



# Christ the King Catholic School Djarindjin Lombadina

PO Box 558 Broome WA 6725  
Phone: (08) 9192 4934 Fax: (08) 9192 4982  
Email: admin@djarmom.wa.edu.au

## ENROLMENT FORM

### STUDENT DETAILS

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Birthplace: \_\_\_\_\_

Aboriginal: Yes  / No

Gender: Male  / Female

### ADDRESS

Community: \_\_\_\_\_

House Number: \_\_\_\_\_ Street: \_\_\_\_\_

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

### SCHOOL

Year Level: \_\_\_\_\_

Previous School: \_\_\_\_\_

### FAMILY DETAILS

Female Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

Male Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT

There may be times when the school needs to contact parents/guardians, but for whatever reason they are unavailable. Examples of this would be if a child becomes sick / is injured while at school. When this happens we need to contact someone else who will be responsible for your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### CUSTODY/GUARDIANSHIP

Name of the person with legal guardianship of the student: \_\_\_\_\_  
*If applicable, a copy of any Parenting or Restraining Order is attached.*

Any other conditions enforced at law? \_\_\_\_\_

### EXTERNAL SERVICE PROVISION

Does your child require any services from an external agency, which may affect educational arrangements?

Yes  / No  If yes please provide details

Service Provider: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## SIBLINGS

### CURRENTLY ATTENDING THIS SCHOOL

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Year: \_\_\_\_\_

### CURRENTLY ATTENDING OTHER SCHOOLS

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Year: \_\_\_\_\_

## RELIGION

Religious Denomination: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place: \_\_\_\_\_

Date of Reconciliation: \_\_\_\_\_ Place: \_\_\_\_\_

Date of Eucharist: \_\_\_\_\_ Place: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Place: \_\_\_\_\_

## 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 of protection of the enrollee in the school" (16G). To assist the school to respond to individual requirements, please detail and special needs your child has in the following areas that may affect his/her learning, participation or welfare during school hours.

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Physical Disability: \_\_\_\_\_ Prostheses/Orthoses: \_\_\_\_\_

Psychological/Cognitive: \_\_\_\_\_ Speech/Hearing/Vision: \_\_\_\_\_

Communication: \_\_\_\_\_ Behavioural or Safety: \_\_\_\_\_

## PHOTO PERMISSION

During the School year, photographs/ and or video footage are taken of Christ The King students participating in School activities. Some of these photographs are used for publicity purposes, both within the School, the community and associated organisations. If we have your permission to use your child's image, please sign below.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

Medicare Number: \_\_\_\_\_ Health Fund: \_\_\_\_\_

I authorise the school to seek medical attention 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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT

I have completed this enrolment form fully and to the best of my knowledge. Further, I acknowledge and accept that if it can be demonstrated that I have withheld information relevant to the enrolment process, especially in relation to this student's needs, medical conditions, health care requirements and / or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I 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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Enrolment Date: \_\_\_\_\_ Entered On Maze: \_\_\_\_\_ Transfer Note Sent: \_\_\_\_\_