



HOLY ROSARY SCHOOL DERBY

STUDENT INFORMATION

Student Surname: _____ First Name: _____

Preferred Name: _____ Previous School: _____

Address: _____

State: _____ Postcode: _____

Postal Address: _____

State: _____ Postcode: _____

Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No

Indicate Calendar Year of Entry: _____ Circle academic year on next line:

3yr old Kindy 4yr old Kindy

Pre Primary 1 2 3 4 5 6 7

Aboriginal/Torres Strait Islander: Yes/No

If yes to Aboriginal/Torres Strait Islander, then Group of Origin: _____

Nationality: _____ Australian Permanent Resident: Yes/No

Born outside of Australia: Yes/No Date of arrival: _____ Number of years in Australia: _____

Country of Citizenship: _____ Language Spoken at Home: _____

Visa Class: _____ Supply copy of Visa: Yes/No

Religious Denomination: Catholic Other: _____

Date of Reception of Sacraments: _____ Baptism Certificate Attached Yes/No

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____

Parish: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

State: _____ Postcode: _____

Religious Denomination: _____

Occupation: _____

Name of Employer: _____

Contact Address: _____

Contact Numbers: _____ Mobile: _____ Work: _____

E mail Address: _____

Country of Citizenship: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Address: _____

State: _____ Postcode: _____

Religious Denomination: _____

Occupation: _____

Name of Employer: _____

Contact Address: _____

Contact Numbers: _____ Mobile: _____ Work: _____

E mail Address: _____

Country of Citizenship: _____

Phone: (08) 91 911 283

Fax: (08) 91 911 074

Email: admin@hrsderby.wa.edu.au



HOLY ROSARY SCHOOL DERBY

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

Any other conditions enforced at law? _____

SIBLINGS CURRENTLY ATTENDING SCHOOL

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

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____

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.



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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 No. _____

Please detail _____

Does your child require a bus service to and/or from school? Yes/No

Holy Rosary School Bus (*Mornings Only*) Derby Bus Service

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

MEDICAL INFORMATION

IMMUNISATION RECORD

Is the student current with all immunisations: Yes No

Medical Clinic: _____

Medicare Number: _____

MEDICAL EMERGENCY AUTHORISATION

In the event of an emergency I/we give permission to take the student to a doctor (Derby Health Service or other) or for the School Staff to take whatever action that they deem necessary.

As a parent/guardian I/we agree to the Community Nurse attending to the needs of my/our child, when required, while still a student.

Yes No

Date:/...../.....

Signature (Father / Guardian)

Signature (Mother / Guardian)

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



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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 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 read and fully understand and agree to the terms and conditions set out in the school fee collection policy

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

ATTACHMENTS AND INCLUSIONS:

Please attach a photocopy of:

- i) Medical reports or correspondence
- ii) Birth Certificate
- iii) Most recent school report
- iv) Baptism Certificate
- v) Immunisation Record
- vi) Copy of Visa (if applicable)