

# ST MARY'S COLLEGE

## APPLICATION FOR ENROLMENT FORM



PO BOX 100  
3 PORT DRIVE  
BROOME WA 6725

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### STUDENT INFORMATION

### STUDENT KEY:

First Name:	Middle Name:	Surname:
Date of Birth:	Place of Birth:	Country of Birth: M / F
Previous School:	Location:	
Indicate Calendar Year of Entry: 20__	Language :	
<b>PRIMARY: Kindergarten</b>	<b>Pre Primary</b>	<b>Yr 1</b>
<b>SECONDARY:</b>	<b>7</b>	<b>8</b>
	<b>9</b>	<b>10</b>
	<b>11</b>	<b>12</b>
		<b>6</b>
		<b>5</b>
		<b>4</b>
		<b>3</b>
		<b>2</b>
		<b>1</b>
		<b>0</b>
		<b>Broome Residential College</b>
		<b>Yes / No</b>
Address: (Residential)		
Telephone:	Mobile:	Email:
Aboriginal: Yes / No	Torres Strait Islander: Yes / No	
Religion: Catholic	Other:	
Parish Priest:	Parish:	
Date of Reception of Sacraments:	Baptism:	Reconciliation
<i>Please attach copies of Certificates</i>	First Communion:	Confirmation:
Nationality:	Austn Permanent Resident: Yes/No	Visa Type/Number:
Who has legal custody/guardianship of the student?		
Relationship to student:	Legal Access Restrictions: Yes / No	
Please provide details:	If YES please attach a photocopy.	

### FAMILY INFORMATION

<b><u>Female Parent or Guardian</u></b>	Relationship to student :
Title: Surname:	First Name:
Mobile: Work:	Email:
Occupation:	
Address: (Residential)	
Postal Address:	
Nationality:	Australian Permanent Resident: Yes / No
Religion: Catholic	Other:
Parish Priest/Minister:	Parish:
<b><u>Male Parent or Guardian</u></b>	Relationship to student :
Title: Surname:	First Name:
Mobile: Work:	Email:
Occupation:	
Address: (Residential)	
Postal Address:	
Nationality:	Australian Permanent Resident: Yes / No
Religion: Catholic	Other:
Parish Priest/Minister:	Parish:

**STUDENT'S INDIVIDUAL NEEDS**

To assist the College 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.

Medicare Number: \_\_\_\_\_ Blood Group: \_\_\_\_\_

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 affect educational arrangements? YES/NO  
If so, please give details and name of Service Provider and Contact Number \_\_\_\_\_

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: (Residential) \_\_\_\_\_

PO Box: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: (Residential) \_\_\_\_\_

PO Box: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**MEDICAL EMERGENCY AUTHORISATION**

In the event of an emergency I/we give permission to take the student to a doctor (Broome Health Service or other) or for the College Staff to take whatever action they deem necessary for medical/dental care. I further authorise the College that if any emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and neither I or the emergency contacts are able to be contacted within a reasonable time, the College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

As a parent/guardian I/we agree to the Community Nurse attending to the needs of my/our child, when, required, while still a students.

Signature of Parent(s) / Guardian (s) \_\_\_\_\_

**FEMALE PARENT OR GUARDIAN**

**DATE**

**MALE PARENT OR GUARDIAN**

**DATE**

During the College year photographs/and or video footage are taken of St Mary's College students participating in College activities. Some of the photographs are used for publicity purposes both within the College, the community and associated organizations.

If you **DO NOT** want your child's to feature in such publicity, please sign below.

\_\_\_\_\_

**PARENT OR GUARDIAN**

\_\_\_\_\_

**DATE**

**INTERNET USER'S AGREEMENT**

I, \_\_\_\_\_, (print name) agree to the following when communicating on the Internet.

