



ENROLMENT APPLICATION

Name of Student: _____

Date of Birth: _____

Academic Year: PK KG PP 1 2 3 4 5 6 (Please Circle)

Year of Admission: _____

(If you require Pre Kindergarten & Kindergarten, please circle both and include two admission years)

Entry Age for **Pre Kindergarten** is when your child turns three years of age.

Entry Age for **Kindergarten** is the year your child turns four if born prior to 1 July.
Children turning four on 1 July or after, enter the year they turn 5.

OFFICE USE ONLY		
Application Fee Paid	Date Paid	\$55.00 EFTPOS / Cash
Enrolment Deposit Paid	Date Paid	\$100.00 EFTPOS / Cash
Entered onto AoS	Date	App No:
Sibling	Yes / No	WASN:



APPLICATION PROCEDURES

Liwara Catholic Primary School is a co-educational parish school and in accordance with the Bishops' Mandate, at Liwara Catholic Primary School we attempt to make Catholic education available to all families.

An Application for Enrolment form must be completed, for every child enrolled. Before an application can be considered the following conditions must be met:

- Parents/Guardians are required to complete, in full, the Application for Enrolment Form.
- Parents/Guardians must provide copies of all relevant documents set out in the Application for Enrolment – the application cannot proceed until all necessary documents are provided.
- A non-refundable application fee of \$55.00 per child is payable on lodgement of this application.

When an interview is offered, children are expected to attend along with either both or one of their parents/guardians. A tour of the school is part of the interview process.

After the Principal has accepted your application, a letter of offer will be presented to you for your child. To secure your child's place, please sign and return the acceptance letter together with the \$100.00 Enrolment Deposit within 7 days. Please note the enrolment deposit is non-refundable. This amount will be credited to your child's first year of attendance at Liwara to your school fee account.

We accept applications for all year levels at any time.

PRIVACY POLICY

The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the school to provide schooling for your child.

- Some of the information collected is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- Some laws governing or relating to the operation of schools require that certain information is collected. These include Public Health.
- Health information about students is sensitive information within the terms of the National Privacy Principle 10 under the Privacy Act. We ask you to provide medical reports about students from time to time. On occasions health information may be disclosed to staff to enable the School to discharge its duty of care.
- The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes Catholic Education Western Australia Ltd, Parish Priest, other schools, government departments, medical practitioners and people providing services to the School, including specialist visiting teachers.
- Personal information collected from students may from time to time be disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities, photos and other news is published in school newsletters, magazines and on our website.
- Parent may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student or where students have provided information in confidence.
- If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.



APPLICATION FOR ENROLMENT

Student Information

SURNAME					
FIRST NAME					
MIDDLE NAME					
PREFERRED NAME			GENDER	MALE / FEMALE	
RESIDENTIAL ADDRESS	House No:	Street Name:			
	Suburb:			State:	Postcode:
DATE OF BIRTH			BIRTH PLACE		
COUNTRY OF BIRTH			NATIONALITY		
CITIZENSHIP STATUS			VISA CODE	<input type="checkbox"/> Copy of Visa Attached	
ARRIVAL DATE			VISA EXPIRY		
LANGUAGE SPOKEN AT HOME			ABORIGINAL/TORRES STRAIT ISLANDER	YES / NO	

Religion

RELIGIOUS DENOMINATION			PARISH PRIEST		
PARISH			SUBURB		
SACRAMENTS (Date Received)	BAPTISM	RECONCILIATION	EUCARIST	CONFIRMATION	
PARISH PRIEST REFERENCE			YES	NO	

Student's Present School (If Applicable)

Name of School	Year Level

Emergency Contact Details (Other than Parent/Guardian)

Name of Contact Person One			
Relationship to Student			
Contact Numbers	Home:	Mobile:	Work:
Name of Contact Person Two			
Relationship to Student			
Contact Numbers	Home:	Mobile:	Work:

Family Information

CAREGIVER 1:

TITLE	Mrs / Miss / Ms / Other:	RELATIONSHIP TO STUDENT	
SURNAME			
FIRST NAME			
RESIDENTIAL ADDRESS	House No:	Street Name:	
	Suburb:	State:	Postcode:
HOME PHONE NUMBER		MOBILE NUMBER	
COUNTRY OF BIRTH		NATIONALITY	
RESIDENTIAL STATUS	Australian Citizen / Permanent Resident / Temporary Resident / Other:		
LANGUAGE SPOKEN AT HOME			
RELIGIOUS DENOMINATION		PARISH PRIEST	
PARISH		SUBURB	
EMPLOYER		WORK PHONE NUMBER	
OCCUPATION			
EMAIL ADDRESS			
MARITAL STATUS	Married / Divorced / Widowed / Separated / Single / Defacto / Deceased		

CAREGIVER 2:

TITLE	Mr / Other:	RELATIONSHIP TO STUDENT	
SURNAME			
FIRST NAME			
RESIDENTIAL ADDRESS	House No:	Street Name:	
	Suburb:	State:	Postcode:
HOME PHONE NUMBER		MOBILE NUMBER	
COUNTRY OF BIRTH		NATIONALITY	
RESIDENTIAL STATUS	Australian Citizen / Permanent Resident / Temporary Resident / Other:		
LANGUAGE SPOKEN AT HOME			
RELIGIOUS DENOMINATION		PARISH PRIEST	
PARISH		SUBURB	
EMPLOYER		WORK PHONE NUMBER	
OCCUPATION			
EMAIL ADDRESS			
MARITAL STATUS	Married / Divorced / Widowed / Separated / Single / Defacto / Deceased		

Why would you like your child educated at Liwara Catholic Primary School?

