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 ABN: 49 867 048 356 CRICOS CODE: 00745C

Important Privacy Notice

Please read the *Appendix to the Enrolment Form: Collection and Use of Personal Information* prior to completing this form.

Aranmore Catholic College Enrolment Information Form

CRICOS Code: 00745C

Academic year level (tick): IEC 7 8 9 10 11 12 Calendar year commencing:

Student Family Name: _____

Student Given Names: _____

Student Preferred Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Birth certificate attached: YES NO

Country of Birth: _____

Nationality: _____ Main language spoken at home: _____

Australian Resident? YES NO If YES: Permanent Temporary

Aboriginal or Torres Strait Islander YES NO If YES, then Group of Origin: _____

STUDENTS BORN OUTSIDE OF AUSTRALIA & TEMPORARY RESIDENT APPLICANTS TO COMPLETE:

Arrival Date to Australia: ____/____/____ AGENT EMAIL (if applicable): _____

Passport No: _____ Visa Code: _____

Current School: _____ State/Country: _____ Year Level: _____

Religion: _____ Parish/Place of worship: _____

If Catholic: Baptism Reconciliation Eucharist Confirmation

Siblings currently attending Aranmore: 1. _____ Year Level: _____

2. _____ Year Level: _____

1. Student's Term Residential Address: _____

Suburb: _____ P/code: _____ Phone: _____

Name of adult(s) at student's residence: _____

Student Mobile: _____ Student Email: _____

FOR OFFICE USE ONLY Application fee receipt Date ____/____/____ Receipt No. _____

STKEY:

DFKEY:

TAG: FORM: ALT DFKEY:

IEC Exchange or Visitor FFPOS Start Date: ____/____/____

Scholarship applied for: Academic Music Netball Rugby

Scholarship granted: YES NO Aboriginal Sponsorship

Family Information

The following information is treated in confidence. Please ensure all information is provided accurately. **Please note it is a requirement of Aranmore Catholic College that each student reside with an adult family member or College approved guardian over the age of 21 years.**

Mother/Guardian (please indicate)

Title: _____ Family Name: _____ Given Name: _____

Occupation: _____ Employer: _____

Nationality: _____ Country of Birth: _____

Aboriginal or Torres Strait Islander: YES NO

Main language spoken at home: _____ Religion: _____

2. Residential Address: _____

Suburb: _____ P/code: _____ Phone: _____

Mobile Phone: _____ Email #1: _____

3. Mailing Address: _____

Suburb: _____ P/code: _____ Work Phone: _____ Fax: _____

Father/Guardian (please indicate)

Title: _____ Family Name: _____ Given Name: _____

Occupation: _____ Employer: _____

Nationality: _____ Country of Birth: _____

Aboriginal or Torres Strait Islander: YES NO

Main language spoken at home: _____ Religion: _____

4. Residential Address: _____

Suburb: _____ P/code: _____ Phone: _____

Mobile Phone: _____ Email #2: _____

5. Mailing Address: _____

Suburb: _____ P/code: _____ Work Phone: _____ Fax: _____

Relationship of the above persons:

Married Separated Divorced Widow/Widower Defacto None

Which address should the College use for mailing:

(insert the number next to the address, e.g. 2) School Fees Reports Correspondence

Email address for newsletter and other notifications: Email: #1 #2 or both

Custody/Guardianship

Name of person(s) with legal guardianship of student: _____

If applicable, a copy of any Parenting or Restraint Order is attached: YES NO

Any other conditions enforced at law: _____

Which parent does the child usually live with? _____

What access does the other parent have? _____

Is the child under the care of the Department for Child Protection? YES NO

Case Worker's Name: _____

Case Worker's Address: _____

Case Worker's Phone: _____ Mobile: _____

Medical Information

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 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. The following information is treated in confidence. Please ensure all information is provided accurately.

Student's Doctor/Medical Clinic: _____

Address: _____

Suburb _____ P/code: _____ Phone: _____

Student Medicare Number _____ Expiry: ____/____/____

In the event that we are unable to contact you in an emergency, please provide another contact other than your doctor or yourself:

Surname: _____ Given Name: _____

Address: _____

Suburb: _____ P/code: _____

Phone: _____ Mobile: _____

Relationship to Student: _____

Immunisation Record:

Fully Immunised Incomplete Immunisation Not Immunised Immunisation Record attached

Please indicate if your child has any of the following medical conditions (please tick the relevant box/es and give details if necessary):

