APPLICATION PROCESS

Dear Parents/Guardians

Thank you for your interest in St John Bosco College. This package of information will guide you through the application process for students wishing to attend St John Bosco College.

Step One
Complete all sections in the “Application for Enrolment Form”. Please return the application to ‘The Principal, Mr Kevin Sheehy St John Bosco College, PO Box 4110, HARRISDALE WA 6112.

Step Two
Arrange for your Parish Priest to complete the “Parish Priest Reference Form” and attach to the “Application for Enrolment Form”.

Step Three
Please attach the following documentation to your application form:

<table>
<thead>
<tr>
<th>Birth certificate</th>
<th>Baptism certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parish Priest reference</td>
<td>Immunisation records</td>
</tr>
<tr>
<td>Most recent school report</td>
<td>Passport/visa if born outside Australia</td>
</tr>
<tr>
<td>NAPLAN results</td>
<td>Current restraining orders/custody order</td>
</tr>
<tr>
<td>Bishop’s Religious Literacy Results</td>
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</tr>
</tbody>
</table>

Step Four
If your application is successful, you will be contacted and invited to attend an interview with the College Principal before a confirmed place at the College is offered.

Please note a non-refundable application fee of $35 must accompany this Application for Enrolment Form. (Please make a cheque/money order payable to the St John Bosco College). If you are offered a place at the College a deposit of $200 must be forwarded to the St John Bosco College. This deposit secures your child’s enrolment and will be deducted from your first term fees.

The Interview (new enrolment)
At the enrolment interview the Principal will ask a series of questions about what attracted you to the College and how you might contribute to the College’s development via the Parents & Friends Association or membership of the Board. Your child or children are expected to attend the interview which will be held at St John Bosco College, 170 Monticello Parkway, PIARA WATERS WA 6112.

Criteria for Enrolment
Applications will be considered in the following order of priority:

- Catholic students from the Parish with a Parish Priest reference
- Catholic students from outside the Parish with a Parish Priest reference
- Other Catholic students
- Siblings of non-Catholic students
- Non-Catholic students from other Christian denominations
- Other non-Catholic students

Please note that lodging an application does not automatically result in enrolment. Class sizes are limited and children may have to be placed on waiting lists.
APPLICATION FOR ENROLMENT FORM

STUDENT INFORMATION
Student surname: ____________________ First name: ____________________
Preferred name: ____________________ Male/Female: ____________________
Address: ____________________________ Postcode: ______________________
State: ___________________ Birthplace: ______________________ Birth Certificate Attached: Yes/No
Date of Birth: ________________
Aboriginal/Torres Strait Islander: Yes/No
If yes to Aboriginal/Torres Strait Islander, then Group of Origin: ________________
Nationality: ____________________ Australian Permanent Resident: Yes/No
If born outside of Australia
Please provide one of the following documents.

☐ Citizenship Certificate / Australia Passport
☐ A copy of Visa and Passport

Date of arrival in Australia: ________________ Visa Category Number: ________________
Country of Citizenship: ____________________ Language Spoken at Home: ________________
Religious Denomination: ____________________ Parish Priest: ____________________
Parish: ____________________ Suburb: ____________________
Date of Reception of Sacraments: ________________
Baptism: ________________ Reconciliation: ________________ First Communion: ________________ Confirmation: ________________
Current School: ____________________ Location: ____________________ Year level: ____________________

FAMILY INFORMATION
Female Parent or Guardian
Title: _______ Surname: ____________________ First Name: ____________________
Address: ______________________________________________________________
State: ____________________ Postcode: ____________________
Religious Denomination: ____________________ Parish Priest: ____________________
Parish: ____________________ Suburb: ____________________
Occupation: ____________________
Contact Address: _________________________________________________________
Contact Numbers: (H) ____________________ (M) ____________________ (W) ____________________
Email Address: ____________________
Country of Citizenship: ____________________

Male Parent or Guardian
Title: _______ Surname: ____________________ First Name: ____________________
Address: ______________________________________________________________
State: ____________________ Postcode: ____________________
Religious Denomination: ____________________ Parish Priest: ____________________
Parish: ____________________ Suburb: ____________________
Occupation: ____________________
Contact Address: _______________________________________________________
Contact Numbers: (H)_________________ (M)_________________ (W) ____________
Email Address: ________________________________
Country of Citizenship: __________________________

**Custody/Guardianship**
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 enforced at law? __________________________

**Siblings currently attending St John Bosco College (or others also applying)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Level</th>
<th>Name</th>
<th>Year Level</th>
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<tbody>
<tr>
<td></td>
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</table>

**Siblings currently attending other schools**

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Level</th>
<th>School</th>
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<tbody>
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</tbody>
</table>

**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 College 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 College hours.

**Medical/Health Care**

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td>Orthoses/Prostheses</td>
<td></td>
</tr>
<tr>
<td>Psychological/Cognitive</td>
<td></td>
</tr>
<tr>
<td>Sensory (eg Vision/Hearing)</td>
<td></td>
</tr>
<tr>
<td>Behavioural or Safety</td>
<td></td>
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<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
</tr>
</tbody>
</table>

If medication or medical/health care services are required during College 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 an external agency which may affect educational arrangements?  
Yes/No

If so please detail name of Service Provider and Contact No.

