



Our Lady of Lourdes School

APPLICATION FOR ENROLMENT FORM

dardanup.admin@cewa.edu.au

www.ololdard.wa.edu.au

PO Box 67, 2-8 Ferguson Road, Dardanup WA 6236

Phone: 08 9728 2200

OFFICE USE ONLY: AoS Application Number:

AoS STU Number:

STUDENT NAME: _____

Academic entry level (School Year): _____

Is the Child Baptised Catholic? _____

Commencing Term:

--	--	--	--

ONE TWO THREE FOUR

New Family

Existing Family at OLOL

Calendar Year of Entry: _____

Date application received by OLOL: _____

STUDENT DOCUMENTS TO SUPPLY

- Birth Certificate
- Australian Immunisation Register (AIR) Immunisation History Statement
- Medicare Number

STUDENT DOCUMENTS IF APPLICABLE

- Passport
- Visa
- Baptism certificate
- Reconciliation certificate
- First Communion certificate
- Confirmation certificate
- Two latest School Reports (for Years 1 or above)

CAREGIVER DOCUMENTS CHECKLIST

- Caregivers' Passport (if not born in Australia)
- Caregivers' Visa (if not an Australian citizen)
- Health Care Card (if applicable)

OTHER DOCUMENTS CHECKLIST

- Parish Priest Reference (if applicable)
- Custodial Court Order (if applicable)

OFFICE USE ONLY

Interview date: _____

Enrolment Form & Booklet Sent

Acknowledgement of Application

Interview Letter Sent

Letter of offer

Acceptance Letter received

STUDENT INFORMATION

The school will need to sight the student's original Birth Certificate.

Student to commence in calendar year: _____ Academic entry / school Year Level: _____

Student's Surname: _____ Nationality: _____

First Name: _____ Is the student Aboriginal or Torres Strait Islander? YES / NO

Second Name: _____ If yes please specify: _____

Preferred Name: _____ Language Spoken at home: _____

Gender: MALE FEMALE

If born outside of Australia

Date of Birth: _____ Date of Arrival in Australia: _____

Place of Birth: _____ Australian Permanent Resident: YES / NO

Country of Birth: _____ *Please supply all relevant Visa Documentation*

STUDENT RELIGION

Religion: _____

Baptism Date: _____ Reconciliation date: _____ Communion Date: _____ Confirmation Date: _____

Please supply a copy of certificates for completed sacraments

PARENT or GUARDIAN A

We will always endeavour to contact Parents/Guardians first in case of emergency

Relationship to Student: _____

Title: _____

First Name: _____

Surname: _____

Occupation: _____

Nationality: _____

Country of Birth: _____

Language spoken: _____

Employer: _____

Religion: _____

Business Phone: _____ Home: _____

Mobile Phone: _____

Email: _____

Postal Address: _____

Residential Address: _____

Is the **student's** main residential address different from Parent/Guardian A? YES / NO

If yes, please specify: _____

Does the Student live at this address permanently (100%)? YES / NO

If NO please specify: _____

Relationship between Parent/Guardians A and B:

PARENT or GUARDIAN B

Relationship to Student: _____

Title: _____

First Name: _____

Surname: _____

Occupation: _____

Nationality: _____

Country of Birth: _____

Language spoken: _____

Employer: _____

Religion: _____

Business Phone: _____ Home: _____

Mobile Phone: _____

Email: _____

Postal Address: _____

Residential Address: _____

If address is different to Parent / Guardian A, does correspondence need to be sent to both addresses? YES / NO

School fees will be paid by BOTH Parent/Guardians

If no, please specify: _____

Split Billing: YES / NO

Pension or HCC: YES / NO Expiry Date: _____

The school will need to sight and copy the pension or Health Care Card.

JOINT GUARDIANSHIP / CUSTODY *if applicable*

Name of Person(s) with legal guardianship of the student: _____

Any other conditions enforced at law? _____

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

STUDENT'S PRESENT / PREVIOUS SCHOOL *if applicable*

School Name & Address: _____

SIBLINGS

Siblings currently attending Our Lady of Lourdes School

Name	School Year	In Calendar Year	Name	School Year	In Calendar Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Siblings currently attending other schools

Name	School Year	In Calendar Year	School Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACTS *Other than Parents/Guardians A & B listed on previous page*

Name	Contact Phone	Relationship to student
_____	_____	_____
_____	_____	_____

PRIVACY COLLECTION NOTICE & POLICY

CEWA's privacy collection notice and statutory privacy policy can be found here:

<https://www.cewa.edu.au/publication/cewa-privacy-collection-notice/>

<https://www.cewa.edu.au/publication/cewa-statutory-privacy-policy/>

DISCLOSURE

Do you agree that the information supplied in this enrolment form, can be provided to the relevant Parish Priest? YES / NO

AGREEMENT

- I/we have read both CEWA's privacy collection notice & statutory privacy policy and agree to the terms under which our information will be used.
- I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.
- I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- 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 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 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.

A copy of your child's Birth Certificate, AIR Immunisation History Statement, and any applicable Baptism Certificates, Passports, Visas and Custodial Court Orders are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview. At the time of enrolment interview, a copy of the students AIR Immunisation History Statement dated within two months of the interview is to be submitted to the school to allow an offer of place at Our Lady of Lourdes School, as per the Western Australian Immunisation Requirements.

SIGNATURE OF PARENT(S), CARER(S) OR GUARDIAN(S) & SCHOOL PRINCIPAL:

_____ Date: _____
PARENT, CARER OR GUARDIAN A

_____ Date: _____
PARENT, CARER OR GUARDIAN B

_____ Date: _____
PRINCIPAL

Office use only:

Scheduled date of Interview:

Copy of AIR Immunisation History Statement received within date: