



GOOD SHEPHERD CATHOLIC SCHOOL

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Lockridge WA 6054
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ABN: 86 853 294 544

STUDENT INFORMATION

First name: _____
Middle name/s: _____
Surname: _____
Preferred name: _____
Date of birth: _____
Place of Birth: _____
Birth Certificate Attached: Yes No
Address: _____

Medicare: _____ Position ____ EXP ____
Gender (please circle): Male Female Other

If Applicable does your child currently attend:

Primary School: _____
Location: _____
Year Level: _____

RELIGION

Religion: _____
Parish Priest: _____
Baptism date: _____
Communion date: _____
Baptism Certificate Attached: Yes No

FAMILY INFORMATION

Mother /Caregiver 1

Relationship to Student: _____
Title: ____ Gender (please circle): Male Female Other
First name: _____
Surname: _____
Address: _____

Country of birth: _____
Medicare: _____ Position ____ EXP ____
Home phone: _____
Mobile phone: _____
Business phone: _____
Email: _____
Occupation: _____
Employer: _____
Religion: _____
Australian Permanent Resident Yes No
Country of Citizenship: _____
Nationality: _____
Ethnicity: _____

LIVING ARRANGMENTS

Mother /Caregiver 1

Lives with Student (please circle): Yes No
 Permanently Balanced Occasionally Never

Is your child: An Australian Citizen Yes No
Aboriginal Yes No
Torres Strait Islander Yes No
A permanent resident of Australia Yes No
If No,
Visa Category Number: _____
Arrival date in Australia: _____
Copy of VISA Attached: Yes No
Nationality: _____
Ethnicity: _____
Main Language spoken at home: _____

Early Learning Centre: _____
Location: _____
Days Attending (please circle): M T W TH F

Parish: _____
Location: _____
Reconciliation date: _____
Confirmation date: _____

Father /Caregiver 2

Relationship to Student: _____
Title: ____ Gender (please circle): Male Female Other
First name: _____
Surname: _____
Address: _____

Country of birth: _____
Medicare: _____ Position ____ EXP ____
Home phone: _____
Mobile phone: _____
Business phone: _____
Email: _____
Occupation: _____
Employer: _____
Religion: _____
Australian Permanent Resident Yes No
Country of Citizenship: _____
Nationality: _____
Ethnicity: _____

Father /Caregiver 2

Lives with Student (please circle): Yes No
 Permanently Balanced Occasionally Never

CUSTODY/GUARDIANSHIP

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

If applicable a copy of any Parenting or Restraint Order is attached (please circle). Yes / No

Any other conditions enforced at law? _____

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRE SCHOOL AGED SIBLINGS

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT'S INDIVIDUAL NEEDSThe 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 (e.g. Vision/Hearing) _____

Behavioural or Safety _____

Communication _____

Allergies _____

Has student been prescribed an EpiPen: Yes No

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 PROVISIONDoes your child receive any services from an external agency, which may affect educational arrangements? Yes No

If so, Name of Service Provider and Contact Number: _____

Please detail: _____

Does your child require special Transport arrangements to and from school? Yes NoDoes your child receive Respite Care on a regular basis? Yes No**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

Full Name: _____ Relation to Student: _____

Address: _____

Contact Number/s: _____

Full Name: _____ Relation to Student: _____

Address: _____

Contact Number/s: _____

MEDICAL INFORMATION

Immunisation Record

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

(A copy of official documentation is to be provided in the case of Personal Objections)

Measles Mumps Rubella Diphtheria Tetanus Hepatitis B Pertussis Polio (OPV)
(Whooping Cough)

Family Doctor/Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

Private Health Fund: _____ Ambulance Cover Yes No Blood Group: _____

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.

_____ Mother/Guardian 1	_____ FULL NAME (PRINTED)	_____ SIGNATURE	_____ DATE
_____ Father/Guardian 2	_____ FULL NAME (PRINTED)	_____ SIGNATURE	_____ DATE

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

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, as advertised and available upon request, and Practices of the school and the Policies of the Catholic Education Commission of Western Australia as enacted from time to time.

I/We acknowledge that as a part of the quality educational and pastoral care offered at Good Shepherd Catholic School, my/our child may be referred to the School Social Worker. I/We consent to social worker involvement as determined by their professional ethics.

I/we give permission for copies of school authored documents related to my child to be forwarded to the next school at which they are enrolled.

I/we have read and fully understand and agree to the terms and conditions set out in the School Fees Policy and accept responsibility for the incurred costs. Further I/We understand that ALL costs incurred in recovering outstanding accounts will be mine/our responsibility.

I/we understand and agree that my/our obligation to pay all outstanding fees and charges is not varied despite any changes in the nature of my/our relationship, nor by any court order binding on me/us relating to fee payment, nor by rulings of the Child Support Agency, nor agreement not co-signed by the Principal.

I/we understand and agree that my/our agreement to pay all outstanding fees and charges can only be varied in writing signed by all parties to this Agreement.

I/we understand and agree to address and resolve any dispute between us about fee payments with each other and not involve the school.

I/we understand and agree that any arrangement by the Principal to separately invoice me/us does not amount to a variation of this agreement by me/us to pay all fees.

_____ Mother/Guardian 1	_____ FULL NAME (PRINTED)	_____ SIGNATURE	_____ DATE
_____ Father/Guardian 2	_____ FULL NAME (PRINTED)	_____ SIGNATURE	_____ DATE