Siblings Currently Attending Liwara Catholic Primary School

Name of Child	Year Level

Other Siblings Currently Attending Other Schools

Name of Child	Year Level	School Currently Attending

Medical Alert Information (New medical plan required yearly)

MEDICAL CONDITION	ANAPHYLAXIS / ASTHMA / ALLERGY / HAYFEVER / OTHER:				
ADDITIONAL INFORMATION					
REPORTS	<i>Please supply a copy of any medical reports – Paediatric, Psychology, Speech, Hearing etc at interview stage</i>				
MEDICAL ACTION PLAN (SIGNED BY DR)	<input type="checkbox"/> Copy attached				
MEDICATION					

Medical Information

Family Doctor / Medical Centre					
Address					
Contact Numbers					
Dentist / Dental Clinic					
Address					
Contact Numbers					
Medicare Number		Reference No		Blood Group	(if known)
Private Health Fund					

Custody Information (If Applicable)

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 endorsed by Law?	

Immunisation Records

Updated Immunisation records are to be provided to the school no more than eight (8) weeks prior to the student commencing at Liwara Catholic Primary School

A child's current (AIR) Australian Immunisation Record Statement can be accessed at any time by the parent through the following avenues:

- MyGov, by logging in to your Medicare online account
- Medicare Express Plus APP, by logging in to your Medicare account
- Visiting a Medicare or Centrelink office or
- Calling the AIR General Enquiries Line on 1800 653 809 for a Statement to be posted

Visa Entitlement Verification Online (VEVO) – If born outside of Australia

To assist the school in establishing the visa status of a child, Australian Border Force have established a website indicating current visa information about families. This website is called Visa Entitlement Verification Online (VEVO). Prior to accessing this information, the school is required to obtain written consent from the family. Please provide the following information and sign your consent to the school's request to use the VEVO search engine.

Family Name			
Given Name		Date of Birth	
Passport / ImmiCard No		Country of Passport	
Visa Grant No		Document No	
<i>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>			
<i>I hereby give consent for information regarding my visa status to be accessed via VEVO:</i>			
Print Name		Signature	

Fee Responsibility

Payment of School Fees are the joint responsibility of the Caregivers/Legal Guardians signing this enrolment application. Unless otherwise stated, fee statements will be issued jointly to both parents/guardians.

If the child is a ward of the Department of Child Protection & Family Services, please provide billing contact name, and DCP address details:

Contact Name		Phone Number	
Address Details		Suburb	
		Postcode	

Please ensure the following documents are attached to this application – the application cannot proceed if these documents are not provided

Birth Certificate	
Baptism Certificate	
Parish Priest Reference	
Health CC / Pensioner CC	
Passport & Visa (if on Visa)	
Copy of Citizenship if resident born overseas	
Parenting or Restraint Orders (if applicable)	
Most Recent School Reports / NAPLAN	

Agreement

I/We agree that the information supplied in the Student Information and Family Information sections can be provided to the relevant Parish Priest

I/We authorise Liwara Catholic Primary School, while my/our child is in the custody of the school, to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I/We further authorise the school that if an emergency occurs requiring surgery, anaesthetic oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, the school has the authority to agree to medically recommend treatment by an accredited medical/dental practitioner on my/our behalf and to provide the medical/dental practitioner any relevant medical information detailed in this form.

I/We understand and accept that the completion of this application for enrolment form and acceptance by the school does not guarantee an enrolment interview. Successful applications will be determined in accordance with the school's enrolment criteria as outlined on our website.

I/We understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

I/We understand that completion of this Application for Enrolment form and acceptance in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld material information relevant to the application for enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated by the Principal on this ground.

I/We have read and fully understand and agree that enrolment in a Catholic school means that I/we and my/our child will participate fully in all required aspects and activities of the educational program of the school including the Religious Education program of the school, school camps, incursions and excursions.

I/We understand that the uniform is compulsory for Pre Primary to Year 6 and I/We will ensure my/our child is wearing the correct uniform, as set out in the Uniform Policy, at all times.

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 that the school may transfer copies of the student's educational records, and any other relevant reports or medical information given to the present school to any receiving school to which the student may transfer in the future.

I/We agree to abide by the policies and directions of the school and the Catholic Education Western Australia as they are enacted from time to time.

I/We consent to our child taking part in school excursions and travelling by bus or any other vehicle authorised by the Principal.

I/We agree that photos of our child may be taken and used for purposes authorised by the Principal eg. Newsletter, School Website, Promotional Material. Please indicate with a ☒ or ☐ which platforms you agree to:

Liwara CPS Website	<input checked="" type="checkbox"/>	Seesaw	<input checked="" type="checkbox"/>	Liwara CPS Facebook	<input checked="" type="checkbox"/>
CEWA Advertising	<input checked="" type="checkbox"/>	Local Media	<input checked="" type="checkbox"/>	/ Instagram	<input checked="" type="checkbox"/>

I/We agree to abide by the Liwara Catholic Primary School Code of Conduct.

I/We have completed this application form fully and truthfully to the best of my/our knowledge.

Signature of Caregiver(s):

(Caregiver 1)

Date:/...../.....

.....

(Caregiver 2)

Date:/...../.....

Signature of School Principal:

Mrs Andrea Millar

Date:/...../.....



E: enquiries@liwara.wa.edu.au
W: www.liwara.wa.edu.au
P: 08-6224 2000

5 Tuart Road
GREENWOOD WA 6024
ABN: 74 251 035 875

We promote **Faith, Trust, Respect** and **Mercy** in the spirit of **Liwara Catholic Primary School**.
As a learning community centred on the example of Christ, these core values underpin all
that we do at **Liwara Catholic Primary School**.