

Ursula Frayne Catholic College

15 Duncan Street, Victoria Park WA 6100
Phone: (08) 9470 0900 Fax: (08) 9470 2094
ABN: 99024601686 CRICOS Provider Code: 00765K

ENROLMENT APPLICATION – PREPARATORY SCHOOL

STUDENT INFORMATION

Grade and Year for application

Name:
Surname First Name Other Names Preferred Name

Home Address: Post Code:

Date of Birth: Birth Place: Birth Certificate attached: YES NO

Gender: Male Female Nationality: Australian Permanent Resident: YES NO

Main Language Spoken at Home: Aboriginal/Torres Strait Islander: YES NO

If YES to Aboriginal/Torres Strait Islander, then Group of Origin:

If Born Outside Australia: Country of Citizenship:

Date of Arrival in Australia: Number of Years in Australia:

Type of Visa: (Copy attached) YES NO Visa Class:

Present School: Name: Location:

Year Level:

Religious Denomination: Parish Priest:

Parish: Suburb:

Date of Reception of Sacraments: Baptism Certificate attached: YES NO

Baptism: Reconciliation: Eucharist: Confirmation:

FAMILY INFORMATION

MALE PARENT OR GUARDIAN

Name:
Title Surname First Names

Address: Post Code:

Religious Denomination: Parish Priest:

Parish: Suburb:

Place of Birth: Country of Citizenship:

Occupation: Employer:

Contact Numbers: (Home) (Mobile) (Work)

FEMALE PARENT OR GUARDIAN

Name:
Title Surname First Names

Address: Post Code:

Religious Denomination: Parish Priest:

Parish: Suburb:

Place of Birth: Country of Citizenship:

Occupation: Employer:

Contact Numbers: (Home) (Mobile) (Work)

EX-STUDENT OF THE COLLEGE: Mother Father Guardian

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:

Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.

SIBLINGS CURRENTLY ATTENDING THE COLLEGE

Name	Year Level	Name	Year Level
.....
.....

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School Attending
.....
.....
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STUDENT'S INDIVIDUAL NEEDS

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.

- Medical / Health Care
- Medication
- Physical
- Orthoses/Prostheses
- Psychological / Cognitive
- Sensory (eg vision/hearing)
- Behavioural or Safety
- Communication (eg Speech Therapy)
- Allergies

If medication or medical/health care services are required during school hours, please provide full details, name, contact number and signed authorisation by the relevant practitioner.

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EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency which may affect educational arrangements? YES NO

If so, please detail name of Service Provider and contact number:

Please detail services

Does your child require special transport arrangements to and from school? YES NO

Does your child receive respite care on a regular basis? YES NO

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

(1) Name: Telephone:

Address: Relation to student:

(2) Name: Telephone:

Address: Relation to student:

ENROLMENT AGREEMENT – PREPARATORY SCHOOL

NOTE: It is essential both parents read and sign the following agreement prior to submitting this application for consideration.

In order to uphold the traditions and reputation of the College and for the mutual benefit of all students, their families and members of the community, the expectations of students and their parent(s)/guardian are set out below.

As parent/guardian of a student attending Ursula Frayne Catholic College, I/we jointly and severally

- 1 agree to abide by the College’s policies and other regulations which may be made from time to time.
- 2 will endeavour to help in the various school support activities eg canteen, camps and excursions, retreats and other official school committees.
- 3 agree to support College parking directions in relation to the collection or dropping off of students.
- 4 agree to pay promptly all tuition and other fees and charges as determined by the College Board (unless other arrangements have been made on a confidential basis).
- 5 agree that a full term's notice in writing must be given to the Principal before the removal of a student from the College. Failure to give such notice will involve the payment of the fee for the term notice period, irrespective of the date the student leaves the College. Should the student be required to leave the College for any reason, the fee for the notice period will be charged.
- 6 understand that if fees are not paid, the debt shall be transferred to a collection agency. I/We further understand that I/we will be responsible for all fees incurred in the collection of the fees payable to the collection agency.
- 7 exonerate the College, its staff and agents from any legal responsibility for loss of personal effects, including money belonging to the student.
- 8 will ensure that my child wears the full College uniform as prescribed.
- 9 agree that my child will participate fully in all activities arranged by the College such as Frayne Day celebrations, sporting carnivals, excursions, and other school activities.

I/we acknowledge that failure to fulfil these undertakings constitutes a breach of this Enrolment Agreement. Should this happen, I understand that the Principal may terminate the enrolment of my/our child.

Signature of Parent(s)/Guardian(s): Date: / /
FEMALE PARENT OR GUARDIAN

..... Date: / /
MALE PARENT OR GUARDIAN

OFFICE USE ONLY		
SURNAME	YEAR	IN
APPLICATION FEE PAID	RECEIPT ISSUED	DATE