

ENROLMENT APPLICATION



LIWARA
Catholic Primary School

Student Name: _____

Date of Birth: _____

Academic Year of Entry (Please Circle): PK KG PP 1 2 3 4 5 6

Calendar Year of Entry: _____

Entry age for Pre-Kindy is when your child turns 3.

Entry age for Kindergarten is the year your child turns 4 if born prior to 1 July. Children turning 4 on 1 July or after enter the year they turn 5.

Please complete and return this form to the school before your interview.

OFFICE USE ONLY

Application Fee Paid – Date: _____

\$55.00 EFTPOS / Cash

Enrolment Deposit Paid – Date: _____

\$100.00 EFTPOS / Cash

Entered into AoS – Date: _____

Sibling: Yes / No

STUDENT INFORMATION

Academic Year for which Enrolment is sought (e.g., Year 6): _____

Calendar Year for which Enrolment is sought (e.g., 2017): _____

Current School: _____ Location: _____ Year Level: _____

STUDENT SURNAME: _____

First Name: _____ Second Name: _____

Preferred Name: _____ Gender: M / F Date of Birth ____/____/____

Place of Birth: _____ Country of Birth: _____

Residency Status: Citizen Permanent Resident Temporary Resident

Visa Class / No. _____ (Please provide a copy of passport and visa)

Date of Arrival: _____ Passport Number: _____

Nationality: _____

Aboriginal Descent Torres Strait Islander Descent

Language Spoken at Home: _____

Religion: _____

Baptism ____/____/____

Reconciliation ____/____/____

Holy Communion ____/____/____

Confirmation ____/____/____

FAMILY INFORMATION

Caregiver 1 / Mother / Guardian

Title: _____ Surname: _____ Given Name (in full): _____

Occupation: _____ Nationality: _____

Country of Birth: _____ Language: _____

Employer: _____ Religion: _____

Work Phone: _____ Mobile: _____

Email Address: _____

Marital Status: _____ Relationship to Student: _____

Residential Address: _____ Suburb: _____

Post Code: _____ Home Telephone: _____

Postal Address (if different from above): _____ Suburb: _____

Post Code: _____

Caregiver 2 / Father / Guardian

Title: _____ Surname: _____ Given Name (in full): _____

Occupation: _____ Nationality: _____

Country of Birth: _____ Language: _____

Employer: _____ Religion: _____

Work Phone: _____ Mobile: _____

Email Address: _____

Marital Status: _____ Relationship to Student: _____

Residential Address: _____ Suburb: _____

Post Code: _____ Home Telephone: _____

Postal Address (if different): _____ Suburb: _____ Post Code: _____

Custody / Guardianship (if other than Caregiver 1 or 2 e.g. DCP)

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

Are there any current Family Court Orders or current Restraining Orders that would apply to the child?

Yes No

If applicable, please attach a copy outlining details of any special or restricted access arrangements.

Why would you like your child educated at Liwara Catholic Primary School?

SIBLINGS

Name	Date of Birth	Year Level	School
	___/___/___		
	___/___/___		
	___/___/___		

EMERGENCY CONTACT DETAILS (Other than Parents)

Name (1): _____ Relationship to Student: _____

Telephone: _____ Mobile: _____

Name (2): _____ Relationship to Student: _____

Telephone: _____ Mobile: _____

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) - e.g. Communicable diseases, learning needs. 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 condition* _____

Orthoses/Prostheses _____

Psychological/Cognitive _____

Vision/Hearing (sensory) _____

Behavioral or Safety _____

Communication _____

Allergies* _____

*If medication or medical/health care services are required during school hours, an action plan signed and authorised by the relevant practitioner will be required on enrolment. Medication Administration request forms are available from the office or website.

Other comments: _____

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? YES / NO If so, please detail name of Service Provider and Contact Number

Does your child attend Day Care or After School Care? YES / NO

If so, please detail name of Institution and Contact Number _____

What days does your child attend? _____

MEDICAL INFORMATION

IMMUNISATION RECORD Immunisation Record attached

F – fully immunised N – not immunised I – incomplete immunisation P – personal objections*

<input type="checkbox"/> Measles	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> HIB	<input type="checkbox"/> Other
<input type="checkbox"/> Mumps	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> BCG	_____
<input type="checkbox"/> Rubella	<input type="checkbox"/> Polio (OPV)	<input type="checkbox"/> Chicken Pox	_____
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Meningococcal	_____

An updated copy of Immunisation will be required on enrolment.

*Please supply a copy of Australian Government Immunisation Exemption Conscientious objection form.

Family Doctor / Medical Clinic: _____

Address: _____ Contact Number: _____

Dentist / Dental Clinic: _____ Contact Number: _____

Medicare Number: _____ Ref# _____

MEDICAL EMERGENCY AUTHORISATION

I authorise Liwara Catholic School to seek medical /dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise Liwara Catholic 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 Caregiver 1 / Legal Guardian _____ Date _____

Signature of Caregiver 2 / Legal Guardian _____ Date _____

DISCLOSURE

Do you agree that the relevant information supplied on the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? YES / NO

UNIFORM

I understand that the uniform is compulsory for Pre-Primary – Year 6 and I will ensure my child is wearing the correct uniform, as set out in the Uniform Policy, **at all times**.

