



# QUEEN OF APOSTLES SCHOOL

108 Tribute Street East, Riverton, 6148

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Website: [www.qoa.wa.edu.au](http://www.qoa.wa.edu.au)

## APPLICATION FOR ENROLMENT Three Year Old Kindy

**Application Fee \$25.00  
(Non Refundable)**

|   |  |                                |                          |                          |
|---|--|--------------------------------|--------------------------|--------------------------|
| <b>OFFICE USE ONLY:</b>                             |  | <b>Birth Certificate</b>       | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Application Received: _____                    |  | <b>Baptism Certificate</b>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Application Fee Paid: Cash <input type="checkbox"/> |  | <b>Parish Priest Reference</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cheque <input type="checkbox"/>                     |  | <b>Copy of Visa attached</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| EFTPOS <input type="checkbox"/>                     |  | <b>Immunisation Record</b>     | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Care Card Number: _____                      |  |                                |                          |                          |

### STUDENT INFORMATION

|                                   |                         |   |                        |
|-----------------------------------|-------------------------|---|------------------------|
| Student Surname                   |                         | Male/Female   |                        |
| First Name                        | Second Name             | Preferred Name  |                        |
| Address                           |                         |   |                        |
|                                   | State                   | Postcode  |                        |
| Date of Birth ...../...../.....   | Birthplace              | Nationality   |                        |
| Aboriginal/Torres Strait Islander | Yes/No                  | If Born Outside Australia – Date of Arrival ...../...../..... |                        |
| Australian Permanent Resident     | Yes/No                  | Number of Years in Australia                                  |                        |
| Visa Subclass Number              | Date of Expiry          |   |                        |
| Country of Citizenship            | Language Spoken at Home |   |                        |
| Religious Denomination            | Parish                  |   |                        |
| Parish Priest                     | Suburb                  |   |                        |
| Baptism Certificate               | Yes/No                  | Date Sacrament received ...../...../.....                     | Place & Name of Church |

### PREFERRED DAYS

Tuesday  Thursday  Both Days

|                                   | GUARDIAN #1    | GUARDIAN #2    |
|-----------------------------------|----------------|----------------|
| Surname                           | Mr/Mrs/Ms/Miss | Mr/Mrs/Ms/Miss |
| First Name                        |                |                |
| Address (if different from above) |                |                |
|                                   |                |                |
| Religious Denomination            |                |                |
| Parish                            |                |                |
| Occupation                        |                |                |
| Employer                          |                |                |
| Telephone Numbers: Home           |                |                |
| Work                              |                |                |
| Mobile                            |                |                |
| Email Address                     |                |                |
| Country of Birth                  |                |                |
| Nationality                       |                |                |
| Country of Citizenship            |                |                |
| Language spoken at home           |                |                |
| Marital Status                    |                |                |

**FAMILY SITUATION** (Please tick appropriate boxes)

Two Parent Home       Single Parent Home (Widowed)       Single Parent Home (Separated/Divorced)   
 Student lives with Mother       Father       Guardian

**CUSTODY/GUARDIANSHIP**

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

Are there Court Orders in place with regards to the child?      Yes       No

If applicable a copy of any Court Order is attached:      Yes       No

Are there conditions enforced at law      Yes       No       If yes, please provide information

|  |
|--|
|  |
|--|

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT OR GUARDIAN)**

|            |                         |        |
|------------|-------------------------|--------|
| Name       | Relationship to Student |        |
| Address    |                         |        |
| Home Phone | Work Phone              | Mobile |

## OTHER CHILDREN IN FAMILY (including younger siblings not yet at school)

|                   |                   |
|-------------------|-------------------|
| Name              | Name              |
| Date of Birth     | Date of Birth     |
| School Year level | School Year level |
| School            | School            |

## MEDICAL INFORMATION (Current Immunisation Records required)

|                              |                     |
|------------------------------|---------------------|
| Family Doctor/Medical Clinic | Phone No:           |
| Address                      |                     |
| Dentist/Dental Clinic        | Phone No:           |
| Address                      |                     |
| Medicare Number              | Private Health Fund |

