

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

PARISH PRIEST/MINISTER REFERENCE FORM FOR ENTRY INTO KEARNAN COLLEGE



The College Enrolment Policy allows preference to be given to children of families who are able to demonstrate an active association with a Church in their parish. The process generally requires parents to make an appointment with a Parish Priest with this form ready to be completed by them. **It is recommended that parishioners give their Parish Priest/Minister ample time to complete this form, which will be sent to the College.**

Completion of this form and presentation to the Parish Priest or Minister forms part of the enrolment process for Kearnan College. Contact should be made with the parish secretary to find out the specific process for your Parish.

To be completed by the parent:

Parish:		
Name of Student:		
Current School Name:		
Current School Address:		
Current School Year:		
School Telephone:		
Name of Mother/Guardian:		Name of Father/Guardian:

Sacraments the child has received (please tick as applicable)

Baptism Reconciliation First Communion Confirmation

Please list the family's participation in Parish activities *eg. Reader, Parish Council, Planned Giving Program, St Vincent De Paul, etc.*

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

To be completed by Parish Priest/Minister or his delegate:

Please complete the information below in reference to the family information provided on the previous page.

How long have you known the family?

Does the family participate regularly in the practice of the Faith, by attending Sunday Mass/Worship?

Frequently

From time to time

Not at all

Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic or Christian Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

Yes

No

Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

Any other Comments:

Signed:

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To the Parish Priest/Minister:

Please send or fax this completed form to:

The Principal
Kearnan College
PO Box 358
Manjimup WA 6258

or

FAX (08) 9771 2838
EMAIL: admin@kearnan.wa.edu.au

Kearnan College 2021 Data Collection Form

This information is being collected to enable nationally comparable reporting of students' outcomes against the *National Goals for Schooling in the Twenty-First Century*. This information is collected in accordance with the school's Privacy Policy.

Note: If you need help with this form please contact (Kearnan College Admin – (08) 9777 0677)

Name of student:

First name

Last name

Date of Birth (dd/mm/yyyy)

Home address of student:

(No. and street name)

Suburb

Postcode

1 What is the student's sex?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

2 Is the student of Aboriginal or Torres Strait Islander origin?

		(office use only)
No	<input type="checkbox"/>	4
Yes, Aboriginal	<input type="checkbox"/>	1
Yes, Torres Strait Islander	<input type="checkbox"/>	2
Yes, both Aboriginal and Torres Strait Islander	<input type="checkbox"/>	3

3 In which country was the student born?

		(office use only)
Australia	<input type="checkbox"/>	1101
England	<input type="checkbox"/>	2102
India	<input type="checkbox"/>	7103
Indonesia	<input type="checkbox"/>	5202
Ireland	<input type="checkbox"/>	2201
Italy	<input type="checkbox"/>	3104
Malaysia	<input type="checkbox"/>	5203
New Zealand	<input type="checkbox"/>	1201
Philippines	<input type="checkbox"/>	5204
Singapore	<input type="checkbox"/>	5205
South Africa	<input type="checkbox"/>	9225
United States of America	<input type="checkbox"/>	8104
Vietnam	<input type="checkbox"/>	5105
Other – please specify		

4 Does the student or their parent/guardian/carer speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

Name Parent 1 / Guardian 1 / Carer 1:

Name Parent 2 / Guardian 2 / Carer 2:

(This name is for administration purposes only)

		Student	Parent 1 / Guardian 1 / Carer 1	Parent 2 / Guardian 2 / Carer 2	<i>(office use only)</i>
No,	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1201
Yes,	Aboriginal English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8998
Yes,	Aboriginal language Specify: <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yes,	Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1403
Yes,	Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4202
Yes,	Burmese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6101
Yes,	Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7101
Yes,	Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3503
Yes,	Dinka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9216
Yes,	Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6512
Yes,	French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2101
Yes,	Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1101
Yes,	Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5203
Yes,	Indonesian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6504
Yes,	Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2401
Yes,	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7201
Yes,	Malay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6505
Yes,	Malayalam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5102
Yes,	Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7104
Yes,	Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3602
Yes,	Shona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9207
Yes,	Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2302
Yes,	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5207
Yes,	Sinhalese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5211
Yes,	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2303
Yes,	Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6511
Yes,	Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5103
Yes,	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6302
Yes,	Other - please specify				

5 (a) What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school, mark 'Year 9 or equivalent or below.')

	Mark one box only in each column			<i>office use only</i>
	Parent 1 / Guardian 1 / Carer 1	Parent 2 / Guardian 2 / Carer 2		
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		4
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		3
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		2
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>		1

5 (b) What is the highest level of qualification the parents/guardians have completed?

	Mark one box only in each column			<i>office use only</i>
	Parent 1 / Guardian 1 / Carer 1	Parent 2 / Guardian 2 / Carer 2		
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>		7
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>		6
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>		5
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>		8

6 (a) What is the occupation group of Parent 1/Guardian 1/Carer 1 (Female)?

6 (b) What is the occupation group of the Parent 2/Guardian 2/Carer 2 (Male)?

Please select the appropriate parental occupation group from the list on page 4-5.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.*
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.*

Thank you for your time.
Please return this form to the school.

List of Parental Occupation Groups (for Question 6)

Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals

Elected officials (mayor parliamentarian, alderperson, trade union secretary, board member)

Senior executives/general managers/department heads in industry, commerce, media or other large organisation

- **Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** (Commissioned Officer)

Qualified professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others

- **Health** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
- **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
- **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
- **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
- **ICT** (computer systems manager, designer, software and applications programmers)
- **Science** (all scientists)
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2: Other business managers/professionals and associate professionals

Other business managers/professionals

- **Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
- **Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)
- **Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professional

- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
- **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
- **Defence Forces** (senior non-Commissioned Officers [NCO])
- **Other** (library assistant, museum/gallery technician, research assistant, proof reader)

Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

Tradespeople generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

Advanced/intermediate clerical, office, sales, carer and service staff

- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

Machine operators

- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

Sales office, hospitality staff and other assistants

- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Defence Forces ranks below senior NCO

Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

Other worker (labourer, factory hand, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)