



APPLICATION FOR ENROLMENT

Our Lady of Mt Carmel School, Hilton

20__

STUDENT INFORMATION

YEAR LEVEL

COMMENCING IN YEAR

Surname: _____ Christian Name: _____ Known as: _____

Sex: _____ Date of Birth: _____ Has your child received any assistance from an external agency (eg: Speech Therapy, Occupational Therapy). _____

Known Medical Conditions: _____

Religion: _____ Place of Baptism: _____ Date: _____

Parish: _____ Last school attended (if applicable): _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Home Address: _____

Contact Numbers: Home _____ Mobile _____ Work _____ Relative _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____

Home Address: _____

Contact Numbers: Home _____ Mobile _____ Work _____ Relative _____

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? _____

OTHER CHILDREN

Name: _____ DOB: _____ SCHOOL ATTENDING: _____

1. Children must turn four before June 30 the year they commence Kindergarten.
2. Priority will be given to:
 - i. Catholic students from the Parish with a Parish Priest reference
 - ii. Catholic students from outside the Parish with a Parish Priest reference
 - iii. Other Catholic students
 - iv. Siblings of non Catholic students
 - v. Non Catholic students from other Christian denominations
 - vi. Other Non Catholic students
3. Non-Catholic students will not be taken in such numbers as to jeopardise in any way the Catholic character of our School.

NB: A non-refundable charge of \$50 must accompany this form to cover Administration costs.

You are asked to please contact the school if you change your address details or you wish to cancel this enrolment application.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Signature of Principal or Secretary _____ Date _____

CLASS _____ YEAR OF ENTRY _____ PRIORITY 1 2 3 4 5 6

Entered into computer by: _____ Date _____

COMMENTS_(attach any other relevant information)



OUR LADY OF MT CARMEL SCHOOL

82 Collick Street, Hilton WA 6163
Tel: (08) 9337 7066 Fax: (08) 9314 6005
Email: admin@olmchilt.wa.edu.au

STANDARD COLLECTION NOTICE

1. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, [Catholic Education Office, the Catholic Education Commission, order owned schools, your local diocese and the parish]* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters and website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information 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 pupil, or where pupils have provided information in confidence.
9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list [available to class parent representatives only] and School directory [available to staff only]. **If you do not agree to this you must advise us now.**
11. 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.

I have read and understood the information.

Name _____

Signed _____

Date _____