### IMMUNISATION RECORD

|  |                                    |                                      |                                      |
|--|------------------------------------|--------------------------------------|--------------------------------------|
| <b>F</b> – Fully Immunised             | <b>N</b> – Not Immunised           | <b>I</b> – Incomplete Immunisation   | <b>P</b> – Personal objections       |
| Measles <input type="checkbox"/>       | Mumps <input type="checkbox"/>     | Rubella <input type="checkbox"/>     | Diphtheria <input type="checkbox"/>  |
| Hepatitis <input type="checkbox"/>     | Pertussis <input type="checkbox"/> | Polio (OPV) <input type="checkbox"/> | Hepatitis B <input type="checkbox"/> |
| Meningococcal <input type="checkbox"/> | (Whooping Cough)                   |                                      | Tetanus <input type="checkbox"/>     |
|  |                                    |                                      | HIB <input type="checkbox"/>         |

## 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 Parent/Guardian #1 \_\_\_\_\_ Date ..... / ..... / .....

Signature of Parent/Guardian #2 \_\_\_\_\_ Date ..... / ..... / .....

## 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, behaviour, special learning needs, health care requirements and /or Parenting Orders, then the enrolment may be refused or terminated on this ground.

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.

I/we accept that compliance with the Queen of Apostles Code of conduct is a condition of enrolment. A copy of the Code of Conduct can be viewed on the school website.

I have read and understand the Privacy Act.

Signature of Parent/Guardian #1 ..... Date ..... / ..... / .....

Signature of Parent/Guardian #2 ..... Date ..... / ..... / .....

**Collection of Information – Privacy Act**

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. As the School is a member of Catholic Education Western Australia (CEWA), it collects the information on behalf of CEWA. Collection may be in writing or in the course of conversations. The primary purpose of collecting this information is for the School and CEWA to support and administer students' safe participation in the educational programme of the school according to law, which will enable students to participate in School and CEWA activities.
2. Some of the information we collect is to satisfy the School and CEWA's legal obligations, particularly to enable the Principal to discharge their duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include the School Education Act, the Children and Community Services Act, and the System and funding agreements between CEWA and the State and Federal governments.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
5. The School may disclose personal and sensitive information for educational, administrative and support purposes. This may include other schools and teachers at those schools; government departments; the Catholic Education Office, the Catholic Education Commission, the diocese and the parish, other related church agencies/entities; medical practitioners; people providing educational, support and health services to the School and CEWA, including specialist visiting teachers, sports coaches, volunteers, counsellors and providers of learning and assessment tools; assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority; people providing administrative and financial services to the School and CEWA; anyone you authorise the School to disclose information to; and anyone to whom the School or 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. The School or CEWA may use online or 'cloud' service providers to store personal information and to provide services to the School that involve the use of personal information, such as services relating to email, instant messaging and 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 servers which may be situated outside Australia. Further information about the School or CEWA's use of on online or 'cloud' service providers is contained in the School's Privacy Policy.
8. The School's Privacy Policy, accessible on the School's website, sets out how parents or students may seek access to and correction of their personal information which the School has collected and holds on behalf of CEWA. However, access may be refused in certain circumstances such as 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. Any refusal will be notified in writing with reasons if appropriate.
9. The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
10. The School may engage in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in School and CEWA newsletters and magazines, on our intranet and on ours or CEWA's website. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The School will obtain permissions from the student's parent or guardian if we would like to include such photographs or videos or other identifying material in our promotional material or otherwise make this material available to the public such as on the internet.
12. We may include students' and students' parents' contact details in a class list and School directory.
13. If you provide the School or CEWA 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.

**PLEASE COMPLETE IF PARENT COUNTRY OF BIRTH IS NOT AUSTRALIA**

To assist the school in establishing the visa status of a child, Australian Border Force have established a website indicating current visa information about families. This website is called Visa Entitlement Verification Online (VEVO). Prior to accessing this information, the school is required to obtain written consent from the family. Please provide the following information and sign your consent to the school's request to use the VEVO search engine.

Family Name: ..... Given Name: .....

Date of Birth: .....

Passport / ImmiCard Number: ..... Country of Passport / ImmiCard.....

The school will maintain confidential records regarding this visa information and use the information solely for the purpose of enrolment, educational statistics and Government census requirements.

I hereby give consent for information regarding my visa status to be accessed via VEVO: Signature .....