



ST PETER'S PRIMARY SCHOOL

103 Wood Street INGLEWOOD WA 6052

P: 9271 2896 F: 9271 2813 E: office@stpeters.wa.edu.au W: www.stpeters.wa.edu.au

On behalf of the St Peter's School Community, thank you for your interest in St Peter's Primary School, Inglewood.

Enclosed in this package are relevant documents and information relating to enrolling your child at St Peter's. Our Enrolment Policy is available on our School Website and our Administration Staff are available to answer questions relating to this process.

Please ensure that all forms have been fully completed and any relevant certificates have been attached as any pending documentation will delay the enrolment process.

Application Checklist:

- Student Enrolment Application Form
- Registration Fee \$55-00 (per application)
- Birth Certificate
- Baptism Certificate
- Immunisation Certificate
- Parish Priest Reference Form
- National Data Collection Form
- Visa and Passport (if necessary)
- Custodial Orders (if necessary)
- Any other information relating to this application (ie, past school reports, etc)

Completed applications are to be submitted:

IN PERSON

103 Wood Street, Inglewood WA 6052

EMAIL

stpeters@cewa.edu.au

MAIL

PO Box 656, Inglewood WA 6932

We look forward to the return of your enrolment application and thank you again for your interest in St Peter's Primary School.



ST PETER'S PRIMARY SCHOOL STUDENT ENROLMENT APPLICATION

103 Wood Street, INGLEWOOD WA 6052 P: 9271 2896 F: 9271 2813

www.stpeters.wa.edu.au

stpeters@cewa.edu.au



Office Use Only:

Academic Year Birth Cert Imm. Record Enrolment Fee National Data Form
 Calendar Year Baptism Cert Parish Ref Maze
 Interview Date _____ Offered Accepted/Declined Acceptance Fee

Enrolment Fee \$55
 (including GST)
 NON REFUNDABLE
 Payable on Lodgement
 (cash/eftpos/cheque)

STUDENT INFORMATION

SURNAME FIRST NAME

PREFERRED NAME MIDDLE NAME:

ADDRESS SUBURB POST CODE

HOME PHONE NUMBER DATE OF BIRTH GENDER

PLACE OF BIRTH NATIONALITY

ABORIGINAL/TORRES STRAIT ISLANDER YES/NO AUSTRALIAN PERMANENT RESIDENT YES / NO

BORN OUTSIDE AUSTRALIA YES/NO DATE OF ARRIVAL IN AUSTRALIA VISA

COUNTRY OF CITIZENSHIP LANGUAGE SPOKEN AT HOME

RELIGION

RELIGIOUS DENOMINATION PARISH PRIEST

PARISH ATTENDING SUBURB

DATE OF RECEPTION OF SACRAMENTS (please provide full date):

BAPTISM RECONCILIATION FIRST COMMUNION CONFIRMATION

PRESENT SCHOOL LOCATION YEAR LEVEL

CUSTODY / GUARDIANSHIP

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

If applicable a copy of any Parenting or Restraint Order is attached: Yes / No

Under the provisions of the Family Law Reform Act 1995, biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.

Any other conditions enforced by law.....

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

TITLE..... SURNAME

FIRST NAME

ADDRESS

SUBURB P/CODE

LANGUAGE AT HOME

HOME PHONE NUMBER

MOBILE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

EMPLOYER'S PHONE NUMBER

COUNTRY OF CITIZENSHIP

COUNTRY OF BIRTH

RELIGIOUS DENOMINATION

MALE PARENT OR GUARDIAN

TITLE..... SURNAME

FIRST NAME

ADDRESS

SUBURB P/CODE

LANGUAGE AT HOME

HOME PHONE NUMBER

MOBILE

EMAIL ADDRESS

OCCUPATION

EMPLOYER

EMPLOYER'S PHONE NUMBER

COUNTRY OF CITIZENSHIP

COUNTRY OF BIRTH

RELIGIOUS DENOMINATION

PARENT / GUARDIAN MARITAL STATUS:

Married:

Single:

Separated:

Divorced:

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL

NAME YEAR LEVEL NAME YEAR LEVEL

NAME YEAR LEVEL NAME YEAR LEVEL

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

NAME YEAR LEVEL SCHOOL

NAME YEAR LEVEL SCHOOL

NAME YEAR LEVEL SCHOOL

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT / GUARDIAN)

NAME RELATION TO STUDENT

ADDRESS

CONTACT HOME MOBILE WORK

NAME RELATION TO STUDENT

ADDRESS

CONTACT HOME MOBILE WORK

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)

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.....

Psychological /. Cognitive.....

Sensory (eg, Vision/Hearing)

.....

Behavioural or Safety

.....

Communication

.....

Allergies

.....

If medication or medical / health care services are required during school hours, please provide full details, 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 arrangement? Yes / No

If so, please detail name of Service Provider and Contact Number.....

.....

Does your child receive Respite Care on a regular basis? Yes / No

MEDICAL INFORMATION

IMMUNISATION RECORD

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

Measles Mumps Rubella Diptheria Tetanus

Hepatitis B Pertussis (Whooping Cough) Polio (OPV) Meningitis

FAMILY DOCTOR / MEDICAL CLINIC

ADDRESSSUBURBTELEPHONE

DENTIST TELEPHONE

MEDICARE NUMBER:..... PRIVATE HEALTH BLOOD GROUP (IF KNOWN):.....

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical / dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school / 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 and to provide to the medical practitioner any relevant medical information detailed in this form.

