



## Pre Kindy Enrolment Application

### Proposed Date of Entry:

(Eligible from the Wednesday after child turns 3):

OFFICE USE ONLY: AoS Application Number:

AoS STU Number:

### Child Details

Student's Surname: \_\_\_\_\_

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

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

Is the student Aboriginal or Torres Strait Islander? YES / NO

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

Language Spoken at home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If born outside of Australia**

Gender:  MALE  FEMALE

Date of Arrival: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Australian Permanent Resident: YES / NO

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

*Date Enrolment Application received by OLC*

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

Has an enrolment form for Kindy (4Year Old) been submitted to the school? **Yes/No**

Do you intend to submit an application for Kindy to the school? **Yes/No**

*(Note: Should places be limited, preference will be given to Pre Kindy enrolments where a Four Year Old Kindy application has been received by the school).*

### STUDENT DOCUMENTS TO SUPPLY

***(No need to supply these items if you have already supplied them with a Kindy (4 Year Old) enrolment)***

- Birth Certificate
- Australian Immunisation Register (AIR) Immunisation History Statement
- Medicare Number
- Custodial Court Order (if applicable)
- Baptism Certificate (if applicable)

## Parent / Guardian 1

Relationship to Student: \_\_\_\_\_  
Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_

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

Is this the **student's** main residential address? YES / NO  
*If different please specify:* \_\_\_\_\_  
\_\_\_\_\_

Does the Student live at this address permanently (100%)? YES / NO  
*If NO please specify:* \_\_\_\_\_  
\_\_\_\_\_

Relationship between Guardians 1 and 2:  
\_\_\_\_\_

## Parent / Guardian 2

Relationship to Student: \_\_\_\_\_  
Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_

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

If address is different to Guardian 1, does correspondence need to be sent to both addresses? YES / NO

School fees will be paid by: \_\_\_\_\_  
\_\_\_\_\_

Split Billing: YES / NO

Pension or HCC: YES / NO

## Joint Guardianship / Custody *if applicable*

Name of Person(s) with legal guardianship of the student: \_\_\_\_\_

Any other conditions enforced at law? \_\_\_\_\_

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

## Siblings

Siblings currently attending Our Lady of the Cape Primary School

Name	School Year	In Calendar Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Emergency Contacts *Who live locally other than Parents/Guardians listed on page 1*

Name	Contact Phone	Relationship to child
_____	_____	_____
_____	_____	_____

## **PRIVACY COLLECTION NOTICE & POLICY**

CEWA's privacy collection notice and statutory privacy policy can be found here:

<https://www.cewa.edu.au/publication/cewa-privacy-collection-notice/>

<https://www.cewa.edu.au/publication/cewa-statutory-privacy-policy/>

## **DISCLOSURE**

Do you agree that the information supplied in this enrolment form, can be provided to the relevant Parish Priest? YES / NO

## **AGREEMENT**

- I/we have read both CEWA's privacy collection notice & statutory privacy policy and agree to the terms under which our information will be used.
- 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 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), CARER(S) OR GUARDIAN(S) & SCHOOL PRINCIPAL:**

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT, CARER OR GUARDIAN A

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT, CARER OR GUARDIAN B

\_\_\_\_\_ Date: \_\_\_\_\_  
PRINCIPAL

**Office Use Only**

Documents Viewed

Birth Certificate

Baptism Certificate

Immunisation Record

Visa

Date enrolment received by school: \_\_\_\_\_

Offer of placement: \_\_\_\_\_

Letter sent: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Notes: