

Chisholm Catholic College

STUDENT ENROLMENT APPLICATION

Please read the following Enrolment Procedure and information prior to completing this form. The completed and signed form will be taken as all the information contained within as having been read and understood.

Enrolment Procedure and Information:

This enrolment application makes up only part of the Enrolment process. For students enrolling into the annual Year 7 intake this form along with all of the required documentation must be received by the **1st of March in the year when the student is in year 5**. This date is the cut off for the first round of applications.
(Families seeking a placement in any other year group may submit an application at any time with the accompanying documentation)

Enrolment demand for places at Chisholm Catholic College is extremely high. **The College is simply unable to accommodate all applications being received.**

Once the appropriate application and documents are received the student and parents may be requested to attend an interview. The acceptance of an application does not mean an offer of enrolment will occur or indeed even guarantee an interview. Parents are required to submit a separate enrolment application form for each child. No student has automatic right of entry - even Catholic siblings must submit the required application and paperwork by the March deadline.

Parents must complete and return this **Application Form** along with copies of the student's **Birth, Baptism, Reconciliation and First Communion Certificates**. A copy of the most recent **School Report, Naplan and Immunisation** must also be enclosed. A non-refundable Application Fee of \$55.00 is to be submitted or paid at the same time. The application may not proceed unless all of the required information is provided.

The offer of an enrolment place is completely at the discretion of the Principal. The College will advise all applicants by mail of the success or otherwise of their application.

STUDENT INFORMATION

Name:
First Names *Surname*

Address: Post Code:

Date of Birth: Application for entry into Year in calendar Year

Religious Denomination: Catholic Other Christian Other

Present School: **Current Grade:**

Parish **Priest:**

Year of Reception of Sacraments:

Baptism: Reconciliation: Eucharist: Confirmation:

Australian Permanent Resident: YES NO Aboriginal/Torres Strait Island descent: YES NO

Main language spoken by the student at home:

If born outside Australia:

Country of Birth: *Nationality:*

Country of Citizenship: *Date of Arrival in Australia:*

FAMILY INFORMATION

MOTHER OR GUARDIAN

Name:
Title *First Names* *Surname*

Address: Post Code:

Religious Denomination: Catholic Other Christian Other
Parish Priest:.....

Country of Citizenship: Occupation:

Contact Numbers:

Home:..... Work: Mobile:

Email:

Employer:

FATHER OR GUARDIAN

Name:
Title *First Names* *Surname*

Address: Post Code:

Religious Denomination: Catholic Other Christian Other
Parish Priest:.....

Country of Citizenship: Occupation:

Contact Numbers:

Home:..... Work: Mobile:

Email:

Employer:

CUSTODY / GUARDIANSHIP

Name of person(s) with legal guardianship of the student

.....
Are there any Parenting or Family Law court Orders in place for the student: YES NO

A copy of any of existing Custody or other Conditions enforced by Law must be enclosed with the application.

SIBLINGS

Sisters / brothers who are current (or past students)

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Sisters / brothers currently attending other schools (include name of school)

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STUDENTS INDIVIDUAL NEEDS

The school *Education Act 1999* requires the provision of: A 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

Sensory (vision/hearing)

Behavioural or Safety

Communication

Allergies

Psychological / Cognitive Needs or Concerns

If medication or medical/health care services are required during school hours please provide full details and 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 give details and name and contact number of Service Provider.

EMERGENCY CONTACT DETAILS

(other than a parent / guardian)

Name: Telephone:

Address: Relationship to student:

MEDICAL INFORMATION

IMMUNISATION RECORD: (please complete boxes using one of the corresponding letters in each box)

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

Measles Mumps Rubella Diphtheria Hepatitis B

Tetanus Polio(OP) Pertussis (Whooping Cough)

Medicare Card Number

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Private Health Fund: Blood Group: (if known)

DOCTOR: Name: Telephone:

Practice:

AGREEMENT AND DISCLOSURE

I / We authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the College 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.

I / We agree that some information from the Student Information and Family Information sections may be provided to the relevant Parish Priest.

I / We agree to abide by the policies and directions of the College and the Catholic Education Commission of Western Australia as enacted and reviewed over time.

I / We agree to pay the required tuition fees and charges (school fees) as determined and laid out by the annual, published schedule provided for families. The Acceptance of Enrolment form provided to parents to complete and sign when an offer of enrolment is made, outlines and confirms this vital responsibility and expectation.

I / We have completed this application form fully and to the best of my/our knowledge. Furthermore, I / We acknowledge and accept that if it can be demonstrated that if information relevant to this application for enrolment has been withheld (especially in relation to the students individual needs, medical conditions, health care requirements and Parenting Orders) that the enrolment may be refused or terminated.

Signature (Mother/Guardian)Date: / /

Signature (Father/Guardian)Date: / /

Demand for enrolment places at Chisholm is very high and this will continue for the foreseeable future. The College's excellent reputation and what it has to offer, coupled with growing demand from our expanding regional primary schools, has combined to create strong competition for limited places. As with all Catholic schools, enrolment selection criteria apply.

Enrolment Policy and Procedure

The offer of an enrolment position remains completely at the discretion of the Principal.

The following criteria are important determinants in the priority given to applications.

Catholic students:

- with siblings currently or previously enrolled at the College
- from regional Catholic primary schools
- from other Catholic primary schools
- from other schools.

Non-Catholic. students:

- from Catholic schools with siblings currently enrolled at the College
- from other schools with siblings at the College
- from Catholic primary schools
- from other schools

CHISHOLM CATHOLIC COLLEGE
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 Chisholm Catholic College. Contact should be made with the parish secretary to find out the process for that parish.

Please complete and return to the Registrar
 Chisholm Catholic College
 P O Box 89
 INGLEWOOD WA 6932

Fax Number: 9271 9663

Email: a.balmer@chisholmcc.wa.edu.au

TO BE COMPLETED BY PARENT

To the Parish Priest at:

Name of Student: **Date of Birth**

Address:

Phone No...... **Current School:**

Name of Mother/Guardian:

Name of Father/Guardian:

If Government school, does child attend school scripture classes in the Parish? **YES / NO**

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

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TO BE COMPLETED BY PARISH PRIEST OR HIS DELEGATE

PARISH INVOLVEMENT (Please Tick)	YES	NO	N/A
Regular Mass Attendance	[]	[]	[]
Altar Server	[]	[]	[]
Choir Member	[]	[]	[]
Youth Group	[]	[]	[]
Other	[]	[]	[]

FAMILY INVOLVEMENT

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

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SIGNED

..... **DATE**.....

Enrolment Collection Notice

1. The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the College.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, the Perth Archdiocese and schools within other dioceses, medical practitioners and people providing services to the College, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines and on our website, unless we are specifically requested by parents not to do so.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Pupils 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 College's duty of care to the pupil, or where pupils have provided information in confidence.
9. As you may know, the College 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 organisations that assist in the College'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.
10. We may include your contact details in a class list and College directory unless specifically requested not to do so.
11. If you provide the College 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 College and why, that they can access that information if they wish and that the College does not usually disclose the information to third parties.
12. The College follows the Disputes and Complaints Resolution policy approved by the Catholic Education Commission of Western Australia (CECWA). A copy of this is available upon request.