<input type="checkbox"/> Allergies - Mild _____	<input type="checkbox"/> Heart Trouble _____
<input type="checkbox"/> Allergies - Severe (e.g. Anaphylaxis) _____	<input type="checkbox"/> Hearing Impairment _____
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Kidney Disease _____
<input type="checkbox"/> ADD/ADHD _____	<input type="checkbox"/> Glasses or Contact Lens _____
<input type="checkbox"/> Chronic Fatigue _____	<input type="checkbox"/> Migraines _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Nose Bleeds _____
<input type="checkbox"/> Epilepsy _____	<input type="checkbox"/> Other _____

Does your child wear a medic alert badge? NO YES Number _____

Does your child need to take medication during the school day for illnesses above? If so, please provide details.

Please describe any medical symptoms of which teachers should be aware. _____

What actions should be taken if the above symptoms are observed? _____

Does your child have any special needs of which you would like us to be aware? (tick)

Social/Personal _____ Family _____

Academic _____ Other _____

Is there anything we need to know about your child's history of schooling? Please attach details. _____

Does your child have any special interests? (tick)

Sport _____ Music _____ Community _____

Arts _____ Academic _____ Other _____

Medical Emergency Authorisation

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and I am unable 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.

Signature of Mother/Guardian (please indicate): _____ Date: ____/____/____

Signature of Father/Guardian (please indicate): _____ Date: ____/____/____

Enrolment Policy and Procedures

1. Conditions For Admission

- a) Aranmore Catholic College is a Catholic Coeducational Secondary College in the tradition of Edmund Rice and Catherine McAuley. The first condition for enrolment at the College is that students and their parents accept the values underlying the Catholic philosophy of education, and that students undertake to participate fully in the Religious Education Program and Faith Practices and observances of the College. The values, beliefs and practices which are nurtured by the College and include respect for all religions and nationalities, must be encouraged and supported in the home. It is not possible to separate the educational, spiritual and humanitarian aims of the College.
- b) When accepting a place at Aranmore Catholic College, parents and students make a commitment that the student will abide by College rules and standards of conduct and behaviour. All policies are available at the College's website: www.aranmore.wa.edu.au
- c) Students are enrolled on the assumption that they will benefit from the educational and spiritual program of the College. Students are therefore expected to contribute to the academic and general life of the College.
- d) Parents are responsible for the prompt payment of all fees and charges rendered by the College.
- e) Any changes of address, or cancellation of the application for any reason, must be done in writing.
- f) All relevant enrolment information must be disclosed on the Enrolment Information Form (to be completed prior to interview). Failure to fully disclose information may render this Application for Enrolment void.

2. Enrolment Policy

- a) The College's acceptance of an application for enrolment does not guarantee a place, but simply includes the student's name on a waiting list with other candidates.
- b) Enrolment priority is given to students who are Catholic. However, students from other faiths are welcomed when places are available. Applications for enrolment are assessed on the basis of date of application, the application itself and interview.
- c) The Principal has the sole right of discretion in the enrolment of students.

3. Application Procedures

- a) Application is made on the form headed Aranmore Catholic College Enrolment Information Form.
- b) This form is sent to the College with a non-refundable Application Fee of \$50.00 (inclusive of GST) and a photocopy (not the original) of the student's Certificate of Baptism.
- c) The College will post to parents an Acknowledgement of Receipt of Application.
- d) Two years prior to the date of entry, parents to whom a place may be offered will be contacted to arrange an interview with the Principal.
- e) Once a student has commenced at the College, parents are required to give a full Term's notice in writing of their intention to remove the student.

I certify that the information provided in this document is accurate and to the best of my knowledge.

I/we have read and fully understand and agree that enrolment in a Catholic College means that we and our child will participate fully in all required aspects of the educational program of the College including the Religious Education program of the College.

If accepted into the College, I/we agree to abide by the rules and student uniform regulations of Aranmore Catholic College (available on the College website).

I/we give permission for my child to be transported on the College buses for events on the school calendar and regular off campus class activities (e.g. Physical Education).

I/we hereby agree to pay all applicable fees in accordance with the College's usual terms and conditions of payment.

I/we give permission for my child's digital image to be used in College publications.

I have read the **Appendix to the Enrolment Information Form: Collection and Use of Personal Information**. The signature on this Enrolment Information Form signifies acceptance of the above conditions.

Signature of Mother/Guardian (please indicate): _____ Date: ____/____/____

Signature of Father/Guardian (please indicate): _____ Date: ____/____/____

Signature of Student: _____ Date: ____/____/____