



# Leschenault Catholic Primary School

## Pre-Kindergarten Enrolment Form

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

### STUDENT DETAILS

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 Islander: Yes / No Are you an Australian Citizen? Yes / No

Home Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Certificate Attached Yes / No Mum's Email Address \_\_\_\_\_  
Dad's 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: \_\_\_\_\_

# 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** Medicare No: \_\_\_\_\_

**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. I/We understand and agree that in signing this form we accept full financial responsibility for all School fees due and payable under the School Fees and Charges Policy. The responsibility for payment of fee accounts is joint and several

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

\_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

*Christianity Friendship Respect*