



Holy Rosary Primary School

99 Loch St, Derby WA 6728

Ph. (08) 9161 7200

Email: admin@hrsderby.wa.edu.au

Website: <https://hrsderby.wa.edu.au/>

Student Documents Checklist

- Birth Certificate**
- Australian Immunisation Register (AIR) Immunisation Status Report**
- Australian Citizenship Certificate (if applicable)**
- Medical reports or correspondence**
- Most recent school report**
- Baptism Certificate (if applicable)**
- Passport (if not born in Australia)**

Caregiver Documents Checklist

- Passport (if not born in Australia)**
- Visa (if not an Australian citizen)**
- Australian Citizenship Certificate (if applicable)**
- Health Care Card (if applicable)**
- Parish Priest Reference (if applicable)**
- Custodial Court Order (if applicable)**

***REQUIRED**

STUDENT

First Name:	Middle Name:
Surname:	Preferred Name:
Date of Birth:	Gender:
Year Level you wish to enroll in:	3 year old Kindergarten Kindergarten Pre-Primary Y1 Y2 Y3 Y4 Y5 Y6

DEMOGRAPHICS

Country of birth:	Country of citizenship:
Aboriginal/Torres Strait Islander: <input type="checkbox"/> Aboriginal Origin <input type="checkbox"/> Torres Strait Island Origin <input type="checkbox"/> Both Aboriginal and Torres Strait Origin <input type="checkbox"/> Neither Aboriginal or Torres Strait Origin	Visa number (if not Australian citizen):
	Date of arrival in Australia:
	Visa expiry date (if applicable):
	Main Language spoken at home:
	Other languages spoken at home:

RELIGION

Religious denomination :	Parish:
Baptised: Yes/No	Reconciliation: Yes/No
First Holy Communion: Yes/No	Confirmation: Yes/No

CURRENT SCHOOL (IF APPLICABLE)

School:	Year level:
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CAREGIVER 1

Title:	Does the child live with you? <input type="checkbox"/> Yes- always <input type="checkbox"/> Yes- some of the time <input type="checkbox"/> No- Never
First name:	
Surname:	
Relationship to child:	

CONTACT DETAILS

Email:	Telephone- home:
Telephone- mobile:	Telephone- work:
Address:	Postal Address:

DEMOGRAPHICS

Country of citizenship:	Visa number (if not Australian citizen):
Visa expiry date (if applicable):	Religious denomination:
Occupation and place of work:	Main Language:

DATA COLLECTION

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.

Have you been in paid work in the past 12 months?	Yes/No
If so, indicate your occupation group:	<input type="checkbox"/> Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals <input type="checkbox"/> Group 2: Other business managers/professionals and associate professionals <input type="checkbox"/> Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff <input type="checkbox"/> Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers
Highest year of primary or secondary school completed:	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Level of highest qualification Completed:	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification

CAREGIVER 2

Title:	Does the child live with you? <input type="checkbox"/> Yes- always <input type="checkbox"/> Yes- some of the time <input type="checkbox"/> No- Never
First name:	
Surname:	
Relationship to child:	

CONTACT DETAILS

Email:	Telephone- home:
Telephone- mobile:	Telephone- work:
Address:	Postal Address:

DEMOGRAPHICS

Country of citizenship:	Visa number (if not Australian citizen):
Visa expiry date (if applicable):	Religious denomination:
Occupation and place of work:	Main Language:

DATA COLLECTION

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.

Have you been in paid work in the past 12 months?	Yes/No
If so, indicate your occupation group:	<input type="checkbox"/> Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals <input type="checkbox"/> Group 2: Other business managers/professionals and associate professionals <input type="checkbox"/> Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff <input type="checkbox"/> Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers
Highest year of primary or secondary school completed:	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Level of highest qualification Completed:	<input type="checkbox"/> Bachelor's Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No non-school qualification

GUARDIANSHIP

Please identify the legal guardian(s) of the student: <input type="checkbox"/> Caregiver 1 <input type="checkbox"/> Caregiver 2 <input type="checkbox"/> Other (please specify)	Are there any legally binding parenting or restraining orders, or other conditions we should be aware of? (Please specify):
Caseworker's name:	Office:
Email	Phone:

SIBLINGS

Siblings currently attending this school:	Siblings currently attending other schools:

EMERGENCY CONTACTS

Name:	Name:
Telephone:	Telephone:
Relationship to child:	Relationship to child:

