



**St Joseph's College, Albany**  
**Three Year Old Kindergarten Enrolment Form**

**Calendar Year of Admission to Three Year Old Programme: 20.....**

**STUDENT DETAILS**

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Gender: Male/Female Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (Attach copy of birth certificate) Birthplace: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Language(s) Spoken at Home: \_\_\_\_\_ Is the Student an Australian Citizen: Yes/No  
Is the Student a Permanent Resident of Australia Yes/No (if yes, please provide supporting documentation)  
Visa Type: \_\_\_\_\_ (Attach copy of Visa and Passport) Date of Arrival: \_\_\_\_\_  
Is the Student Aboriginal or Torres Strait Islander: Yes/No If Yes, then group of origin: \_\_\_\_\_  
Home Address of Student: \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Baptism Certificate Attached Yes/No

**PARENT/GUARDIAN DETAILS**

**Parent 1/Guardian**

Title \_\_\_\_\_ Family Name \_\_\_\_\_  
First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact Numbers: Home \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

**Parent 2/Guardian**

Title \_\_\_\_\_ Family Name \_\_\_\_\_  
First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact Numbers: Home \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

**Student Resides with** Both Parents ☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐

**SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S COLLEGE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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? \_\_\_\_\_

## PHOTOGRAPHIC PERMISSION

Permission is granted to the College. Parents/guardians will always be contacted for permission before photographs are used in any newspapers or publications or for any promotions.

YES ☐ NO ☐

## EMERGENCY CONTACT DETAILS (other than a Parent/Guardian)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

## MEDICAL INFORMATION

Family Doctor/Medical Clinic: \_\_\_\_\_

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

Dentist/Dental Clinic: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_ (if known)

Student is fully immunised: Yes/No **A COPY OF THE STUDENT'S IMMUNISATION RECORD IS REQUIRED (please attach)**

## MEDICAL EMERGENCY AUTHORISATION

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary and agree to cover any associated costs. I further authorise the College that if an emergency occurs requiring surgery, anesthetic, 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: \_\_\_\_\_  
PARENT OR GUARDIAN 1 DATE PARENT OR GUARDIAN 2 DATE

## DISCLOSURE OF INFORMATION

Do you agree that the information supplied in the *Student Details* and *Parent Details* sections, can be provided to the relevant Parish Priest? YES ☐ NO ☐

## AGREEMENT

I/we understand and accept that children accepted into the Three Year old Programme are expected to attend St Joseph's College Four Year old Kindergarten the following year and a separate enrolment form needs to be completed and submitted at the same time.

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 programme of the school including the Religious Education programme 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: \_\_\_\_\_  
PARENT 1 OR GUARDIAN DATE PARENT 2 OR GUARDIAN DATE

**FOR OFFICE USE:** Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_