



ST LUKE'S
CATHOLIC PRIMARY

Learn, Love and Serve

**3 YEAR OLD
PRE KINDY APPLICATION**

Year of Entry:

Academic Year:

STUDENT INFORMATION

SURNAME:		FIRST NAME:	
PREFERRED NAME:		GENDER:	Male / Female
RESIDENTIAL ADDRESS:			
DATE OF BIRTH:		PLACE OF BIRTH:	
COUNTRY OF BIRTH:		NATIONALITY:	
RESIDENT STATUS:	CITIZEN / PERMANENT RESIDENT / RESIDENT / OVERSEAS	VISA CODE: (Copy Attached)	
ARRIVAL DATE:		VISA EXPIRY:	
LANGUAGE SPOKEN AT HOME:		ABORIGINAL/ TORRES STRAIT ISLANDER:	Yes / No
			GROUP OF ORIGIN:

I / We would like to be considered for a position for our child to attend St Luke's Pre Kindy Program	Yes /No
We would be interested in our child attending the program (please select 1 or 2 days).	<input type="checkbox"/> 1 Day
	<input type="checkbox"/> 2 Day
We would prefer our child to attend the program on:	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Both

Please note:

- **No deposit fee is required with this application.**
- **Your child must be 3 years old to engage into this program.**

FAMILY INFORMATION

CAREGIVER 1

TITLE:	Mr / Mrs / Miss / Dr / Other:	SURNAME:		FIRST NAME:	
RESIDENTIAL ADDRESS:	Suburb: _____ State: _____ Postcode: _____				
PHONE:	Home: _____ Mobile: _____	EMAIL ADDRESS:			
LANGUAGE:		RELIGION:			
COUNTRY OF BIRTH:		NATIONALITY:			
OCCUPATION:		EMPLOYER:		BUSINESS PHONE:	
STATUS:	Married / Divorced / Widowed / Separated / Single / Defacto / Deceased				

CAREGIVER 2

TITLE:	Mr / Mrs / Miss / Dr / Other:	SURNAME:		FIRST NAME:	
RESIDENTIAL ADDRESS:	Suburb: _____ State: _____ Postcode: _____				
PHONE:	Home: _____ Mobile: _____	EMAIL ADDRESS:			
LANGUAGE:		RELIGION:			
COUNTRY OF BIRTH:		NATIONALITY:			
OCCUPATION:		EMPLOYER:		BUSINESS PHONE:	
STATUS:	Married / Divorced / Widowed / Separated / Single / Defacto / Deceased				

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

NAME OF CONTACT		RELATIONSHIP TO STUDENT	
ADDRESS			
CONTACT NUMBERS	Home: _____	Mobile: _____	Work: _____
NAME OF CONTACT		RELATIONSHIP TO STUDENT	
ADDRESS			
CONTACT NUMBERS	Home: _____	Mobile: _____	Work: _____

CUSTODY / GURADIANSHIP INFORMATION

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 endorsed at Law?	

COLLECTION NOTICE

1.	The School (the Diocese both independently and through its Schools) 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 obligation, 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.	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
6.	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.
7.	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 the P & F Association to 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.
8.	The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes local diocese and the parish, Schools within other Diocese, other Diocese, medical practitioners, and people providing services to the School, including specialist visiting teachers, sport coaches, volunteers and counsellors.

DISCLOSURE OF PERSONAL INFORMATION

I agree that the information supplied in the Student Information & Family Information sections can be provided to the relevant Parish Priest.	Yes / No
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AGREEMENT

<p>I/We understand & accept that the completion of this application for enrolment form & acceptance by the school does not guarantee an enrolment interview. Successful applications will be determined in accordance with the school's enrolment criteria.</p> <p>I/We understand & accept that attendance at an interview does not guarantee an enrolment offer being made.</p> <p>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.</p> <p>I/We have completed this application form fully and truthfully to the best of my/our knowledge. Further, I/we acknowledge & accept that if it can be demonstrated that I/we have withheld information relevant to the application for enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated by the Principal on this ground.</p> <p>I/We have read & 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 program of the school including the Religious Education program.</p> <p>I/We have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.</p> <p>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.</p> <p>I/We understand students must be 3 years of age to engage in this program.</p>
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By signing this document implies an equal responsibility for payment of school fees.	Yes / No						
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