APPLICATION PROCEDURES

The Principal welcomes applications from families who wish to share in the mission and vision of the Infant Jesus School community.

- Application must be made on the official Infant Jesus Enrolment form.
- One form per child.
- Please complete **ALL** details ~ if not applicable please write N/A.
- The application form is submitted to the School office with photocopies (not the originals) of the child’s Baptism Certificate, Birth Certificate and Immunisation Record.
- Please note that this is only an application for a position at Infant Jesus School - it does not guarantee a place. You will be advised of the status of your application in due course.
- Prior to the proposed date of entry, parents will be required to attend an interview with the Principal. **At the interview there is a non-refundable fee of $50 for administration purposes.** Please note that an interview does not guarantee a position at the school.
- On acceptance of a place at Infant Jesus School a **non-refundable $50 acceptance fee is charged.** This fee will be deducted from the school fees account.
- The Principal is responsible for the implementation of the Enrolment policy and process. All applications should be directed to the Principal in writing through the school office.

Year Level Requested (Kindy – Year 6): __________  Year of Admission Requested __________

Pre-Kindy Program for 3 year old children – **Please tick if interested** ☐

Family Name: __________________________

Child’s Christian Names: __________________________

*Please note that any enquiries relating to this application or on any other issue should be made in writing and addressed to the Principal.*

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**Infant Jesus School Privacy Policy**

1. The School collects personal information, including sensitive information about students and parents or guardians, before and during the course of a student’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child.
2. Some of the information we collect is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.
3. Some laws governing or relating to the operation of schools require that certain information is collected. These include Public Health.
4. Health information about students is sensitive information within the terms of the National Privacy Principle 10 under the Privacy Act. We ask you to provide medical reports about pupils from time to time. On occasions Health Information may be disclosed to staff to enable the School to discharge its duty of care.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes Catholic Education Office, Parish Priest, other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers.
6. Personal information collected from students may from time to time be disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities, photos and other news is published in School newsletters, magazines and on our website.
7. Parents may seek access to personal information collected about them and their child by contacting the School. Students 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 student, or where students have provided information in confidence.
8. The School 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 organizations 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. If you do not agree to this you must advise us.
10. If you provide the 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.
STUDENT INFORMATION

Student Surname: ________________________________
First Name: ______________________________________________
Preferred Name: ______________________
Address: __________________________________________
State: _____________ Postcode: ____________
Date of Birth: ______________ Birthplace: ____________
Birth Certificate Attached: Yes/No
Sex: Male/Female
Aboriginal/Torres Strait Islander: Yes/No
Nationality: ______________________
Australian Permanent Resident: Yes/No
Born outside of Australia. Date of arrival: ____________
Number of years in Australia: ____________
Country of Citizenship _______________
Visa No ___________
Language Spoken at Home: ______________________

Child to commence in: Pre-Kindy Kindy P/P 1 2 3 4 5 6
(Please circle one)

Religious Denomination: ______________________
Parish Priest: ______________________
Parish: ______________________
Suburb: ______________________
Date of Reception of Sacraments: Baptism Certificate Attached Yes/No
Baptism ____________ Reconciliation ____________ First Communion ____________ Confirmation ____________

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.

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
FAMILY INFORMATION

MOTHER OR FEMALE GUARDIAN
Title:   ______    Surname:   _____________________ ____________  First Name:   _______________________ ___________
Address: __________________________________________ ___________________________________________________ _____
__________________________________________________ _______  State:   _____________  Postcode:   ______ ________
Religious Denomination:   _________________________ _________  Parish Priest:   _______________________ __________
Parish:   _________________________________________ _________  Suburb:  _______________________________ _______
Occupation:  ______________________________________________      Country of Citizenship: _________________________
Contact Numbers:  Hm _________________________    Wk ________________________   Mobile _______________ ________
Email Address: __________________________________________

FATHER OR MALE GUARDIAN
Title:   ______    Surname:   _____________________ ____________  First Name:   _______________________ ___________
Address: __________________________________________ ___________________________________________________ _____
__________________________________________________ _______  State:   _____________  Postcode:   ______ ________
Religious Denomination:   _________________________ _________  Parish Priest:   _______________________ __________
Parish:   _________________________________________ _________  Suburb:  _______________________________ _______
Occupation:  ______________________________________________      Country of Citizenship: _________________________
Contact Numbers:  Hm _________________________    Wk ________________________   Mobile _______________ ________
Email Address: __________________________________________

CUSTODY/GUARDIANSHIP (if applicable)
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 DETAILS (OTHER THAN A PARENT/GUARDIAN)
1.  Name: _________________________________________________  Relationship to Student:  ________________ ______
    Contact Numbers:   ________________________   ___________________________   _____________________ ______
2.  Name: _________________________________________________  Relationship to Student:  ________________ ______
    Contact Numbers:   ________________________          __________________________          ___________________________

STUDENT’S PRESENT SCHOOL
___________________________________________________    Location: ___________________  Year Level: ______________

SIBLINGS CURRENTLY ATTENDING INFANT JESUS SCHOOL
Name                 Year Level     Name                 Year Level
_________________________________________________     __________________________________________
_________________________________________________     __________________________________________

OTHER SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS
Name                 Year Level     School
_________________________________________________     __________________________________________
_________________________________________________     __________________________________________
MEDICAL INFORMATION

IMMUNISATION RECORD

F- fully immunised  N - not immunised  I - incomplete immunisation  P - personal objections

Measles ☐  Mumps ☐  Rubella ☐  Diptheria ☐  Tetanus ☐

Hepatitis B ☐  Pertussis ☐  Polio (OPV) ☐  Immunisation Record Attached  Yes/No

Family Doctor/Medical Clinic: ________________________________________________________________

Address: ____________________________________________________________________________________

Contact Numbers: ____________________________ ____________________________ __________________________

Dentist/Dental Clinic: ____________________________ _______________________________________________

Address: ____________________________________________________________________________________

Contact Numbers: ____________________________ ____________________________ __________________________

Medicare Number: ____________________________ Private Health Fund: ____________________________ Blood Group: ________

(Mother known)

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

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

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.

If accepted, I/we consent to our child taking part in school excursions and travelling by bus or any other vehicle authorised by the Principal and I/we agree that photos of our child may be taken and used for purposes authorised by the Principal.

I/we agree to abide by the Catholic Ethos of the school. Furthermore we agree to support all policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted.

Signature of Parent(s)/Guardian(s): ____________________________ Date: __________________

MOTHER OR FEMALE GUARDIAN

__________________________ Date: __________________

FATHER OR MALE GUARDIAN

__________________________ Date: __________________

PLEASE COMPLETE

Attached: Birth Certificate ☐

Baptism Certificate ☐

Immunisation Records ☐