———

Does your child require special transport arrangements to and from the College?  
Yes/No

Does your child receive Respite Care on a regular basis?  
Yes/No

EMERGENCY CONTACTS (OTHER THAN A PARENT/GUARDIAN)

Name: ___________________________________ Relation to Student: _______________________
Address: ____________________________________________________________
Contact Numbers: ______________________________________________________

———

Name: ___________________________________ Relation to Student: _______________________
Address: ____________________________________________________________
Contact Numbers: ______________________________________________________

———

MEDICAL INFORMATION & IMMUNISATION RECORD

F - fully immunised  N - not immunised  I - incomplete immunisation  P - personal objections

Measles □ Mumps □ Rubella □  
Diptheria □ Tetanus □

Hepatitis B □ Pertussis □ Polio (OPV) □  
(Whooping Cough) Immunisation Record Attached □

Immunisation Record Attached □

Family Doctor/Medical Clinic: _____________________________________________
Address: __________________________________________________________________
Contact Numbers: ________________________________________________________

———

Dentist/Dental Clinic: ______________________________________________________
Address: __________________________________________________________________
Contact Numbers: ________________________________________________________

———

Medicare Number: _____________  Private Health Fund: _____________  Blood Group: ______
(If known)

Medical emergency authorisation

I authorise the 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 College to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

Signature of Parent(s)/Guardian(s): ___________________________________________  Date: _____________

FEMALE PARENT OR GUARDIAN

———

Date: _____________

MALE PARENT OR GUARDIAN

Page 4 of 7
Disclosure
Do you agree that the information supplied in the Student Information and Family Information sections, can be provided to the relevant Parish Priest?

Yes/No

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 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/college does not guarantee the enrolment of that student in any other Catholic school/college.
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 Orders, then the enrolment may be refused or terminated on this ground.
I/we have read and fully understand and agree that enrolment in a Catholic school/college means that we and our child will participate fully in all required aspects of the educational program of the school/college including the Religious Education program of the school/college.
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 have enclosed the non-refundable Application fee of $35 and understand if an enrolment place is offered, a deposit of $200 needs to be paid with the return of the signed acceptance form in order to secure a place for your child.

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

__________________________________________________________ Date:

FEMALE PARENT/GUARDIAN

__________________________________________________________ Date:

MALE PARENT OR GUARDIAN

A copy of your child’s Birth Certificate, Baptism Certificate, Parish Priest Reference, Immunisation Records, Most recent School Report, Bishops’ Religious Literacy Results (once available), NAPLAN (once available) Passport, Visa and Custodial Court Orders are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview.

<table>
<thead>
<tr>
<th>For Office use only</th>
<th>SUPPORTING DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRTH CERTIFICATE</td>
<td>BAPTISM CERTIFICATE</td>
</tr>
<tr>
<td>PARISH PRIEST REFERENCE</td>
<td>IMMUNISATION RECORDS</td>
</tr>
<tr>
<td>SCHOOL REPORT</td>
<td>BISHOPS’ RELIGIOUS LITERACY ASSESSMENT</td>
</tr>
<tr>
<td>NAPLAN</td>
<td>OTHER</td>
</tr>
<tr>
<td>INTERVIEW DATE AND TIME</td>
<td></td>
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</tbody>
</table>
PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy statement on student enrolment requires the enrolling Principal to consult with the Parish Priest.

As part of the enrolment process for St John Bosco College, you are required to arrange an appointment with the Parish Priest and together complete the attached form.

During the meeting, the discussion will focus on matters such as your reasons for seeking enrolment for your child in a Catholic College, your previous experience of or connections with the Catholic Church.

Parents/Guardians are asked to complete the following before the meeting:

Name of student/s: _________________________________

Applying for Year/s ____________________________ in 20__

Address: _________________________________

Phone No: _________________________________

Name of Mother/Guardian _________________________________

Name of Father/Guardian _________________________________

Current School: _________________________________

If a Government school, has your child attended school scripture classes? YES / NO

PARISH PRIEST'S COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed: _________________________________

Priest’s Name: _________________________________

Parish: _________________________________

Page 6 of 7
PRIVACY COLLECTION NOTICE

With the introduction of the Privacy Act (December 2001), it is important that parents are aware of the ways in which the College may use the information we have on record. The following indicates the possible uses of this information:

1. St John Bosco College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the College. The primary purpose of collecting this information is to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, the Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, medical practitioners, and people providing services to the College, including specialist teachers, sports coaches and volunteers.

6. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your son/daughter.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as student academic and sporting achievements, pupil activities and other College/student news is published in various media outlets such as College publications (College newsletters, College Year Book, the College website etc) student files, newspapers, community magazines and others. Information may be used for the promotion of the College, College public relations, documentation and the recognition of student achievement. Each year, visual imagery (photographs and videos) are taken of the students which are also used in these ways.

8. Parents 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 College's duty of care to the pupil, or where pupils have provided information in confidence.

9. As you may know St John Bosco College from time to time will engage in fundraising activities. Information received from you may be used to make an appeal to you.

10. If you provide the College 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 College and why the College does not usually disclose the information to third parties. Unless parents instruct us otherwise we assume permission to use the information in the ways outlined above. If you have any concerns or questions please contact the Principal.