

Dear Parent/Guardian,

On behalf of the St Thomas' Primary School community, I would like to sincerely thank you for your interest in our school.

Enclosed in this package are relevant documents and information relating to enrolling your child at St Thomas' Primary School, Claremont. Our Enrolment Policy is available on our School Website and our Administration Staff are available to answer questions relating to this process.

Please ensure that all relevant forms have been fully completed and any relevant documents and certificates have been attached. Any pending documentation will delay the enrolment process.

In order for an application to be lodged, the following documents must be submitted:

- Student Enrolment Application Form
- Registration Fee \$55.00 (non-refundable per application)
- Full Birth Certificate (copy)
- Baptism Certificate (copy)
- Australian Immunisation Records (copy) (available through Medicare/MyGov)
- Parish Priest Reference Form
- Medicare Card Details
- Passport/Visa (If applicable)
- Custodial Court Orders (If applicable)

We look forward to the lodgement of your enrolment application and thank you for your interest in St Thomas' Primary School, Claremont.

Yours faithfully,

Mrs Natalia Thomson Principal

# ST THOMAS' PRIMARY SCHOOL APPLICATION FOR ENROLMENT FORM

If applying for the 3yo Pre-Kindy program, do you want your child to be considered for K-6? Yes / No

Please note that acceptance into the 3 Yr Old Pre-Kindy program does not guarantee a place in Kindergarten the following year.

| STUDENT INFORMATION                           |   |
|---|---|
| Date of Admission Required:                   | Academic year level:                                  |
| Student Surname:                              | First Name:   |
| Preferred name:                               | Date of Birth:  |
| Address:                                      | State: Postcode:                                      |
|   | Birthplace:   |
| Birth Certificate Attached: <u>Yes / No</u>   | Aboriginal or Torres Strait Islander: <u>Yes / No</u> |
| f yes to Aboriginal/Torres Strait Islander, t | hen Group of Origin:                                  |
| Gender: <u>Male / Female / Other</u>          |   |
| Nationality:                                  | Australian Permanent Resident <u>Yes / No</u>         |
| Sibling currently enrolled at St Thomas':     | Year:   |
|   | Year:   |
|   | Year:   |
| If born outside of Australia:                 | Country of Citizenship:                               |
| Date of arrival in Australia:                 | Visa Category Number:                                 |
| Main language spoken at home:                 |   |

| RELIGIOUS INFORMA   | TION          |                         |   |  |  |
|---|---------------|-------------------------|---|--|--|
| Religious Denomination:   |               |                         | Parish Priest:                                |  |  |
| Parish:   |               |                         | Suburb:                                       |  |  |
| Date of Sacraments received   |               |                         | Baptism Certificate Attached: <u>YES / NO</u> |  |  |
| Baptism: Penance  | e:            | Eucharist:              | Confirmation:                                 |  |  |
| Present School:   |               | Location:               | Year:   |  |  |
| Disclosure:  Do you agree that the information can be provided to the relevant F  FAMILY INFORMATIO | Parish Priest | ? <u>YES / N</u>        |   |  |  |
|   |               |                         | _ First name:                                 |  |  |
| Address:  |               | State:                  | Postcode:                                     |  |  |
|   |               | Country of Citizenship: |   |  |  |
| Email address:  |               | Occup                   | ation:  |  |  |
| Phone: H:   | W:            |                         | M:  |  |  |
| Religious denom.:   |               | Parish:                 | Suburb:                                       |  |  |
| FAMILY INFORMATIO   | N – PARI      | ENT/GUARI               | DIAN 2  |  |  |
| Title: Surname:   |               |                         | _ First name:                                 |  |  |
| Address:  |               | State:                  | Postcode:                                     |  |  |
|   |               | Counti                  | ry of Citizenship:                            |  |  |
| Email address:  |               | Occupation:             |   |  |  |
| Phone: H:   | W:            |                         | M:  |  |  |
| Religious denom.:   |               | Parish:                 | Suburb:                                       |  |  |

| SIBLINGS  |                      |                             |               |
|---|----------------------|-----------------------------|---------------|
| Names:  | DOB / Age:           | Year Level:                 | School:       |
|   |                      |                             |               |
|   |                      |                             |               |
|   |                      |                             |               |
|   |                      |                             |               |
| CUSTODY / GUARDIAN  | ISHIP                |                             |               |
| Name of person(s) with legal guar   | dianship of the stu  | udent:                      |               |
| If applicable, a copy of any Parent   | ing or Restraint Or  | rder is attached: YES /     | <u>NO</u>     |
| Any other conditions enforced at  | law? <u>YES / NO</u> |                             |               |
| Under the provisions of the Family L<br>parental responsibility unless a Pare | •                    |                             | 0,            |
| paremarresponsibility unless a rank   | enting Francisco     | e or der 15 presented stati | ng outerwise. |
| EMERGENCY CONTACT   | C DETAILS (O         | THED THAN DAD               | ENT/GUAPDIAN) |
|   | · · ·                |                             | nt:           |
| Name:   |                      | ·                           | nt            |
| Address:  |                      |                             |               |
| Phone: H:   | vv                   | IVI                         | _             |
| Name:   |                      | Relationship to stude       | nt:           |
| Address:  |                      |                             |               |
| Phone: H:   | W:                   | M:                          |               |

# HEALTH CARE / PENSIONER CONCESSION CARD Does your child receive any services from an external agency? YES / NO If yes, please provide more details: Service provider: \_\_\_\_\_\_ Contact number: \_\_\_\_\_\_

### **MEDICAL INFORMATION / IMMUNISATION RECORD**

| F = Fully immunized N = Not immunized I =               | = Incomplete immunization P = Personal objection |
|---|--|
| Measles: Mumps: Rubella: I                              | Diphtheria: Tetanus: Hepatitis B:                |
| Pertussis (whooping cough): Pertussis (whooping cough): | olio (OPV): Meningitis:                          |
| Immunisation Record Attached: YES / NO                  |  |
| Medicare Number:  | Reference number of card:                        |
| Family doctor / Medical Clinic:                         |  |
| Address:  |  |
| Contact details:  |  |

### **ASTHMA**

Does your child suffer from Asthma Yes/No (Please circle).

