



**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: \_\_\_\_\_  
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 to use images of my child in newspapers, publications, brochures, the College newsletter, College website, displays and other promotional material. 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 1 OR GUARDIAN DATE PARENT 2 OR GUARDIAN 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 the completion of this application/enrolment form does not guarantee enrolment of this student in 4 Year old Kindergarten and that a separate application form will need to be completed for my child to attend 4 Year old Kindergarten. 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 schools means that we and our child will participate fully in all required aspects of the educational programme of the school including the Religious Educations 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