



Mary MacKillop Catholic Community
Primary School
Cassowary Drive, Ballajura
9241 7500

Dear Parents/Guardians

Thank you for your interest regarding enrolment for your child/children at Mary MacKillop Catholic Community Primary School. Please find enclosed, an 'Application For Enrolment' form for each child, a reference form to be completed by your parish priest and various other documents providing information about our school. Please return all completed documentation to our school office at your earliest convenience. A non-refundable registration fee of \$50.00 (incl GST) must accompany each completed application form.

It is a requirement of our Enrolment Policy that if your child has been diagnosed with a medical condition, a letter from the diagnosing medical practitioner must be included with the enrolment form.

Following receipt of completed application forms, an appointment will be arranged for you to meet with the Principal, **should suitable class vacancies exist.**

Copies of the following documents are to be returned with enrolment forms:

- (i) Birth certificate;
- (ii) Baptismal certificate and certificates from other Sacraments received by the child;
- (iii) Immunisation History Statement. (request from ACIR PH: 1800 653 809 or

EMAIL: acir@humanservices.gov.au or

VISIT: Your local Medicare Office in person)

APPLICATIONS WILL NOT BE PROCESSED UNTIL COPIES OF ALL DOCUMENTS HAVE BEEN PROVIDED.

Please note that the completion of application forms indicates an expression of interest only. It is not a confirmation of enrolment. Notification of the success of your application will be confirmed in writing after the interview.

I look forward to meeting with you to discuss your child/children.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'L. Bechelli'.

Mr Laurie Bechelli
Principal

Name: _____

DOB: _____

Mary MacKillop Catholic Community Primary School
Cassowary Drive Ballajura WA 6066

Postal Address: PO Box 2185
Malaga WA 6944

Telephone No: (08) 9241 7500
Website: www.mmccps.wa.edu.au
Email: admin@mmccps.wa.edu.au

Application for Enrolment



Office Use Only

Calendar Year for Enrolment: _____

Academic Year: _____

Application Fee: Yes / No _____

Baptism Certificate: Yes No

Birth Certificate: Yes No

Immunisation Card: Yes No

Interview Date/Time: _____

Interview Completed: Yes No

Accepted / Not Accepted: _____

Acceptance reply by: _____

Orient/Parent Info Letter: _____

Waiting List Letter: _____

Comments: _____

Signed: _____ (Principal)

Date: _____ Class: _____

How did you hear about MMCCPS?

(Please tick appropriate box)

Website

Driven past

Pamphlet

Childcare Centre

Family/Friends

Parish

STUDENT INFORMATION

Student Surname: _____ Male / Female
First Name: _____ Preferred Name: _____
Address: _____
_____ State: _____ Postcode: _____
Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No
Aboriginal/Torres Strait Islander: Yes/No
If yes to Aboriginal/Torres Strait Islander, then Group of Origin: _____
Nationality: _____ Australian Permanent Resident: Yes/No
For students born outside of Australia or on Parents Visa:
Date of arrival in Australia: _____ Number of Years in Australia: _____
Visa Status: _____ Visa Code: _____
Country of Citizenship: _____ Language Spoken at Home: _____

Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Date of Reception of Sacraments: _____ Baptism Certificate Attached Yes/No
Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____
Present School: _____ Location: _____ Year level: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN Family Email Address: _____
Title: _____ Surname: _____ First Name: _____
Address: _____
_____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____
Place of Employment: _____
Contact Numbers: _____ (H) _____ (W) _____ (M)
Country of Citizenship: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
Address: _____
_____ State: _____ Postcode: _____
Religious Denomination: _____ Parish Priest: _____
Parish: _____ Suburb: _____
Occupation: _____
Place of Employment: _____
Contact Numbers: _____ (H) _____ (W) _____ (M)
Country of Citizenship: _____

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? _____

LIST DETAILS OF OTHER CHILDREN IN FAMILY

Name	Date of Birth	School & Year Level (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 effect educational arrangements?

	Yes/No	Name of Service Provider	Date of First Visit	Is your child attending now?
1.Child Guidance				
2.Speech Therapist				
3.Occupational Therapist				
4.Physiotherapist				
5.Psychiatrist/Psychologist				
6.Specialist Clinic				
7.Respite Care				
8.Other				

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 DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relation to Student: _____

Address: _____

Contact Numbers: _____

MEDICAL INFORMATION (Applicable to an imminent enrolment commencement)**IMMUNISATION RECORD**

F- fully immunised

N - not immunised

I - incomplete immunisation

P- personal objections

Measles

Mumps

Rubella

Diphtheria Tetanus

Hepatitis B

Pertussis
(Whooping Cough)

Polio (OPV)

Immunisation History Statement attached Yes/No

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____

Address: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ 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. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the school/college to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

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

FEMALE PARENT OR GUARDIAN

Date: _____

MALE PARENT OR GUARDIAN

DISCLOSURE

Do you agree that the information supplied in the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? **Yes / No**

EXCURSIONS

Do you give permission for your child to travel by bus and attend excursions, athletics/swimming carnivals, Performing Arts Festivals and any other school based activity? **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 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

(Both Parents must sign)

Date: _____

MALE PARENT OR GUARDIAN

A copy of your child's Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany the "Application for Enrolment" form. Originals of these documents should be presented at the enrolment interview.