HEALTH PROVIDERS

Medicare number:	Child's reference number (position on card):
Medicare expiry date:	

IMMUNISATION

Government regulations require schools to obtain immunisation records at the time of enrolment and keep records. School Health Services has to be notified of children who are not immunised. **Only an Australian Immunisation Register (AIR) Immunisation Status Report can be accepted.**

Do you have an AIR Immunisation Status Report for the student? **Yes/No**

BILLING- SCHOOL FEES

Who is responsible for paying the school fees?	<input type="checkbox"/> Both caregivers <input type="checkbox"/> Caregiver 1 only <input type="checkbox"/> Caregiver 2 only <input type="checkbox"/> Other (provide details below)
Name:	Email:

BILLING- HEALTH CARE CARD

The Health Care Card Discount Scheme provides fee concession to the holders of eligible means-tested family concession cards. **Please see office staff for an application form.**

Do you possess a valid concession card?

- Family Health Care Card
- Pensioner Concession Card

Card number:

Date of expiry:

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, anesthetic, 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): _____

Date: _____

PARENT OR GUARDIAN

Date: _____

PARENT OR GUARDIAN

MEDIA AND INTERNET CONSENT

PHOTO PERMISSION

Are you happy for your child's photograph to be taken when participating in school activities?

- Yes, I give consent to my child having his / her photograph taken at school.**
- No, I do not give consent.**

MEDIA CONSENT

Children's image and/or their work may be published and may appear in CEWA, local newspapers, on the internet, in the school newsletter, or on film or video. Parents will be contacted for added consent if names are to be published with photos.

- Yes, I give consent to my child to have his/her image and /or work published as described above.**
- I understand images will be used in subsequent years unless revoked in writing.**
- No, I do not give consent.**

INTERNET ACCESS CONSENT

Student access to the internet is provided in accordance with the School Policy (available from the office or school website).

- Yes, my child has permission to access the internet in accordance with School Policy.**
- No, I do not give consent.**

VIEWING CONSENT

Children often watch videos/DVDs/television documentaries as part of their learning. Almost always these are G rated and don't require consent. Very occasionally something with a PG rating is appropriate for which we need parental permission.

- Yes, my child has permission to view items with a PG rating if deemed suitable by the teacher and school administration.**
- No, I do not give consent.**

This form will stay in effect for the time that the student is enrolled at Holy Rosary School unless reversed in writing and delivered to the school office. If at any time you wish to change this form, please ask for one in the office.

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 CEWA Limited as they are enacted from time to time.

Signature of Parent(s)/Guardian(s): _____ Date: _____

_____ Date: _____



HOLY ROSARY SCHOOL

2024 School Fee Schedule

All Fees Listed are Per Annum

Tuition Fee	Detail	Standard	Health Care / Pension Card Holders
Kindergarten	First Child	\$350	\$300
	Second Child	\$280	\$240
Primary	First Child	\$520	\$300
	Second Child	\$416	\$240
	Third Child	\$312	\$180
	Fourth Child	No additional fee	
Other Fees Per Student	Amenities / Consumables*	\$ 200	
	Incursions / Excursions	20	
Other Fees Per Family	Building Levy	\$104	\$ 90

3 Year old Kindergarten

Tuition **\$30 Per Day** (*The daily fee covers consumables, equipment, resources and utilities. Concessions and discounts do not apply to 3 year old kindergarten. You will be charged for days that you do not attend.*)

***Amenities** – An additional fee per student per annum is charged to cover the cost of booklists, art and craft materials, photocopying of classroom worksheets, text books, incursions and other sundry items consumed by the children during the course of the year.

Health Care / Pension Cards – To be eligible for this concession families who hold a valid means tested Health Care Card or Pensioner Concession Card can access a discount on Tuition Fees on presentation of their card and completion of a simple application form by **23 February 2024**.

Terms of Payment – School fee accounts will be issued in Term 1 and reminders sent out each term. Payment options are:

- Option 1 Pay the full amount within two weeks of receipt and receive a 10% discount. **(On Tuition Fees ONLY)**
- Option 2 Fees payable in four equal instalments by 31st October.
- Option 3 Pay off the full amount in regular instalments via Direct Debit or BPay. These instalments must be paid in full no later than 31st October.
- Option 4 Centrepay Facilities – You can have school fees deducted from your Centrelink Payments. We have the Centrepay Deduction Authority Forms if you wish to take up this facility.
- Option 5 The school has the EFTPOS facility for your convenience.