

Student Application Form

3 Year Old Kindy

First Name Middle Name Surname

Current Child / Day Care (if applicable) Suburb

Date of Birth Male/Female/Other Country of Birth

Medicare Number Reference Number

Commencing Year Preferred Start Date

Aboriginal Torres Strait Islander English Aboriginal English Other
Language spoken at home?

Capturing languages spoken at home, including Aboriginal English, is very important for providing opportunities for students as they progress through secondary education and a better understanding of the needs of students who speak more than one language. We really appreciate your support in achieving this outcome through our data collection.

Yes No Australia Citizen? If No - Visa Number If No - VEVO Consent

What's VEVO Consent? To assist the school in establishing the visa status of a child, the Department of Home Affairs have established a website indicating current visa information about families. This website is called Visa Entitlement Verification Online (VEVO). Please complete VEVO information at the back of the document.

Yes No Does the student have any Siblings at St Mary's College?

Year level Student Name Year level Student Name
Year level Student Name Year level Student Name

Religion Details

Catholic None Other

Parish Parish Priest

Date of Reception of Sacraments: Please provide copies of Certificates

Baptism Reconciliation First Communion Confirmation



Student Application Form

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Parent / Caregiver & Residence Details - Please provide at least 1 Parent / Caregiver

Parent / Caregiver 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname	Relationship to student
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email Address		Phone	Mobile
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal Address		Suburb	Postcode
<div>Catholic <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/></div>		<input type="text"/>	
Religion		Nationality	

Parent / Caregiver 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname	Relationship to student
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email Address		Phone	Mobile
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal Address		Suburb	Postcode
<div>Catholic <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/></div>		<input type="text"/>	
Religion		Nationality	

Student Primary Place of Residence

Parent / Caregiver 1 <input type="checkbox"/>	Parent / Caregiver 2 <input type="checkbox"/>	Broome Residential College <input type="checkbox"/>	Other* <input type="checkbox"/>
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*If Other, provide primary place of residence details

<input type="text"/>		
Details		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Suburb	Postcode

Custody / Guardianship

Are there any current Family Court Orders or current Restraining Orders that would apply to the student?
If applicable, please attach a copy outlining details of any special or restricted access arrangements.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Name of Person(s) with legal guardianship <input type="text"/>
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Student Application Form

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Emergency Contact

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname	Relationship to student
<input type="text"/>	<input type="text"/>		
Work Phone	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Suburb	Postcode	

Media Consent

During the College year photographs/and or video footage are taken of St Mary's College students participating in College activities. Some of the photographs are used for publicity purposes both within the College, the community and associated organizations.

Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Consent for publicity	Signature	Date

School Fees

Account to be paid by:

Parent / Caregiver 1 <input type="checkbox"/>	Parent / Caregiver 2 <input type="checkbox"/>	Both <input type="checkbox"/>	Other <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Billing Postal Address	Suburb	Postcode	
<input type="text"/>			
Billing Email Address			

I/we, as listed below, acknowledge that we have reviewed, understand and agree to the School Fee Schedule, and Fee Collection Procedures.

I/we understand that the completion of this Application for Enrolment does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's Enrolment Policy.

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 another Catholic school.

I/we have completed this Application for Enrolment form fully and to the best of my/our knowledge.

I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the applicant / enrolment process, especially in relation to this Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we fully understand that non payment of fees will result in exclusion from the 3 Year Old Kindergarten program

I/we understand this application is for 3 Year Old Kindergarten only, and does not presume enrolment at St Mary's College. A separate application needs to be completed for Kindergarten through to Year 12.

Parent/Caregiver 1

<input type="text"/>	<input type="text"/>
Signature	Date

Parent/Caregiver 2

<input type="text"/>	<input type="text"/>
Signature	Date



Student Application Form

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More Information

I consent to receive the communication and interested in learning more about how I can be a part of the St Mary's College community, specifically in relation to:

☐

Parents and Friends Committee

☐

School Advisory Council

How did you hear about us?

Do you follow us on Facebook?

Yes

☐

No

☐

/SMCBroome

Follow us to keep up to date

Why have you chosen St Mary's College?

Please enclose the following supporting documentation

☐

Immunisation History Statement (Not more than 2 months old)

☐

Parenting, Restraint or Custodial Order (if applicable)

☐

Birth certificate

☐

Baptism certificate (if required)

☐

Copy of Visa (if required)

VEVO Consent - Only complete if the student is not an Australian Citizen

In complying with the conditions of VEVO registration, the school is required to obtain written consent from the family prior to accessing VEVO information about them. All of the information below is required in order to access visa information.