PLEASE ENCLOSE THE FOLLOWING

Please note applications will not be registered without copies of all relevant documents.

Priest Reference Letter	YES / NO	Baptism Certificate	YES / NO
Birth Certificate	YES / NO	Immunisation History Statement	YES / NO
Visa if applicable	YES / NO	Non refundable Application Fee \$50	YES / NO



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Dear Parent

As required by our enrolment policy, we ask you to give this form to your Parish Priest. He is asked to complete it and return it confidentially to the Principal, Mr Laurie Bechelli. Please complete the following details about your child:

CHILD'S FULL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

The following section is to be completed by the Parish Priest.

PARISH PRIEST'S REFERENCE

Father, kindly assist Mary MacKillop Catholic Community Primary School by completing the following form regarding the family above and returning it confidentially to Mr Laurie Bechelli.

	YES	NO	UNCERTAIN
1. Does the family regularly participate in the celebration of the Mass and sacraments?			
2. Apart from Sunday Mass, is the family supportive of the Parish?			
3. From your knowledge of the child and the general attitude of the parents, would you expect this child to benefit from our Catholic school?			

Any further comments:

Signature (Parish Priest):

Date:



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Dear Parents /Guardians

During your child's time at Mary MacKillop Catholic Community Primary School, photos of your child taking part in school activities as well as samples of their work may be taken. These items are intended to be used by the school in their Web page, Annual, media release or other publications. All of these will be used to publicise the school and activities that children have taken part in.

The situation may also arise, on occasion, whereby the Catholic Education Office of WA (CEOWA) or local media will need to take photographs and/or video footage of your child for publication in newspapers, school documents, CEOWA and Catholic agency documents (e.g. Caritas, CDF, LifeLink etc), training videos and/or the school/CEOWA website.

Information about your child that may appear is outlined in the table below.

Publication	Photo	First Name	Surname	Year level	Publish Student's Work
School Web Site	✓	✓	✓	✓	✓
School Annual	✓	✓	✓	✓	✓
School newsletter	✓	✓	✓	✓	✓
CEOWA/Catholic Agency documents/website	✓	✓	✓	✓	✓
Newspaper report / Parish	✓	✓	✓	✓	✓
Carnival / Special events	✓	✓	✓	✓	✓

The school's newsletter is also published on the web site in the same format as the one received fortnightly from the school.

All information gathered is subject to the School's Privacy Policy and will be treated in accordance to it. This will apply for the duration of your child's education at Mary MacKillop Catholic Community Primary School.

If you do not want your child's/children's details to appear in any of the above mentioned publications, or you do not wish the school to publish your child's work, you need to contact the school in writing to inform us of what information you wish to have withheld.

Thank you.

Mr Laurie Bechelli
Principal



Mary MacKillop Catholic Community Primary School

Collection of Private Information Notice

1. Mary MacKillop Catholic Community Primary School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable staff of Mary MacKillop Catholic Community Primary School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the school's legal obligations; particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection Laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education WA, The Catholic Education Commission, the local diocese and parish, schools within other diocese, medical practitioners, and people providing services to the school including specialist teachers, coaches, volunteers and councilors.
6. A transfer of information is necessary if students transfer from Mary MacKillop Catholic Community Primary School to another School.
7. If we do not receive the information above we may not be able to enroll or continue the enrolment of your son/daughter
8. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in our school newsletter, our school website, the school annual and other publications.
9. Parents may seek access to personal information collected about them and their son or daughter by contacting the school. Pupils may also seek access to their personal information. However there will be occasions where access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil or where pupils have provided information in confidence.
10. As you may know the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organizations that assist in the School's fundraising activities such as the Parents' and Friends' Association solely for that purpose. We will not disclose information to third parties for their own marketing purposes without your consent.
11. We may include your contact details in a class list and school directory. Such listings are made available to the Principal, administrative staff, class teachers, some specialist staff and the Parish Priest.
12. If you provide the school with the personal information of others, such as a doctor or emergency contact, we encourage you to inform them that you are disclosing that information to the school and why, that they can access the information if they wish and that the school does not usually disclose the information to third parties.