

KEARNAN COLLEGE

25 Moore St, Manjimup WA 6258 ● PO Box 358, Manjimup WA 6258
 Tel: (08) 9777 0677 ● Fax: (08) 9771 2838 ● Email: admin@kearnan.wa.edu.au



APPLICATION FOR ADMISSION

YEAR OF ADMISSION _____

SCHOOL YEAR LEVEL _____

STUDENT INFORMATION

Surname: _____ Date of Birth: __/__/____

Given Names: _____ Male / Female (please circle)

Birthplace: _____ *If born outside Australia, please complete VISA INFORMATION section below*

Aboriginal / Torres Strait Islander: YES / NO

Residential Address: _____ Home Phone Number: _____

Town/Locality: _____ State: _____ Postcode: _____

Postal Address: _____

Town/Locality: _____ State: _____ Postcode: _____

Present School: _____ Location: _____ Year Level: _____

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Town/Suburb: _____

Date & Location of Sacraments Received (please attach a copy of each certificate):

Baptism: __/__/____ _____ Reconciliation: __/__/____ _____

First Communion: __/__/____ _____ Confirmation: __/__/____ _____

This Application Form must be COMPLETED AS FULLY AS POSSIBLE AND SIGNED, with all relevant documents attached as below:

Parish Priest Reference Form	attached <input type="checkbox"/>	OFFICE
Immunisation Details:	attached <input type="checkbox"/>	
Birth Certificate:	attached <input type="checkbox"/>	
Sacrament Certificates attached: (please circle)		
Baptism / Reconciliation / 1 st Communion / Confirmation		
Latest School Report:	attached <input type="checkbox"/>	
Most recent NAPLAN:	attached <input type="checkbox"/>	
Visa/Travel Documents	attached <input type="checkbox"/>	
Restraining/Custody Orders	attached <input type="checkbox"/>	

VISA INFORMATION (if born outside Australia)

Country of Citizenship: _____

Australian Permanent Resident: YES / NO (please circle)

Language Spoken at Home: _____

Date of Arrival in Australia: __/__/____

VISA CODE: _____

(please attach a copy of Visa/Travel documents. Originals will also be required to be sighted)

OFFICE USE ONLY

APP. STATUS	NEW/CURRENT	DATA ENTERED	FAMILY CODE	INTVW. DATE	INTVW. TIME

MOTHER (FEMALE GUARDIAN)

Title: _____ Surname: _____

Christian or Given Names: _____

Residential Address: _____

Suburb/Town: _____ State: _____

Postal Address (if different to above): _____

_____ State: _____

Postcode: _____ bill to this address?

Email: _____

Occupation: _____

Employer: _____

Telephone – Home: _____

Telephone – Business: _____

Telephone – Mobile: _____

Religious Denomination: _____

Parish: _____

Nationality: _____

Country of Birth: _____

FATHER (MALE GUARDIAN)

Title: _____ Surname: _____

Christian or Given Names: _____

Residential Address: _____

Suburb/Town: _____ State: _____

Postal Address (if different to above): _____

_____ State: _____

Postcode: _____ bill to this address?

Email: _____

Occupation: _____

Employer: _____

Telephone – Home: _____

Telephone – Business: _____

Telephone – Mobile: _____

Religious Denomination: _____

Parish: _____

Nationality: _____

Country of Birth: _____

DESIGNATED EMAIL ADDRESS TO RECEIVE BILLING CORRESPONDENCE:

Email: _____

PLEASE NOTIFY THE COLLEGE OFFICE IMMEDIATELY OF ANY CHANGES OR UPDATES TO THE ABOVE INFORMATION**FAMILY CIRCUMSTANCES**

Married / Separated / Divorced / Defacto / Widowed (please circle)

PARTY RESPONSIBLE FOR PAYMENT OF FEES

Name: _____ Signature: _____

Is the student listed on a Health Care Card or Pension Card YES / NO If YES, please provide the following:

Card No: _____ Expiry Date: _____

CUSTODY / GUARDIANSHIP

Name of the person with legal guardianship of the student: _____

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

SIBLINGS ATTENDING KEARNAN COLLEGE

Name: _____ Year Level: _____ Name: _____ Year Level: _____

Name: _____ Year Level: _____ Name: _____ Year Level: _____

Name: _____ Year Level: _____ Name: _____ Year Level: _____

SIBLINGS ATTENDING OTHER SCHOOLS

Name: _____ Year Level: _____ Name: _____ Year Level: _____

Name: _____ Year Level: _____ Name: _____ Year Level: _____

Name: _____ Year Level: _____ Name: _____ Year Level: _____

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 the other persons in the school" (16G). To assist the school 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/Prosthesis: _____

Education/Learning Assistance: YES / NO

Psychological/Cognitive: _____

Sensory (eg. Vision/Hearing): _____

Behavioural or Safety: _____

Communication: _____

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.

EXTERNAL SERVICE PROVISION

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

Details: _____

Name of Service Provider: _____ Contact Phone Number: _____

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 1

(Other than parent or guardian – preferably someone local)

Name: _____

Relation to student: _____

Address: _____

Town / Locality: _____

Contact Numbers – Home: _____

Work: _____ Mobile: _____

EMERGENCY CONTACT 2

(Other than parent or guardian – preferably someone local)

Name: _____

Relation to student: _____

Address: _____

Town / Locality: _____

Contact Numbers – Home: _____

Work: _____ Mobile: _____

If required, you may record additional emergency contact for your child. Please attach details to this application form.

MEDICAL INFORMATION

IMMUNISATION RECORD – Please use one of the following to denote immunisation status:

F – Fully immunised **N** – Not immunised **I** – Incomplete immunisation **P** – Personal objections

Measles Mumps Rubella Tetanus Diphtheria

Petussis (Whooping Cough) Polio Hepatitis B *(please attach Immunisation Statement)*

Family Doctor/Medical Clinic: _____

Phone Number: _____

Address: _____

Town/Locality: _____

Dentist/Dental Clinic: _____

Phone Number: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____ *(if known)*

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, 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 of Parent(s)/Guardian(s): _____

Date: ___ / ___ / ___

MOTHER/FEMALE GUARDIAN

Signature of Parent(s)/Guardian(s): _____

Date: ___ / ___ / ___

FATHER/MALE GUARDIAN

AGREEMENT

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 College's enrolment priorities.

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 agree to abide by the policies and directions of the College and the Catholic Education Commission of Western Australia as they are enacted from time to time.

*I/We understand that a full term's notice (**in writing**) must be given before removal of a student, or a term's fees are payable.*

I/We agree to pay all fees within 14 days of receipt of account(s) or promptly make a suitable arrangement with the College.

I/We understand and accept that parents are responsible for payment of breakages or damage to College property by their children.

I/We understand that the College reserves the right to suspend or exclude a student from the College.

*I/We agree that the information supplied on the Student Information and Parent/Guardian sections can be provided to others for administrative and educational purposes as detailed in the College's **Collection Notice**.*

I/We agree to the College using our child's work or photo for College newsletters, yearbook and promotional material.

I/We agree to the College, CEOWA or local media taking our child's photographs and/or video footage for publication in newspaper, school documents, CEOWA and Catholic agency documents, training videos and/or the College website.

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 individual needs, medical conditions, health care requirements and/or Parenting or Restraining Orders, then the enrolment may be refused or terminated on this ground.

Signature of Parent(s)/Guardian(s): _____

Date: ___ / ___ / ___

MOTHER/FEMALE GUARDIAN

Signature of Parent(s)/Guardian(s): _____

Date: ___ / ___ / ___

FATHER/MALE GUARDIAN