- i) I understand and accept that the College's Internet account exists to provide access to curriculum related information. I will not use this account to look for material unrelated to the College curriculum without the specific permission of a College staff member.
- ii) I agree to obey copyright laws by not copying or redistributing another's work without permission.
- iii) I understand and accept that publications dealing with undesirable material are not permitted at the College. I will not use the Internet to access such materials.
- iv) I will not pretend to be any other person when communicating on the Internet.
- v) I will not divulge personal details of any kind that could put anyone, including myself at risk.

I will be respectful, accurate and use appropriate written expression at all times.

In fairness to others I will make my Internet usage as efficient as possible.

I agree to always seek the staff's permission before printing and/or down loading material from the Internet. The use of the Internet at the College is a privilege, not a right, and inappropriate use will result in a temporary or permanent cancellation of those privileges.

I understand the above conditions and agree to abide by them when using the Internet at the College.

**PARENT'S/GUARDIAN'S SIGNATURE ON BEHALF OF STUDENT:** \_\_\_\_\_

**SECONDARY: STUDENT'S SIGNATURE:** \_\_\_\_\_

**STUDENT'S UNDERTAKING**

I shall try to understand and value Christian faith and goodness. I shall try to do my part in building a caring school family. I shall:

- i) wear the College uniform in an appropriate manner as directed by the College in line with the Uniform Policy;
- ii) act with respect towards College staff and students;
- iii) observe the College Classroom and Travel Codes of Behaviour;
- iv) try to achieve my personal best in my studies;
- v) strive to develop appropriate Work Attitudes and Habits;
- vi) behave in public in such a way as to uphold the good name of the College;
- vii) comply with regulations set out by the College, in particular; participation in Religious Activities and Outdoor Education Camps; and make myself available to represent the College in sporting and cultural activities and to attend training sessions/rehearsals.

I shall refrain from the following actions at the College, at College functions and while travelling to and from venues:

- i) the possession or use of illicit drugs;
- ii) the possession or use of alcohol, tobacco;
- iii) bullying, fighting or verbal intimidation
- iv) vandalism or theft;
- v) offensive language or possession of offensive literature;
- vi) disruption of lessons through inappropriate behaviour; and
- vii) unauthorised absence from class/College.

I understand that, if I fail to honour these promises, the Principal may defer my promotion from one Year level to the next or suspend or terminate my enrolment.

**PRIMARY: PARENT/GUARDIAN SIGNATURE ON BEHALF OF STUDENT:** \_\_\_\_\_

**SECONDARY: STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENTS'/GUARDIANS' UNDERTAKING**

I/we undertake to give service to the College community in any one of the following ways for at least one year of the period of our/my son/daughter's enrolment at the College: membership of the College Board, Parents and Friends' Association or one of its committees; assistance at the Library, or with examination supervision, office duties or sports coaching/managing.

SIGNATURE (FATHER / GUARDIAN)

SIGNATURE (MOTHER / GUARDIAN)

DATE:

DATE:

**DECLARATION**

As parents / guardians, I / we submit the above information and I / we certify that to the best of my / our knowledge the information contained in this Application is correct.

SIGNATURE (FATHER / GUARDIAN)

SIGNATURE (MOTHER / GUARDIAN)

DATE:

DATE:

**NAME OF PERSON RESPONSIBLE FOR BILL PAYING**

As parents/guardians whose signature appears below, I/we agree to make arrangements to pay and will be responsible for all bill paying on behalf of the student named in this Confidential Enrolment Form application.

PRINT NAME

SIGNATURE OF MOTHER/GUARDIAN RESPONSIBLE

DATE

PRINT NAME

SIGNATURE OF FATHER/GUARDIAN RESPONSIBLE

DATE

**PLEASE CONTACT THE BURSAR/ASSISTANT BURSAR TO MAKE ARRANGEMENTS FOR BILL PAYING**

**THERE IS A \$25.00 ENROLMENT FEE CHARGE AT THE TIME OF APPLICATION—NON REFUNDABLE**

**ENROLMENT CHECKLIST**

- Application for enrolment, including contact details for family
- School Report
- Health record, including immunization card
- Birth certificate
- Baptism certificate
- Copy of Visa (if required)