

# St Mary's Primary School, Boyup Brook

Knapp Street, Boyup Brook WA 6244  
 Phone: 08 9765 1333 Email: admin@stmarysbbk.wa.edu.au



## APPLICATION FOR ENROLMENT

YEAR OF ADMISSION _____
SCHOOL YEAR LEVEL _____

<b>STUDENT INFORMATION</b>	
Surname: _____	Date of Birth: ___/___/___
Given Names: _____	Male / Female (please circle)
Birthplace: _____ <i>If born outside Australia, please complete VISA INFORMATION section below</i>	
Aboriginal / Torres Strait Islander: YES / NO	Health Care Card: 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: ___/___/___ _____

Please complete this Application as fully as possible, signed and dated with all relevant documents attached as below:	
Immunisation Details:	attached <input type="checkbox"/>
Birth Certificate:	attached <input type="checkbox"/>
Sacrament Certificates attached: (please circle)	
Baptism / Reconciliation / 1 <sup>st</sup> 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"/>
Health Care Card Held (please tick)	<input type="checkbox"/>

<b>VISA INFORMATION (if born outside Australia)</b>
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 S A	RESID URR	TRAIL ENT	FAMILY CODE	INTV DATE	INTV 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?

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?

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_

Telephone – Business: \_\_\_\_\_

Telephone – Mobile: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parish: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Designated email address to receive school 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*)

**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

Are any other conditions enforced at law? \_\_\_\_\_

**SIBLINGS ATTENDING ST MARY'S**

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 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)*

Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_

Town / Locality: \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMERGENCY CONTACT 2**

*(Other than parent or guardian)*

Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_

Town / Locality: \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**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 recommend 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 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 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.*

*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 School’s Collection Notice.*

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

*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

21 February 2024

Dear Parent or Guardian,

St. Mary's Catholic School, along with all Catholic, Independent and Government schools in Australia is required to request from parents/guardians information on the following:

- \* the sex of your child
- \* the country of birth of your child
- \* the indigenous status of your child
- \* your occupation and educational qualifications (very broad terms)
- \* the main languages spoken at home by yourself and your child

St Mary's is required to collect this information on behalf of the Department of Education, Science and Training as part of the *National Goals for Schooling in the 21<sup>st</sup> Century*. The background information collected will be linked with the results of the Literacy and Numeracy Benchmark Testing held in Years 3, 5 and 7.

The results will help the government develop policies that provide an education system which is fair for all Australian students.

You will already have provided most of this information when your child was enrolled at St. Mary's. The original information and the extra background details now have to be collected across Australia in a uniform way against nationally consistent definitions.

All results will be reported in terms of the total number of students in various ranges and categories. No personal information will be reported and as a consequence no individual, individual school or system will be identifiable in the analysis.

Parents and Guardians can discuss issues relating to the collection of this information with Mr. Smith. More information on the National Collection of Data is available on the Catholic Education Office website [www.ceo.wa.edu.au](http://www.ceo.wa.edu.au)

Yours sincerely,

Mr. Tony Giglia  
Assistant Director  
Planning, Resources and Governance

## List of Parental Occupation Groups (for question 6)

### **Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.  
**Public service manager** (Section head or above), regional director, health/education/police/fire services administrator  
**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]  
**Defence Forces** Commissioned Officer  
**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, Education, Law, Social Welfare, Engineering, Science, Computing** professional  
**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]  
**Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

### **Group 2: Other business managers, arts/media/sportspersons and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business  
**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]  
**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]  
**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]  
**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]  
**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.  
**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional  
**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]  
**Defence Forces** senior Non-Commissioned Officer

### **Group 3: Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.  
**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]  
**Skilled office, sales and service staff.**  
**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]  
**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]  
**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### **Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production/processing machinery and other machinery operators.**  
**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]  
**Office assistants, sales assistants and other assistants.**  
**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]  
**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]  
**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]  
**Labourers and related workers**  
**Defence Forces** ranks below senior NCO not included above  
**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, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

# St Mary's School, BOYUP BROOK

## 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 schools Privacy Policy.

Note: If you need help with this form please telephone **St Mary's School on 9765 1333**

**Name of student:**

First name	Last name	Date of Birth (dd/mm/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Home address of student:**

(No. and street name)	Suburb	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**1 Sex**    Male.....   
               Female.....

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

*(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)*

		<i>(office use only)</i>
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?**

		<i>(office use only)</i>
Australia.....	<input type="checkbox"/>	1101
England.....	<input type="checkbox"/>	2102
New Zealand.....	<input type="checkbox"/>	1201
South Africa.....	<input type="checkbox"/>	9225
Malaysia.....	<input type="checkbox"/>	5203
Indonesia.....	<input type="checkbox"/>	5202
Singapore.....	<input type="checkbox"/>	5205
Scotland.....	<input type="checkbox"/>	2105
United States of America.....	<input type="checkbox"/>	8104
India.....	<input type="checkbox"/>	7103
Other – please specify.....	<input style="width: 100%;" type="text"/>	



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

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

	student	female parent/ guardian	male parent/ guardian	(office use only)
No, English only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1201
Yes, Italian .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2401
Yes, Cantonese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7101
Yes, Arabic (incl. Lebanese)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4202
Yes, Vietnamese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6302
Yes, Polish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3602
Yes, Indonesian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6504
Yes, Mandarin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7104
Yes, Spanish .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2303
Yes, Macedonian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3504
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

	female parent/ guardian	male parent/ guardian	office use only
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 level of the highest qualification the parents/guardians have completed?**

Mark one box only in each column

	female parent/ guardian	male parent/ guardian	office use only
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 the female parent/guardian?**

**6(b) What is the occupation group of the male parent/guardian?**

*Please select the appropriate parental occupation group from the attached list.*

- 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 in the enclosed envelope.





**St Mary's Catholic School**  
**Boyup Brook**

**STANDARD COLLECTION NOTICE  
 PUBLICITY AND USE OF STUDENT IMAGES**

Dear Parent/Guardian

As part of the school's publicity activities, there may, on occasion, arise the situation whereby the school, Catholic Education Office (CEO) or local media, will need to take photographs and/or video footage of your child/ren for publication in newspapers, school newsletters, CEO documents, training videos and/or the school/CEO website.

Please complete the information below and return it to the school.

Yours sincerely,

**Mr Phillip Rossiter**  
 Principal

**STANDARD COLLECTION NOTICE  
 PUBLICITY AND USE OF STUDENT IMAGES**

I \_\_\_\_\_, Parent/Guardian of :

(Child) \_\_\_\_\_

(Child) \_\_\_\_\_

(Child) \_\_\_\_\_

(Child) \_\_\_\_\_

Do hereby **give/not give** (please circle) permission for the use of my child's/children's photo/video image in school publicity activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_