



41 Franklin Street, Leederville WA 6007  
 Postal: PO Box 223, Leederville WA 6903  
 Tel: (08) 9444 9355 Fax: (08) 9444 9310  
 ID: +61 8 9444 9355  
 Email: acc@aranmore.wa.edu.au  
 Web: aranmore.wa.edu.au  
 ABN: 49 867 048 356 CRICOS CODE: 00745C

**Important Privacy Notice**  
 Please read the *Appendix to the Enrolment Form: Collection and Use of Personal Information* prior to completing this form.

## Aranmore Catholic College Enrolment Information Form

CRICOS Code: 00745C

Academic year level (tick):  IEC  7  8  9  10  11  12      Calendar year commencing:

Student Family Name: \_\_\_\_\_

Student Given Names: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Birth certificate attached:  YES  NO

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

Nationality: \_\_\_\_\_ Main language spoken at home: \_\_\_\_\_

Australian Resident?  YES  NO      If YES:  Permanent  Temporary

Aboriginal or Torres Strait Islander  YES  NO      If YES, then Group of Origin: \_\_\_\_\_

**STUDENTS BORN OUTSIDE OF AUSTRALIA & TEMPORARY RESIDENT APPLICANTS TO COMPLETE:**

Arrival Date to Australia: \_\_\_/\_\_\_/\_\_\_      AGENT EMAIL (if applicable): \_\_\_\_\_

Passport No: \_\_\_\_\_      Visa Code: \_\_\_\_\_

Current School: \_\_\_\_\_ State/Country: \_\_\_\_\_ Year Level: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish/Place of worship: \_\_\_\_\_

If Catholic:  Baptism  Reconciliation  Eucharist  Confirmation

Siblings currently attending Aranmore: 1. \_\_\_\_\_ Year Level: \_\_\_\_\_  
 2. \_\_\_\_\_ Year Level: \_\_\_\_\_

1. Student's Term Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of adult(s) at student's residence: \_\_\_\_\_

Student Mobile: \_\_\_\_\_ Student Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**       Application fee receipt      Date \_\_\_/\_\_\_/\_\_\_      Receipt No. \_\_\_\_\_

STKEY:                DFKEY:

TAG:          FORM:         ALT DFKEY:

IEC       Exchange or Visitor       FFPOS      Start Date: \_\_\_/\_\_\_/\_\_\_

Scholarship applied for:  Academic       Music       Netball       Rugby

Scholarship granted:  YES  NO       Aboriginal Sponsorship

# Family Information

The following information is treated in confidence. Please ensure all information is provided accurately. Please note it is a requirement of Aranmore Catholic College that each student reside with an adult family member or College approved guardian over the age of 21 years.

## Mother/Guardian (please indicate)

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

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

Aboriginal or Torres Strait Islander:  YES  NO

Main language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_

**2.** Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email #1: \_\_\_\_\_

**3.** Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Father/Guardian (please indicate)

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

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

Aboriginal or Torres Strait Islander:  YES  NO

Main language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_

**4.** Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email #2: \_\_\_\_\_

**5.** Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Relationship of the above persons:

Married  Separated  Divorced  Widow/Widower  Defacto  None

Which address should the College use for mailing:

(insert the number next to the address, e.g. 2)  School Fees  Reports  Correspondence

Email address for newsletter and other notifications: Email:  #1  #2  or both

## Custody/Guardianship

Name of person(s) with legal guardianship of student: \_\_\_\_\_

If applicable, a copy of any Parenting or Restraint Order is attached:  YES  NO

Any other conditions enforced at law: \_\_\_\_\_

Which parent does the child usually live with? \_\_\_\_\_

What access does the other parent have? \_\_\_\_\_

Is the child under the care of the Department for Child Protection?  YES  NO

Case Worker's Name: \_\_\_\_\_

Case Worker's Address: \_\_\_\_\_

Case Worker's Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

# Medical Information

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 school hours. The following information is treated in confidence. Please ensure all information is provided accurately.

Student's Doctor/Medical Clinic: \_\_\_\_\_

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

Suburb \_\_\_\_\_ P/code: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Medicare Number \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In the event that we are unable to contact you in an emergency, please provide another contact other than your doctor or yourself:**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## Immunisation Record:

Fully Immunised     Incomplete Immunisation     Not Immunised     Immunisation Record attached

Please indicate if your child has any of the following medical conditions (please tick the relevant box/es and give details if necessary):

<input type="checkbox"/> Allergies - Mild _____	<input type="checkbox"/> Heart Trouble _____
<input type="checkbox"/> Allergies - Severe (e.g. Anaphylaxis) _____	<input type="checkbox"/> Hearing Impairment _____
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Kidney Disease _____
<input type="checkbox"/> ADD/ADHD _____	<input type="checkbox"/> Glasses or Contact Lens _____
<input type="checkbox"/> Chronic Fatigue _____	<input type="checkbox"/> Migraines _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Nose Bleeds _____
<input type="checkbox"/> Epilepsy _____	<input type="checkbox"/> Other _____

Does your child wear a medic alert badge?  NO     YES    Number \_\_\_\_\_

Does your child need to take medication during the school day for illnesses above? If so, please provide details.

