

Our Lady of the Cape Primary School

245 Cape Naturaliste Road, Dunsborough WA 6281 • PO Box 562, Dunsborough WA 6281
 Tel: (08) 9755 3866 • Fax: (08) 9755 3720 • Email: admin@ladyofcape.wa.edu.au



APPLICATION FOR ADMISSION

NON-REFUNDABLE APPLICATION FEE - (\$40.00)

Card No: _____
 Card Type: VISA / MASTER CARD / BANKCARD (please circle)
 Expiry Date: ____ / ____ / ____ Total Payment \$ _____
 Cardholder Name: _____
 Signature: _____

YEAR OF
 ADMISSION 20
 SCHOOL
 YEAR LEVEL _____

STUDENT INFORMATION

Surname: _____ Date of Birth: ____ / ____ / ____
 Given Names: _____ Male / Female (please circle)
 Preferred Name: _____ Birth place: _____
 Nationality: _____ Country of Citizenship: _____
 If born outside of Aust., date of arrival? _____ Visa Code: _____ Visa Expiry: _____
 Aboriginal / Torres Strait Islander: Yes / No (please circle)
 Residential Address: _____ Home Phone Number: _____
 Town Locality: _____ State: _____ Postcode: _____
 Present School: _____ Location: _____ Year Level: _____
 Student No: (if known) _____
 Religious Denomination: _____ Parish Priest: _____
 (Parish Priest Reference **MUST** be attached to Application Form)
 Parish: _____ Town/Suburb: _____
 Date & Location of Sacraments Received (please attach a copy of each certificate):
 Baptism: ____ / ____ / ____ Reconciliation: ____ / ____ / ____
 First Communion: ____ / ____ / ____ Confirmation: ____ / ____ / ____

This Application Form must be COMPLETED AS FULLY AS POSSIBLE AND SIGNED, with all relevant documents attached as below:

OFFICE

Immunisation Details:	attached <input type="checkbox"/>	
Birth Certificate:	attached <input type="checkbox"/>	
Baptism Certificate:	attached <input type="checkbox"/>	
MCEETYA:	attached <input type="checkbox"/>	
Latest School Report:	attached <input type="checkbox"/>	
Restraining / Custody Orders:	attached <input type="checkbox"/>	
Priest Reference Form:	attached <input type="checkbox"/>	

OFFICE USE ONLY

APP. STATUS	
INTERVIEWED	
CONFIRMATION	
DATA ENTERED	
FAMILY CODE	
ENTRY DATE	
CLASS	
FACTION	

MOTHER (FEMALE GUARDIAN)

Title: _____ Surname: _____

Christian or Given Names: _____

Residential Address: _____

Suburb/Town: _____ State: _____

Postal Address (if different to above): _____

_____ State: _____

Postcode: _____ bill to this address?

Occupation: _____

Employer: _____

Telephone - Home: _____

Telephone - Business: _____

Telephone - Mobile: _____

Religious Denomination: _____

Parish: _____

Nationality: _____

Country of Birth: _____

Email Address: _____

FATHER (MALE GUARDIAN)

Title: _____ Surname: _____

Christian or Given Names: _____

Residential Address: _____

Suburb/Town: _____ State: _____

Postal Address (if different to above): _____

_____ State: _____

Postcode: _____ bill to this address?

Occupation: _____

Employer: _____

Telephone - Home: _____

Telephone - Business: _____

Telephone - Mobile: _____

Religious Denomination: _____

Parish: _____

Nationality: _____

Country of Birth: _____

Email Address _____

PLEASE NOTIFY THE SCHOOL OFFICE IMMEDIATELY OF ANY CHANGES OR UPDATES TO THE ABOVE INFORMATION**FAMILY CIRCUMSTANCES** Married / Separated / Divorced / Defacto / Widowed (please circle)*PARTY RESPONSIBLE FOR PAYMENT OF FEES*

Name: _____ Signature: _____

CUSTODY / GUARDIANSHIP

Name of person with legal guardianship of the student: _____

If applicable, a copy of any Parenting or Restraining Order is attached YES / NO

Are any other conditions enforced at law? _____

SIBLINGS ATTENDING OUR LADY OF THE CAPE PRIMARY SCHOOL, DUNSBOROUGH

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

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

SIBLINGS ATTENDING OTHER SCHOOLS

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

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

FUTURE SIBLINGS TO ATTEND OLC

Name: _____ DOB: _____ Name: _____ DOB: _____

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: _____

Education/Learning Assistance: YES / NO

Psychological/Cognitive: _____

Sensory (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 any external agency which may affect educational arrangements? YES / NO

Details: _____

Name of Service Provider: _____ Contact Phone Number: _____

Does your child require special transport arrangements to and from school? YES / NO

Does your child receive Respite Care on a regular basis? YES / NO

EMERGENCY CONTACT 1

(other than parent or guardian - preferably someone local)

Name: _____

Relation to Student: _____

Address: _____

Town/ Locality: _____

Contact Numbers – Home: _____

Work: _____ Mobile: _____

EMERGENCY CONTACT 2

(other than parent or guardian - preferably someone local)

Name: _____

Relation to Student: _____

Address: _____

Town/ Locality: _____

Contact Numbers – Home: _____

Work: _____ Mobile: _____

MEDICAL INFORMATION**IMMUNISATION RECORD**

F – Fully Immunised

N – Not Immunised

I – Incomplete Immunisation

P – Personal Objection

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

(Please attach Immunisation Record)

(Whooping Cough)

Family Doctor/Medical Clinic: _____

Phone Number: _____

Address: _____

Town/Locality: _____

Dentist/Central Clinic: _____

Phone Number: _____

Medicare Number: _____ Private Health Fund: _____

Blood Group: _____
(If Known)**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 of Parent(s)/Guardian(s): _____
MOTHER FEMALE / GUARDIAN

Date: _____

Signature of Parent(s)/Guardian(s): _____
FATHER / MALE GUARDIAN

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 priorities.

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 agree to abide by the policies and directions of Our Lady of the Cape Primary School, Dunsborough and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We understand that a full term's notice (in writing) must be given before removal of a student, or a term's fees are payable.

I/We agree to pay all fees within 14 days of receipt of account(s) or promptly make a suitable arrangement with the School.

I/We understand and accept that parents are responsible for payment of breakages or damage to School property by their children.

I/We understand that Our Lady of the Cape Primary School reserves the right to suspend or exclude a student from the School.

I/We agree that the information supplied on the Student Information and Parent/Guardian sections can be provided to others for administrative and educational purposes as detailed in the School's Collection Notice.

I/We agree to Our Lady of the Cape School, using our child's work or photo for School newsletters and promotional material.

I/We agree to the School, CEOWA or local media taking our child's photographs and/or video footage for publication in newspapers, school documents, CEOWA and Catholic agency documents, training videos and/or the College/CEOWA website.

I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the 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, religious background, medical conditions, health care requirements and/or Parenting or Restraining Orders, then the enrolment may be refused or terminated on this ground.

I have enclosed the Application Fee.

Signature of Parent(s)/Guardian(s): _____
MOTHER FEMALE / GUARDIAN

Date: _____

Signature of Parent(s)/Guardian(s): _____
FATHER / MALE GUARDIAN

Date: _____