



MEL MARIA SCHOOL

APPLICATION

FOR

ENROLMENT

Name of Applicant: _____

Year level to be enrolled: _____

Year of Admission: _____

Preferred Campus: Pater Noster St Joseph Pignatelli

E: admin@melmaria.wa.edu.au

W: melmaria.wa.edu.au

ABN: 720200742275

St Joseph Pignatelli Campus

33 Davidson Road ATTADALE 6156

T: 08 63300500

Pater Noster Campus

25 Evershed Street MYAREE 6154

T: 08 63300550



Mel Maria Catholic Primary School

APPLICATION PROCEDURES

Mel Maria School is a co-educational parish school and in meeting with the Mandate of the Bishops, at Mel Maria School we attempt to make Catholic education available to all Catholic children, in so far as possible. Preference is given therefore, to Catholics who witness the Catholic faith in their home and who participate regularly in the life of a worshipping community.

An Application for Enrolment form must be completed, as fully as possible for every child enrolled. Before an application can be considered the following conditions must be met:

- Parents/Guardians are required to complete, in full, the Application for Enrolment Form
- Parents/Guardians must provide a Birth Certificate, Baptism Certificate and a Parish Priest Reference Form
- Parent/Guardians must attend an interview with the Principal

Priority is given to applicants in the following order in accordance with Catholic Education Commission policy:

1. Catholic students from St Joseph Pignatelli or Pater Noster Parish with a Parish Priest Reference Form
2. Catholic students from outside the Parish with a Parish Priest Reference Form
3. Other Catholic students
4. Siblings of non-Catholic children currently at the school
5. Non-Catholic students from other Christian denominations
6. Other non-Catholic students

PRIVACY POLICY

The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the school to provide schooling for your child.

- Some of the information collected is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- Some laws governing or relating to the operation of schools require that certain information is collected. These include Public Health.
- Health information about students is sensitive information within the terms of the National Privacy Principle 10 under the Privacy Act. We ask you to provide medical reports about students from time to time. On occasions health information may be disclosed to staff to enable the School to discharge its duty of care.
- The School from time to time discloses personal and sensitive information to other for administrative and educational purposes. This includes Catholic Education of Western Australia, Parish Priest, other schools, government departments, medical practitioners and people providing services to the School, including specialist visiting teachers.
- Personal information collected from students may from time to time be disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities, photos and other news is published in school newsletters, magazines and on our website.
- Parent may seek access to personal information collected about them. However, there will be occasions when 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 student or where students have provided information in confidence.
- If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

APPLICATION FOR ENROLMENT

Student Information

SURNAME			
FIRST NAME		MIDDLE NAME	
PREFERRED NAME		GENDER	MALE / FEMALE
MEDICARE NUMBER		REFERENCE NUMBER	
RESIDENTIAL ADDRESS	House No:	Street Name:	
	Suburb:		State: Postcode:
DATE OF BIRTH		BIRTH PLACE	
COUNTRY OF BIRTH		NATIONALITY	
RESIDENT STATUS		VISA CODE	<input type="checkbox"/> Copy attached
ARRIVAL DATE		VISA EXPIRY	
LANGUAGE SPOKEN AT HOME		ABORIGINAL/TORRES STRAIT ISLANDER	YES / NO

Religion

RELIGIOUS DENOMINATION		PARISH PRIEST	
PARISH		SUBURB	
SACRAMENTS (Date Received)	BAPTISM	RECONCILIATION	EUCHARIST
PARISH PRIEST REFERENCE		YES	NO

Medical Alert Information

MEDICAL CONDITION	
ADDITIONAL INFORMATION	
REPORTS	<i>Please supply a copy of any medical reports – Pediatric, Psychology, Speech, Hearing etc.</i>
MEDICAL ACTION PLAN	<input type="checkbox"/> Copy attached
MEDICATION	

Office use Date Application Received: _____ Application Fee of \$ _____ Paid: Yes No EFT: BSB 086006 ACC: 81376 2758 Payment may be made by EFT, cash or CC.	Birth Certificate	<input type="checkbox"/>
	Baptism Certificate	<input type="checkbox"/>
	Parish Priest Reference	<input type="checkbox"/>
	Passport & Visa (if on Visa)	<input type="checkbox"/>
	Parenting Orders (if applicable)	<input type="checkbox"/>
	Immunisation History Statement	<input type="checkbox"/>

Family Information

MOTHER OR FEMALE GUARDIAN:

TITLE	Mrs / Miss /Ms /Other:	MEDICARE REFERENCE NUMBER	
SURNAME			
FIRST NAME			
RESIDENTIAL ADDRESS	House No:	Street Name:	
	Suburb:		State: Postcode:
HOME PHONE NUMBER		MOBILE NUMBER	
COUNTRY OF BIRTH			
NATIONALITY			
LANGUAGE SPOKEN AT HOME			
RELIGIOUS DENOMINATION		PARISH PRIEST	
PARISH		SUBURB	
EMPLOYER		WORK PHONE NUMBER	
OCCUPATION			
EMAIL ADDRESS			
MARITAL STATUS			

FATHER OR MALE GUARDIAN:

TITLE	Mr / Other:	MEDICARE REFERENCE NUMBER	
SURNAME			
FIRST NAME			
RESIDENTIAL ADDRESS	House No:	Street Name:	
	Suburb:		State: Postcode:
HOME PHONE NUMBER		MOBILE NUMBER	
COUNTRY OF BIRTH			
NATIONALITY			
LANGUAGE SPOKEN AT HOME			
RELIGIOUS DENOMINATION		PARISH PRIEST	
PARISH		SUBURB	
EMPLOYER		WORK PHONE NUMBER	
OCCUPATION			
EMAIL ADDRESS			
MARITAL STATUS			

Emergency Contact Details (Other than Parent/Guardian)

Name of Contact Person One			
Relationship to Student			
Contact Numbers	Home:	Mobile:	Work:
Name of Contact Person Two			
Relationship to Student			
Contact Numbers	Home:	Mobile:	Work:

Student's Present School (If Applicable)

Name of School	Year Level

Siblings Currently Attending Mel Maria School

Name of Child	Year Level

Other Siblings Currently Attending Other Schools

Name of Child	Year Level	School Currently Attending

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 of Safety	
Diagnosed Specific Learning Need (eg Autism / ADHD)	
Communication	
Allergies	
If medication or medical/health care services are required during school hour please provide full details, name, contact numbers & signed authorisation by the relevant practitioner.	

Immunisation Records

Immunisation records are to be provided to the school no more than eight (8) weeks prior to the student commencing at Mel Maria School

A child's current (AIR) Australian Immunisation Record Statement can be accessed at any time by the parent through the following avenues:

- MyGov, by logging in to your Medicare online account
- Medicare Express Plus APP, by logging in to your Medicare account
- Visiting a Medicare or Centrelink office or
- Calling the AIR General Enquiries Line on 1800 653 809 for a Statement to be posted

Medical Information

Family Doctor / Medical Centre			
Address			
Contact Numbers			
Dentist / Dental Clinic			
Address			
Contact Numbers			
Medicare Number		Blood Group	(if known)
Private Health Fund			

Custody Information (If Applicable)

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 endorsed at Law?	

Agreement

I/We agree that the information supplied in the Student Information & Family Information sections can be provided to the relevant Parish Priest

I/We authorise Mel Maria School, while my/our child is in the custody of the school, to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I/We further authorise the school that if an emergency occurs requiring surgery, anaesthetic oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, the school has the authority to agree to medically recommend treatment by an accredited medical/dental practitioner on my/our behalf and to provide the medical/dental practitioner any relevant medical information detailed in this form.

I/We understand and accept that the completion of this application for enrolment form and acceptance by the school does not guarantee an enrolment interview. Successful applications 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 completion of this Application for Enrolment form and acceptance in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld material information relevant to the application for 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 by the Principal on this ground.

I/We have read and fully understand and agree that enrolment in a Catholic school means that I/we and my/our child will participate fully in all required aspects and activities of the educational program of the school including the Religious Education program of the school, school camps, incursions and excursions.

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 that the school may transfer copies of the student's educational records, and any other relevant reports or medical information given to the present school to any receiving school to which the student may transfer in the future.

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.

I/We consent to our child taking part in school excursions and travelling by bus or any other vehicle authorised by the Principal.

I/We agree that photos of our child may be taken and used for purposes authorised by the Principal eg. Newsletter, School Website, Promotional Material, Twitter, Facebook and Instagram.

I/We agree to abide by the Mel Maria School Code of Conduct.

I/We have completed this application form fully and truthfully to the best of my/our knowledge.

Signature of Parent(s) / Guardian(s): Date:/...../.....
(Mother or Female Guardian)

..... Date:/...../.....
(Father or Male Guardian)

Signature of School Principal: Date:/...../.....
(Mr Paul Hille)



MEL MARIA SCHOOL
#MakingADifferenceEveryDay