Name and Signature of Parent(s)/Guardian(s) – both to sign

Female Parent or Guardian
Full Name Signature Date

Male Parent or Guardian
Full Name Signature Date

DISCLOSURE

Personal information collected and stored by the school is subject to the Privacy Act and the CECWA Privacy Policy Statement. A copy of the CECWA Privacy Policy Statement can be obtained from the school, the Catholic Education Commission of Western Australia or the Catholic Education Office of WA website.

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, 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 Western Australia as they are enacted from time to time.

I / we agree that the information supplied on the Student Information and Family Information sections can be provided to the relevant Parish Priest.

I / we give permission for St Peter's Primary School to exchange information regarding this student with other agencies (for example, previous schools, medical and/or specialist services, therapists – speech, OT, audiologist, psychologist, pediatricians).

I / we shall pay any expenses, costs or disbursements incurred by St Peter's School in recovering any outstanding monies, including debt collection agency fees and solicitors' costs.

Name and Signature of Parent(s)/Guardian(s) – both to sign

Female Parent or Guardian
Full Name Signature Date

Male Parent or Guardian
Full Name Signature Date



St Peter's Primary School Bedford / Inglewood



Data Collection Form

This information is being collected to enable nationally comparable reporting of students' outcomes against the *National Goals for Schooling in the Twenty-First Century*. This information is collected in accordance with the school's Privacy Policy.

Name of student:

First name

Last name

Date of Birth (dd/mm/yyyy)

Home address of student:

(No. and street name)

Suburb

Postcode

- 1 Sex** Male.....
- Female.....

2 Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

(office use only)

- | | | |
|---|--------------------------|---|
| No..... | <input type="checkbox"/> | 4 |
| Yes, Aboriginal..... | <input type="checkbox"/> | 1 |
| Yes, Torres Strait Islander..... | <input type="checkbox"/> | 2 |
| Yes, both Aboriginal & Torres Strait Islander | <input type="checkbox"/> | 3 |

3 In which country was the student born?

(office use only)

- | | | |
|-------------------------------|--------------------------|------|
| Australia..... | <input type="checkbox"/> | 1101 |
| England..... | <input type="checkbox"/> | 2102 |
| South Africa | <input type="checkbox"/> | 9225 |
| New Zealand..... | <input type="checkbox"/> | 1201 |
| Singapore..... | <input type="checkbox"/> | 5205 |
| Malaysia..... | <input type="checkbox"/> | 5203 |
| Scotland..... | <input type="checkbox"/> | 2105 |
| Indonesia..... | <input type="checkbox"/> | 5202 |
| United States of America..... | <input type="checkbox"/> | 8104 |
| India..... | <input type="checkbox"/> | 7103 |
| Other – please specify..... | <input type="text"/> | |

4 Does the student or their female parent/guardian or their male parent/guardian speak a language other than English at home?
 (If more than one language, indicate the one that is spoken most often.)

	student	female parent/ guardian	male parent/ guardian	(office use only)
No, English only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1201
Yes, Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2401
Yes, Vietnamese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6302
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7101
Yes, Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7104
Yes, Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4202
Yes, Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1403
Yes, Indonesian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6504
Yes, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2303
Yes, Malay.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6505
Yes, Other - please specify				

5(a) What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school, mark 'Year 9 or equivalent or below.')

Mark one box only in each column

	female parent/ guardian	male parent/ guardian	office use only
Year 12 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>	4
Year 11 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>	3
Year 10 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>	2
Year 9 or equivalent or below.....	<input type="checkbox"/>	<input type="checkbox"/>	1

5(b) What is the level of the highest qualification the parents/guardians have completed?

Mark one box only in each column

	female parent/ guardian	male parent/ guardian	office use only
Bachelor degree or above.....	<input type="checkbox"/>	<input type="checkbox"/>	7
Advanced diploma/Diploma.....	<input type="checkbox"/>	<input type="checkbox"/>	6
Certificate I to IV (including trade certificate certificate)	<input type="checkbox"/>	<input type="checkbox"/>	5
No non-school qualification.....	<input type="checkbox"/>	<input type="checkbox"/>	8

6(a) What is the occupation group of the female parent/guardian?

6(b) What is the occupation group of the male parent/guardian?

Please select the appropriate parental occupation group from the attached list.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

List of Parental Occupation Groups (for question 6a and 6b)

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.
Public service manager (Section head or above), regional director, health/education/police/fire services administrator
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
Defence Forces Commissioned Officer
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
Associate professionals generally have diploma/technical qualifications and support managers and professionals.
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
Skilled office, sales and service staff.
Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
Office assistants, sales assistants and other assistants.
Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
Labourers and related workers
Defence Forces ranks below senior NCO not included above
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.



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 St Peter's Primary School, Inglewood. Contact should be made with the parish secretary to find out the process for that parish.

TO BE COMPLETED BY PARENT

To the Parish Priest at:

Name of Student: **Date of Birth**

Address:

Phone No...... **email**

Mother's Name: **Father's Name:**

Mother's Occupation **Father's Occupation**

Current School: (if applicable)
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? What is your involvement in Parish life at present?

.....

.....

.....

TO BE COMPLETED BY YOUR PARISH PRIEST OR HIS DELEGATE

Please complete the information below in reference to the family information above and send to St Peter's Primary School at stpeters@cewa.edu.au or fax 08 9271 2813. Thank you.

Is the family actively involved in the life of the Church?

Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

.....

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

.....

Any other comments?

.....

.....

Signed