If yes, an Action Plan together with a photo of your child must be supplied to the School Office when your child commences school.

### **ALLERGIES**

Does your child suffer from any known allergies **Yes/No**.

If yes, an Action Plan together with a photo of your child must be supplied to the School Office when your child commences school.

## **MEDICAL EMERGENCY AUTHORISATION**

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we am/are unable to be contacted within a reasonable time, I/we authorise the school to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf and to provide to the medical practitioner any relevant medical information detailed in this form.

| information detailed in this form.   | e medical practitioner any relevant medical   |
|--|---|
| Signature of Parent(s)/Guardian(s) 1:  | Date:   |
| Signature of Parent(s)/Guardian(s) 2:  | Date:   |
| DISCLOSURE OF PERSONAL INFORMA   | TION  |
| Personal information collected and stored by the schoo<br>Education Commission of WA (CEWA) Privacy Policy Stat<br>Statement can be obtained from the school, or the Cath  | ement. A copy of the CECWA Privacy Policy   |
| AGREEMENT  |   |
| I/we understand and accept that the completion of this application does not guarantee an enrolment interview or a place of determined in accordance with the school's enrolment criteria I/we understand and accept St Thomas' Primary School's 'Code I/we understand and accept that attendance at an interview of I/we understand that completion of this application for enroling guarantee the enrolment of that student in any other Catholic I/we have completed this application form fully and truthfully I/we acknowledge and accept that if it can be demonstrated that to the application for enrolment process, then the enrolment I/we agree to abide by the policies and directions of the school Australia as they are enacted from time to time.  I/we agree that upon enrolment into the school I/we agree and required parts of the educational program of the school, inclu  I/we agree that the Application Fee of \$55 (inc. GST) is non-referenced at St Thomas' Primary School, Claremont. I/we agree refundable should I decide to withdraw the enrolment application. | at the school. Successful applicants will be e of Conduct'. bees not guarantee an enrolment offer being made. hent form and acceptance by the school does not school. to the best of my/our knowledge. hat I/we have withheld material information relevant may be refused or terminated on this ground. I and the Catholic Education Commission of Western daccept that our child/ren will participate in all ding the religious education program.  undable and is no guarantee that my child will be that the Enrolment Fee of \$650, once paid, is non- |
| Signature of Parent(s)/Guardian(s) 1:  | Date:   |

Signature of Parent(s)/Guardian(s) 2: \_\_\_\_\_\_ Date: \_\_\_\_\_

### **CATHOLIC EDUCATION WA LTD - PRIVACY COLLECTION NOTICE**

- 1. Catholic Education Western Australia Limited ('We') collect personal information, including sensitive information about you. 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:

- staff and governing bodies of Catholic, government and non-government 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.
- 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 Statutory Privacy Policy.
- 10. CEWA's Statutory Privacy Policy, accessible on CEWA's 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 Statutory Privacy Policy 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 or other identifying material in our promotions or otherwise make this material available to the public such as on the internet.
- 14. If you provide CEWA with others' personal information, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why.

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.

# **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 St Thomas' Primary School. Contact should be made with the parish secretary to find out the process for that parish.

| To the Parish Priest at:  |                             |
|---|-----------------------------|
| Full name of Student:   | Year Level:                 |
| Is the Student Baptised Catholic: Yes / No Phone No:  |                             |
| Address:  |                             |
| Name of Mother/Guardian:  |                             |
| Name of Father/Guardian:  |                             |
| Current School:   |                             |
| If Government School, does child attend out of school Scripture class   | ses in the Parish? Yes / No |
| In a Catholic school, the parish and the school work in close collabore faith development of the students. How do you see yourselves as paparish? | ,                           |
|   |                             |
|   |                             |
|   |                             |
|   |                             |

| Please complet     | te the information belo                              | w in reference t   | o the family in  | formation above.       |      |
|--------------------|--|--------------------|------------------|------------------------|------|
| 1: Is the family a | actively involved in the life                        | e of the Church? l | Please Provide I | Details:               |      |
|                    |  |                    |                  |                        |      |
| 2: How regularly   | y does the family attend I                           | Mass?              |                  |                        |      |
| Regularly          | Sometimes  | Rarely             | Never            | (please circle)        |      |
|                    | ve that parental attitudes<br>e school and home woul |                    |                  |                        |      |
|                    |  |                    |                  |                        |      |
| -                  | pastoral circumstances yent's enrolment at St Tho    |                    |                  | to account in the deci | sion |
|                    |  |                    |                  |                        |      |
| 5: Any other cor   | mments?  |                    |                  |                        |      |
|                    |  |                    |                  |                        |      |
|                    |  |                    |                  |                        |      |
|                    |  |                    |                  |                        |      |
| Parish Priest Sig  | nature:  |                    |                  |                        |      |
| Parish Priest Na   | ıme:   |                    |                  |                        |      |

 ${\it The Parish Priest will email/deliver the completed form to the school.}$