

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN)

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

CUSTODY / GUARDIANSHIP

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

Any other conditions enforced at law? _____

SIBLINGS CURRENTLY ATTENDING ST MARY STAR OF THE SEA CATHOLIC SCHOOL

Name	Year Level	Name	Year level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

IMMUNISATION RECORD (Immunisation Record must be sighted by the school)

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

Measles Mumps Rubella Diphtheria Tetanus

Hepatitis B Pertussis Polio (OPV)

Immunisation Record Attached Yes / No

MEDICAL INFORMATION

Family Doctor / Medical Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____
(If known)

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

Do you agree that the information supplied on the *Student Information* and *Family Information* sections can be provided to the St Mary's P&F Association? Yes / No

Do you agree that the email address supplied on the *Student Information* and *Family Information* sections can be used to communicate school events and distribute newsletters? 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 that acceptance into the 3 year old Kindergarten Program at St Mary Star of the Sea Catholic School does not automatically guarantee acceptance into 4 year old Kindergarten the following year.

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 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) / Guardian(s): _____ Date: _____
FEMALE PARENT OR GUARDIAN

_____ Date: _____
MALE PARENT OR GUARDIAN

Signature of Principal: _____ Date: _____

St Mary Star of the Sea Catholic School
3 year old Kindy Parent Questionnaire 2013

Child's Surname: _____

First Name: _____

Preferred name: _____

Date of birth: _____

Mother's Name: _____

Father's Name: _____

Sibling's names and age:

What do you hope your child will have the opportunity to develop this year?

What do you consider are your child's interests?

What do you feel are your child's strengths?

Typically, how does your child act in social situations?

