



## Mary MacKillop Catholic Community Primary School

Cassowary Drive, Ballajura

(08) 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 \$55.00 (incl GST) must accompany each completed application 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 via:
  - PH: 1800 653 809 or
  - EMAIL: [acir@humanservices.gov.au](mailto: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.**

Once the school receives enrolment application forms and all required documentation, you will be provided with a Pre-Enrolment Interview Form (see **Attachment 2**). This must be completed and brought along to the enrolment interview with the school leadership. Please bring along any supporting documentation – i.e. medical diagnosis/es; health care/management plans; prescriptions; referrals or other supplementary documentation to support the information provided in the Pre-Enrolment Interview Form. This is important, as it allows the school to determine if it has the capacity to provide equity of access to the educational programme to your child/ren.

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

Mr Laurie Bechelli  
Principal

## ATTACHMENT 1: Enrolment Application Form

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Mary MacKillop Catholic Community Primary School**  
Cassowary Drive, Ballajura WA 6066

## APPLICATION FOR ENROLMENT



Office Use Only		
Calendar year for enrolment:	Academic Year:	
Application fee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date paid:		
Baptism Certificate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth Certificate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interview date:	Interview time:	
Accepted/not accepted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acceptance reply by:		
Orientation/parent information letter sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waiting list letter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Signed (Principal):		
Date:	Class:	

**ATTACHMENT 1: Enrolment Application Form**

Student Surname: \_\_\_\_\_ 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

If born outside of Australia: \_\_\_\_\_

Date of arrival in Australia: \_\_\_\_\_ Visa category number: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Language(s) 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: \_\_\_\_\_

**ATTACHMENT 1: Enrolment Application Form**

**FAMILY INFORMATION**

**PARENT OR GUARDIAN 1**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Medicare Number \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**PARENT OR GUARDIAN 2**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Medicare Number \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

**IMMUNISATION INFORMATION**

Australian Immunisation Register (AIR) Statement provided: ☐ Yes ☐ No

F – Fully immunised   N – Not immunised   I – Incomplete immunisation   P – Personal objections

Measles: \_\_\_\_ Mumps: \_\_\_\_ Rubella: \_\_\_\_ Diphtheria: \_\_\_\_ Tetanus: \_\_\_\_ Hepatitis B: \_\_\_\_

Pertussis (Whooping Cough): \_\_\_\_ Polio (OPV): \_\_\_\_

**MEDICAL INFORMATION - CHILD**

Family Doctor/Medical Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Dentist/Dental Clinic \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_  
Medicare Reference Number: \_\_\_\_\_  
Medicare Expiry Date: \_\_\_\_\_  
Blood Group: (If known) \_\_\_\_\_

## ATTACHMENT 1: Enrolment Application Form

### DISCLOSURE

Do you give permission for the school passing on your *phone number and address* to the Parish Priest who, will then use it to contact you to arrange a visit in your home?

YES ☐ NO ☐

***If you do not tick either box it will be taken as consent not given.***

### 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 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: \_\_\_\_\_  
*PARENT, CARER OR GUARDIAN*

\_\_\_\_\_  
*PARENT, CARER OR GUARDIAN* Date: \_\_\_\_\_

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.

## ATTACHMENT 2: Pre-Enrolment Interview Form

The identification of additional support needs will not affect the enrolment decision however a full discussion is encouraged to enhance the school's ability to plan and support their child

Student Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

*The School Education Act 1999* requires the provision of:

16. Information required when applying to enrol

G... “ 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)

The Disability Standards for Education 2005 <https://www.education.gov.au/disability-standards-education-2005>

4.2 Enrolment standards (1) The education provider must take reasonable steps to ensure that the prospective student is able to seek admission to, apply for enrolment in, the institution on the same basis as a prospective student without a disability, and without experiencing discrimination.

To assist the school to respond to individual requirements please detail any additional needs your child has in the following area(s) that may affect his/her learning, participation, or welfare during school hours.

1. Medical/Health Care/Allergies ☐

2. Medical ☐

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.

3. Physical ☐

4. Learning ☐

5. Socio-emotional ☐

6. Sensory Needs (e.g. Vision/Hearing) ☐

7. Communication Needs ☐

8. Self-Care ☐

9. Orthoses/prostheses ☐

**ATTACHMENT 2: Pre-Enrolment Interview Form**

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10. Psychological/Cognitive ☐

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11. Behavioural/Safety ☐

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**EXTERNAL SERVICE PROVISION**

Does your child receive any services from an external agency? Yes ☐ No ☐

If yes, please provide more details:

Name of service provider \_\_\_\_\_

Contact Number \_\_\_\_\_

	<i>Yes/No</i>	<i>Provider</i>	<i>Date of first visit</i>	<i>Is your child still attending now?</i>
Child Guidance	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist/Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist Clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Respite Care	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No





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

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.

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**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:

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Signature (Parish Priest):

Date:

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

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 Western Australia (CEWA) or local media will need to take photographs and/or video footage of your child for publication in newspapers, school documents, CEWA and Catholic agency documents (e.g. Caritas, CDF, LifeLink etc), training videos and/or the school/CEWA 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	✓	✓	✓	✓	✓
CEWA/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.