PERMISSION TO TRAVEL

I give permission for my child to travel on any excursion the school organises, on transport that the school deems suitable. I understand this will generally be either:-

- * public transport - bus or train
- * private chartered bus
- * private transport where necessary
- * excursions on foot e.g. to the shopping centre

Should I NOT wish my child to travel by these means on specific occasions, then I shall notify the school in writing. This permission is valid FOR THE DURATION OF my child's enrolment at Liwara.

PUBLICITY AND USE OF STUDENT IMAGES

As part of the school's publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education Office WA (CEWA) or local media will be taking photographs and/or video footage of your child for publication in newspapers, school documents, CEWA and Catholic agency documents (e.g., Caritas, LifeLink, St Vincent de Paul, Wheelchairs for Kids) training videos, Facebook and CEWA /school websites.

**** No names are used in these locations to identify students.**

Please fill in the sections below with either a or

Liwara CPS Website **	<input type="checkbox"/>	Liwara CPS Facebook Page **	<input type="checkbox"/>
Seesaw Group photos **	<input type="checkbox"/>	Local media advertising **	<input type="checkbox"/>
Catholic Education WA advertising **	<input type="checkbox"/>		

This permission is valid FOR THE DURATION OF my child's enrolment at Liwara. I understand it will be my responsibility to notify the school in writing should I wish to change this authority at any time.

Signature of Caregiver(s) / Parent(s) / Guardian(s)

CAREGIVER 1 / MOTHER / GUARDIAN

CAREGIVER 2 / FATHER / GUARDIAN

Date _____

AGREEMENT

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 give priority to my/our role as supportive and involved parents in the school community and to participate in meetings and procedures that are part of my/our child's/children's educational program.

I/we agree to support the Catholic objectives and ethos of the school.

I/we agree to support the Code of Conduct of the school.

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 agree that while my/our child/children is/are in Pre Kindy, Kindergarten and Pre-Primary that I/we or another adult will accompany my/our child/children to and from the classroom for every session.

FEE RESPONSIBILITY

Payment of School Fees are the joint responsibility of the Caregivers/Legal Guardians signing this enrolment application. Unless otherwise stated, fee statements will be issued jointly to both parents/guardians.

Split billing is available. For split billing, please indicate below the percentage per Caregiver (e.g. 50%, 100%)

Caregiver 1:- _____% Caregiver 2 :- _____%

If the child is a ward of the Dept of Child Protection & Family Services, please provide billing contact name &

details: _____

Signature of Caregiver(s) / Guardian(s)

CAREGIVER 1/MOTHER / GUARDIAN

CAREGIVER 2/ FATHER /GUARDIAN

Date _____

ENROLMENT PROCEDURE

Please return this application to the school office in person, via email (enquiries@liwara.wa.edu.au) or post to P.O. Box 63, Greenwood WA 6024, marked **Attention Enrolment Officer**. An application fee of \$55.00 per child is payable via cash, cheque or credit card on lodgement of this application.

This Enrolment Application does NOT mean automatic acceptance. All enrolments are subject to an interview with the Principal.

INTERVIEW PROCESS

All new students to the school and their parents are interviewed by the Principal or delegate. This interview is the final stage in the enrolment process and items discussed may include:

- The school's nature as a faith community
- Sacramental programmes and parish connection
- Fee structure
- Uniform requirements
- An opportunity to update information on Enrolment Application form
- An overview of the school's curriculum

- An outline of the school's expectation of parents
- An outline of the parent's expectations of the school
- Broad discussion about the interests/abilities of the child, medical conditions etc
- Information regarding orientation, letter of offer of position, waiting lists etc
- The Outside School Hours Care programme

The interview process will be followed by a letter offering a position or one explaining that no position can currently be offered and waiting lists are kept as appropriate.

The final decision for any enrolment/placement is at the discretion of the Principal.

Please take the time to read the information in regard to our Student Enrolment Policy.

ENROLMENT PRIORITY

Liwara Catholic Primary School exists for the primary purpose of providing Catholic children from the parish of All Saints with a Catholic education thus enrolment priority is given to:

- Siblings of existing Catholic families within the school
- Catholic students from within the Parish with a Parish Priest Reference
- Catholic students from outside the Parish with a Parish Priest Reference
- Siblings of existing Non-Catholic families within the school
- Non-Catholic students from other Christian denominations
- Other Non-Catholic students
- Aboriginal and Torres Strait Islanders will be given enrolment preference wherever possible and practical.

This Enrolment Application is consistent with the Enrolment Policy as stated by Catholic Education.

PLEASE NOTE:

- Completion of this document does NOT guarantee an enrolment interview or offer
- Enrolment will involve an interview with the Principal. A letter of invitation will follow and enrolment in the school will be processed on receipt of all requested documents
- This Enrolment Application has been completed to the best of my/our knowledge

Liwara Catholic Primary School is conscious of each person's right to privacy for personal information. Information relating to the Schools Privacy and Information Collection notice can be found on the school's website under Student Enrolment Policy.

Please enclose the following supporting documentation:

- Birth Certificate
- Baptism Certificate (if Baptised Catholic)
- Immunisation
- Most recent school reports
- NAPLAN report (if applicable)
- Other relevant educational or psychological assessments
- Copy of Parenting, Restraint or Custodial Order (if applicable)
- Copy of Passport, Visa, or Travel Documents – including date of entry stamp (if born overseas)



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