)

Payment for: _____

Credit Card
Number:

Bankcard

Mastercard

Visa

Card Expiry Date:

/

PAYMENT AMOUNT

\$

Full Name on Card: _____

Signature of
Cardholder:

Date:

/

/

(Office Use Only)

FAMILY CODE: _____