



Christ The King Catholic School

Djarindjin Lombadina

PO Box 558 Broome WA 6725
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CONFIDENTIAL ENROLMENT FORM

STUDENT INFORMATION

First Name: _____ Surname: _____ Sex: Male / Female
 Date of Birth: ____/____/20____ Birthplace: _____ Aboriginal: Yes/No
 Community: _____
 House Number: _____ Street: _____ Postal Address: _____
 Previous School: _____ Year Level: _____ Birth Certificate Attached: Yes/No

RELIGION

Religious denomination: _____
 Date of Baptism: _____ Place: _____ Date of Reconciliation: _____ Place: _____
 Date of Eucharist: _____ Place: _____ Date of Confirmation: _____ Place: _____

FAMILY INFORMATION

Female Parent/Guardian: _____ Religion: _____
 Address _____ Phone: _____
 Workplace: _____ Occupation: _____ Phone: _____
Male Parent/Guardian: _____ Religion: _____
 Address: _____ Phone: _____
 Workplace: _____ Occupation: _____ Phone: _____

EMERGENCY CONTACT (other than Parent)

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 or is injured at school. When this happens we need to contact someone else who will be responsible for your child.

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

CUSTODY/GUARDIANSHIP

Name of the person with legal custody of the student: _____
If applicable, a copy of any Parenting or Restraining Order to be 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: _____ Phone: _____

IMMUNISATION RECORD

F = fully immunised I = incomplete Immunisation N = not immunised P = personal objection

Measels Mumps Rubella Diphtheria
 Tetnus Hepatitis B Pertussis Polio
 Immunisation Record Attached Yes No

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: _____

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 the 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: _____ Prosthesis/Orthoses: _____

Psychological/Cognitive: _____ Speech/Hearing/Vision: _____

Communication: _____ Behavioural or Safety: _____

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, anaesthesia, 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/we understand and accept that the completion of this application/enrolment form does not guarantee and enrolment interview. Successful applicant 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 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, the medical conditions, health care requirements and / or Parenting Orders, then the enrolment may be refused or terminated on this ground.

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/Guardian: _____ Date: _____

PERMISSION

I give permission for my child to:

Go on excursions Go swimming Have video footage taken Travel by car to excursion Have photographs taken Have photos and videos included in publications

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

Enrolment Date: _____ Entered on CES: _____ Entered on SEQTA: _____ Transfer Sent: _____