First Name

Surname

Date of Birth

Passport / ImmiCard Number

Country of Passport / ImmiCard:

The school will maintain confidential records regarding this visa information and use the information solely for the purpose of enrolment, educational statistics and Government census requirements. I hereby give consent for information regarding the visa status of my child to be accessed via VEVO.

Name

Signature

Date



Student Information Form

3 Year Old Kindy
Continuing Catholic Education since 1908

Student Information

First Name

Surname

Date of Birth

Likes & Dislikes

Student likes

Student dislikes

Learning priorities / Needs

Student 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 school to respond to individual requirements, please detail any special needs your child has in the followings area(s) that may affect his or her learning, participation or welfare during school hours.

Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Anaphylaxis – requires Epipen?	<input type="checkbox"/>	Nose Bleeds/ Dizziness	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Austism	<input type="checkbox"/>	Sensory (Vision/Hearing)	<input type="checkbox"/>	Psychological/ Cognitive	<input type="checkbox"/>
Toileting challenges	<input type="checkbox"/>	Requires Medication*	<input type="checkbox"/>	Diagnosed Learning Disability**	<input type="checkbox"/>		

* Please complete Student Medication Form. ** Please attach Diagnostic Report

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.

Further information

Medical Emergency Authorisation

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the school/college to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

I consent to my son/daughter being administered paracetamol or ibuprofen, following my verbal consent via telephone call, for my child to safely participate in their educational programme at school or elsewhere, or in an emergency.

Parent / Caregiver 1

Signature

Date

Parent / Caregiver 2

Signature

Date



Parent / Caregiver Information

Parent / Caregiver 1

English <input type="checkbox"/>	Aboriginal English <input type="checkbox"/>	Other <input type="text"/>	<input type="text"/>
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Language spoken at home?

Office use only

Capturing languages spoken at home, especially Aboriginal English, is very important for providing opportunities for students as they progress through secondary education and a better understanding of the needs of students who speak more than one language. We really appreciate your support in achieving this outcome through our data collection.

Year 9 or below <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>	<input type="text"/>
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School Academic Level

Office use only

No non-school qualification <input type="checkbox"/>	Certificate I to IV (including trade cert) <input type="checkbox"/>	Advanced Diploma /Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>	<input type="text"/>
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Post School Academic Level

Office use only

<input type="text"/>	Not currently working <input type="checkbox"/>	<input type="text"/>
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Occupation

Office use only

<input type="text"/>

Employer Name

Pensioner Concession Card <input type="checkbox"/>	Health Care Card <input type="checkbox"/>
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Do you hold a family Centrelink Concession Card? If so, please indicate which card below, and ensure a copy of provided to the College

Parent / Caregiver 2

English <input type="checkbox"/>	Aboriginal English <input type="checkbox"/>	Other <input type="text"/>	<input type="text"/>
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Post School Academic Level

Office use only

<input type="text"/>	Not currently working <input type="checkbox"/>	<input type="text"/>
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Occupation

Office use only

<input type="text"/>

Employer Name

Pensioner Concession Card <input type="checkbox"/>	Health Care Card <input type="checkbox"/>
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Do you hold a family Centrelink Concession Card? If so, please indicate which card above, and ensure a copy of provided to the College



External Service Provision

Does your child receive any services from an external agency, which may affect educational arrangements? If yes please provide details.

Yes ☐ No ☐

Service provider name

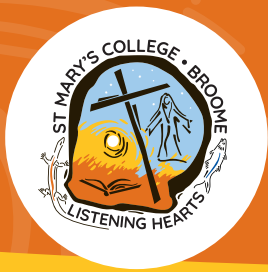
Service provider contact number

Yes ☐ No ☐

Require special transport arrangements to and from school?

Yes ☐ No ☐

Does your child receive respite care on a regular basis?



Student Medication Form

3 Year Old Kindy
Continuing Catholic Education since 1908

Student Information

First Name

Surname

Date of Birth

Medication 1 Information

Name of Medication

Dosage

Frequency

Route of Administration

Reason for Medication

Possible side effects

Allergies or Other Medications

Administration Instructions

Medication 2 Information

Name of Medication

Dosage

Frequency

Route of Administration

Reason for Medication

Possible side effects

Allergies or Other Medications

Administration Instructions

Medication must be in its original container, labelled with the student's name, medication name, dosage, and frequency of administration.
The school nurse or designated staff member must monitor student self-administration of medication and documenting it.
The parent / caregiver will immediately notify any changes in medication or dosage.

Parent / Caregiver 1

Signature

Date

Parent / Caregiver 2

Signature

Date