

# Our Lady of the Cape Primary School

245 Cape Naturaliste Road, Dunsborough WA 6281 • PO Box 562, Dunsborough WA 6281  
Tel: (08) 9755 3866 • Email: admin@ladyofcape.wa.edu.au



## APPLICATION FOR ADMISSION

**NON-REFUNDABLE APPLICATION FEE - (\$60.00)**

Card No: \_\_\_\_\_

Card Type: **VISA / MASTER CARD / BANKCARD** (please circle)

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Total Payment \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

YEAR OF  
ADMISSION **20** \_\_\_\_\_

SCHOOL  
YEAR LEVEL \_\_\_\_\_

### STUDENT INFORMATION

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Given Names: \_\_\_\_\_ Male / Female (please circle)

Preferred Name: \_\_\_\_\_ Birth place: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

If born outside of Aust., date of arrival? \_\_\_\_\_ Visa Code: \_\_\_\_\_ Visa Expiry: \_\_\_\_\_

Aboriginal / Torres Strait Islander: Yes / No (please circle)

Residential Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Town Locality: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Present School: \_\_\_\_\_ Location: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student No: (if known) \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
(Parish Priest Reference **MUST** be attached to Application Form )

Parish: \_\_\_\_\_ Town/Suburb: \_\_\_\_\_

Date & Location of Sacraments Received (please attach a copy of each certificate):

Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reconciliation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Communion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This Application Form must be **COMPLETED AS FULLY AS POSSIBLE AND SIGNED**, with all relevant documents attached as below:

OFFICE

|                               |                                   |  |
|-------------------------------|-----------------------------------|--|
| Immunisation Details:         | attached <input type="checkbox"/> |  |
| Birth Certificate:            | attached <input type="checkbox"/> |  |
| Baptism Certificate:          | attached <input type="checkbox"/> |  |
| Data Collection/ Nut Friendly | attached <input type="checkbox"/> |  |
| Latest School Report:         | attached <input type="checkbox"/> |  |
| Restraining / Custody Orders: | attached <input type="checkbox"/> |  |
| Priest Reference Form:        | attached <input type="checkbox"/> |  |

### OFFICE USE ONLY

APP. STATUS

INTERVIEWED

CONFIRMATION

DATA ENTERED

FAMILY CODE

ENTRY DATE

CLASS

FACTION

**MOTHER (FEMALE GUARDIAN)**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Christian or Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_  **bill to this address?**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_

Telephone - Business: \_\_\_\_\_

Telephone - Mobile: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER (MALE GUARDIAN)**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Christian or Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_  **bill to this address?**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_

Telephone - Business: \_\_\_\_\_

Telephone - Mobile: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE NOTIFY THE SCHOOL OFFICE IMMEDIATELY OF ANY CHANGES OR UPDATES TO THE ABOVE INFORMATION**

**FAMILY CIRCUMSTANCES** Married / Separated / Divorced / Defacto / Widowed (please circle)

PARTY RESPONSIBLE FOR PAYMENT OF FEES

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CUSTODY / GUARDIANSHIP (if split billing is required, pl complete Admission Form Variation Authority)

Name of person with legal guardianship of the student: \_\_\_\_\_

If applicable, a copy of any Parenting or Restraining Order is attached YES / NO

Are any other conditions enforced at law? \_\_\_\_\_

\_\_\_\_\_

**SIBLINGS ATTENDING OUR LADY OF THE CAPE PRIMARY SCHOOL, DUNSBOROUGH**

Name: \_\_\_\_\_ Year Level: \_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_

**SIBLINGS ATTENDING OTHER SCHOOLS**

Name: \_\_\_\_\_ Year Level: \_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_ Name: \_\_\_\_\_ Year Level: \_\_\_\_

**FUTURE SIBLINGS TO ATTEND OLC**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**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: \_\_\_\_\_

Education/Learning Assistance: YES / NO

Psychological/Cognitive: \_\_\_\_\_

Sensory (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 any external agency which may affect educational arrangements? YES / NO

Details: \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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 1**

(other than parent or guardian - preferably someone local)

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town/ Locality: \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMERGENCY CONTACT 2**

(other than parent or guardian - preferably someone local)

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town/ Locality: \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**MEDICAL INFORMATION: IMMUNISATION RECORD**

F – Fully Immunised

N – Not Immunised

I – Incomplete Immunisation

P – Personal Objection

Measles

Mumps

Rubella

Diphtheria

Tetanus

Hepatitis B

Pertussis  
(Whooping Cough)

Polio (OPV)

(Please attach Immunisation Record)

|                                            |                                                |
|--------------------------------------------|------------------------------------------------|
| <b>Family Doctor/Medical Clinic:</b> _____ | <b>Phone Number:</b> _____                     |
| <b>Address:</b> _____                      | <b>Town/Locality:</b> _____                    |
| <b>Dentist/Central Clinic:</b> _____       | <b>Phone Number:</b> _____                     |
| <b>Medicare Number:</b> _____              | <b>Private Health Fund:</b> _____              |
|                                            | <b>Blood Group:</b> _____<br><i>(If Known)</i> |

**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.*

**Signature of Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**MOTHER FEMALE / GUARDIAN**

**Signature of Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**FATHER / MALE GUARDIAN**

**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 priorities.

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 agree to abide by the policies and directions of Our Lady of the Cape Primary School, Dunsborough and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We understand that a full term's notice (in writing) must be given before removal of a student, or a term's fees are payable.

I/We agree to pay all fees within 14 days of receipt of account(s) or promptly make a suitable arrangement with the School.

I/We understand and accept that parents are responsible for payment of breakages or damage to School property by their children.

I/We understand that Our Lady of the Cape Primary School reserves the right to suspend or exclude a student from the School.

I/We agree that the information supplied on the Student Information and Parent/Guardian sections can be provided to others for administrative and educational purposes as detailed in the School's Collection Notice.

I/We agree to Our Lady of the Cape School, using our child's work or photo for School newsletters and promotional material.

I/We agree to the School, CEOWA or local media taking our child's photographs and/or video footage for publication in newspapers, school documents, CEOWA and Catholic agency documents, training videos and/or the College/CEOWA website.

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 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, religious background, medical conditions, health care requirements and/or Parenting or Restraining Orders, then the enrolment may be refused or terminated on this ground.

*I have enclosed the Application Fee.*

**Signature of Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**MOTHER FEMALE / GUARDIAN**

**Signature of Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**FATHER / MALE GUARDIAN**