



Leschenault Catholic Primary School

Pre-Kindergarten Enrolment Form

STUDENT DETAILS

Please supply a copy of your child's birth certificate with this application form

ENTRY DATE (e.g 2010): _____

Student Surname: _____ Date of Birth _____ Birth Place _____

Given Names: _____ Gender: Male / Female

Address: _____ Birth Certificate Attached: Yes / No

State: _____ Post Code _____ Language Spoken at Home: _____

Aboriginal / Torres Isander: Yes / No Are you an Australian Citizen? Yes / No

Home Phone No: _____ Mobile No: _____ Religious Denomination: _____

Baptism Date: _____ Baptism Certificate Attached Yes / No Email Address _____

FAMILY DETAILS

FEMALE PARENT/GUARDIAN

Title: _____ Surname: _____ First Name: _____

Employer _____ (W) _____ (MOB) _____

MALE PARENT/GUARDIAN

Title: _____ Surname: _____ First Name: _____

Employer _____ (W) _____ (MOB) _____

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student _____

If applicable a copy of any Parenting of Restraint Order is attached. Yes/No

Any other condition enforced at law? _____

Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.

EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name: _____ Relation to Student: _____

Address _____

Contact Numbers: _____

Christianity Friendship Respect

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 following area(s) that may affect/his/her learning, participation or welfare during school hours.

Family Doctor/Medical Clinic _____ Doctor/Clinic Phone No. _____

Medication _____

Physical _____

Mobility Access Issues _____

Psychological / Cognitive _____

Sensory (e.g. Vision/Hearing) _____

Behavioural or Safety _____

Communication _____

Allergies _____

MEDICAL INFORMATION

ASTHMA

Does your child suffer from Asthma? Yes No

If yes an ‘action plan’ together with your child’s photo must be supplied to the School Office when your child commences school.

ALLERGIES

Does your child suffer from any known allergies? Yes No

If yes an “action plan” together with your child’s photo must be supplied to the School Office when your child commences school.

SIBLINGS CURRENTLY ATTENDING LESCHENAULT CATHOLIC PRIMARY SCHOOL

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____

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 or 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 and to provide the medical practitioner with any relevant medical information detailed in this form.

Signature: _____ Date: _____

AGREEMENT

I/we understand and accept that acceptance into the play based program for children aged three does not guarantee my child a place in Kindergarten at Leschenault Catholic Primary School.

Signature of Parent(s)/Guardian(s) _____ Date: _____
MALE PARENT OR GUARDIAN

_____ Date: _____
FEMALE PARENT OR GUARDIAN