Please describe any medical symptoms of which teachers should be aware. \_\_\_\_\_

What actions should be taken if the above symptoms are observed? \_\_\_\_\_

Does your child have any special needs of which you would like us to be aware? (tick)

Social/Personal \_\_\_\_\_     Family \_\_\_\_\_  
 Academic \_\_\_\_\_     Other \_\_\_\_\_

Is there anything we need to know about your child's history of schooling? Please attach details. \_\_\_\_\_

Does your child have any special interests? (tick)

Sport \_\_\_\_\_     Music \_\_\_\_\_     Community \_\_\_\_\_  
 Arts \_\_\_\_\_     Academic \_\_\_\_\_     Other \_\_\_\_\_

## Medical Emergency Authorisation

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the College 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 College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

Signature of Mother/Guardian (please indicate): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Father/Guardian (please indicate): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Enrolment Policy and Procedures

## 1. Conditions For Admission

- a) Aranmore Catholic College is a Catholic Coeducational Secondary College in the tradition of Edmund Rice and Catherine McAuley. The first condition for enrolment at the College is that students and their parents accept the values underlying the Catholic philosophy of education, and that students undertake to participate fully in the Religious Education Program and Faith Practices and observances of the College. The values, beliefs and practices which are nurtured by the College and include respect for all religions and nationalities, must be encouraged and supported in the home. It is not possible to separate the educational, spiritual and humanitarian aims of the College.
- b) When accepting a place at Aranmore Catholic College, parents and students make a commitment that the student will abide by College rules and standards of conduct and behaviour. All policies are available at the College's website: [www.aranmore.wa.edu.au](http://www.aranmore.wa.edu.au)
- c) Students are enrolled on the assumption that they will benefit from the educational and spiritual program of the College. Students are therefore expected to contribute to the academic and general life of the College.
- d) Parents are responsible for the prompt payment of all fees and charges rendered by the College.
- e) Any changes of address, or cancellation of the application for any reason, must be done in writing.
- f) All relevant enrolment information must be disclosed on the Enrolment Information Form (to be completed prior to interview). Failure to fully disclose information may render this Application for Enrolment void.

## 2. Enrolment Policy

- a) The College's acceptance of an application for enrolment does not guarantee a place, but simply includes the student's name on a waiting list with other candidates.
- b) Enrolment priority is given to students who are Catholic. However, students from other faiths are welcomed when places are available. Applications for enrolment are assessed on the basis of date of application, the application itself and interview.
- c) The Principal has the sole right of discretion in the enrolment of students.

## 3. Application Procedures

- a) Application is made on the form headed Aranmore Catholic College Enrolment Information Form.
- b) This form is sent to the College with a non-refundable Application Fee of \$50.00 (inclusive of GST) and a photocopy (not the original) of the student's Certificate of Baptism.
- c) The College will post to parents an Acknowledgement of Receipt of Application.
- d) Two years prior to the date of entry, parents to whom a place may be offered will be contacted to arrange an interview with the Principal.
- e) Once a student has commenced at the College, parents are required to give a full Term's notice in writing of their intention to remove the student.

---

I certify that the information provided in this document is accurate and to the best of my knowledge.

**I/we have read and fully understand and agree that enrolment in a Catholic College means that we and our child will participate fully in all required aspects of the educational program of the College including the Religious Education program of the College.**

**If accepted into the College, I/we agree to abide by the rules and student uniform regulations of Aranmore Catholic College** (available on the College website).

**I/we give permission for my child to be transported on the College buses for events on the school calendar and regular off campus class activities** (e.g. Physical Education).

**I/we hereby agree to pay all applicable fees in accordance with the College's usual terms and conditions of payment.**

**I/we give permission for my child's digital image to be used in College publications.**

I have read the **Appendix to the Enrolment Information Form: Collection and Use of Personal Information**. The signature on this Enrolment Information Form signifies acceptance of the above conditions.

Signature of Mother/Guardian (please indicate): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Father/Guardian (please indicate): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_