

41 Franklin Street, Leederville WA 6007 Postal: PO Box 223, Leederville WA 6903 Tel: (08) 9444 9355 Fax: (08) 9444 9310 IID: +61 8 9444 9355 Emall: 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): FC 7 8 9 10 11 12 Calendar year commencing: Calendar year commencing:
Student Family Name:
Student Given Names:
Student Preferred Name: Gender: Male Female
Date of Birth:/ Birth certificate attached:YESNO
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: 1Year 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.
FOR OFFICE USE ONLY Application fee receipt Date/_/_ Receipt No
STKEY: DFKEY: DFKEY:
TAG: ALT DFKEY: ALT DFKEY:
TAG: ALT DFKEY: ALT DFKEY:

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)		14		
Title: Family Name:		Given	Name:	
Occupation:				
Nationality:				
Aboriginal or Torres Strait Islander:	YES	NO		
Main language spoken at home:		Religion	:	
2. Residential Address:				
Suburb:	F	?/code:	_ Phone:	
Mobile Phone:	Email :	#1:		
3. Mailing Address:				
Suburb:P/o	code:	Work Phone:	Fax:	
Father/Guardian (please indicate)				
Title: Family Name:		Given Nan	ne:	54 5-00 5-46 5-5 V = 1.0
Occupation:	Em	nployer:		
Nationality:		_ Country of Bir	th:	
Aboriginal or Torres Strait Islander:	YES	NO		
Main language spoken at home:		Religion		
4. Residential Address:				
Suburb:				
Malaila Diagram	Emanil	110		
Mobile Phone:				
5. Mailing Address:				
5. Mailing Address:	code:			
5. Mailing Address: P/o Relationship of the above persons:	code:		Fax:	
5. Mailing Address: P/o Relationship of the above persons:	code:	Work Phone:	Fax:	
5. Mailing Address: P/o Suburb: P/o Relationship of the above persons: Married Separated [Code: Divorced for mailing:	Work Phone: Widow/Wid	Fax: Fax: ower Defacto	
5. Mailing Address: P/o Relationship of the above persons: Married Separated [1] Which address should the College use	code: Divorced for mailing: e.g. 2)Sc	Work Phone: Widow/Wid	Fax: Fax: ower Defacto) None
5. Mailing Address: P/o Relationship of the above persons: Married Separated [] Which address should the College use (insert the number next to the address,	code: Divorced for mailing: e.g. 2)Sc	Work Phone: Widow/Wid	Fax:Fax: ower	None Correspondence
5. Mailing Address: P/o Relationship of the above persons: Married Separated [I] Which address should the College use (insert the number next to the address, Email address for newsletter and other	Divorced for mailing: e.g. 2) Sc notifications:	Work Phone: Widow/Wid hool Fees Email: #1	Fax:Fax: ower	None Correspondence
5. Mailing Address: P/o Relationship of the above persons: Married Separated [I] Which address should the College use (insert the number next to the address, Email address for newsletter and other Custody/Guardianship	Divorced for mailing: e.g. 2) So notifications:	Work Phone: Widow/Wid hool Fees Email:#1	Fax:Fax: ower	None Correspondence
5. Mailing Address: P/o Relationship of the above persons: Married Separated [I] Which address should the College use (insert the number next to the address, Email address for newsletter and other Custody/Guardianship Name of person(s) with legal guardians	code: Divorced for mailing: e.g. 2) Sc notifications: hip of student or Restraint Or	Work Phone: Widow/Wid hool Fees Email:#1 :: der is attached:	Fax:Fax: ower	None Orrespondence or both
5. Mailing Address: P/o Relationship of the above persons: Married Separated College use Which address should the College use (insert the number next to the address, Email address for newsletter and other Custody/Guardianship Name of person(s) with legal guardians If applicable, a copy of any Parenting of	code: Divorced for mailing: e.g. 2) Sc notifications: hip of student r Restraint Or	Work Phone: Widow/Wid hool Fees Email:#1 :: der is attached:	Fax:Fax: ower	None Orrespondence or both
5. Mailing Address:	code: Divorced for mailing: e.g. 2) Sc notifications: hip of student r Restraint Or	Work Phone: Widow/Wid hool Fees Email:#1 :: der is attached:	Fax:Fax:Fax:Fax:	None Orrespondence or both
5. Mailing Address:	code: Divorced for mailing: e.g. 2) Sc notifications: hip of student r Restraint Or with?	Work Phone: Widow/Wid hool Fees Email:#1 :: der is attached:	Fax:Fax:Fax:Fax:	None Orrespondence or both
Suburb: P/o Relationship of the above persons: Married Separated College use Which address should the College use (insert the number next to the address, Email address for newsletter and other Custody/Guardianship Name of person(s) with legal guardians If applicable, a copy of any Parenting of Any other conditions enforced at law: Which parent does the child usually live What access does the other parent have Is the child under the care of the Deparent	code: Divorced for mailing: e.g. 2) Sc notifications: hip of student r Restraint Or e with? ve? tment for Chi	Work Phone: Widow/Wid hool Fees Email:#1 :: der is attached:	Fax:Fax: ower	None Orrespondence Or both
Suburb: P/o Relationship of the above persons: Married Separated College use Which address should the College use (insert the number next to the address, Email address for newsletter and other Custody/Guardianship Name of person(s) with legal guardians If applicable, a copy of any Parenting of Any other conditions enforced at law: Which parent does the child usually live What access does the other parent have	code: Divorced for mailing: e.g. 2) Sc notifications: hip of student r Restraint Or e with? ve? tment for Chi	Work Phone: Widow/Wid hool Fees Email:#1 :: der is attached:	Fax:Fax:Fax:Fax:Fax:	None Orrespondence Or both

Medical Information

The school Education Act 1999 requires the provision of: "details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee 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.

Signature of Mother/Guardian (please indicate):	The following information is treated in			ded accurate	ay.	
Subert Medicare Number						
Student Medicare Number						
In the event that we are unable to contact you in an emergency, please provide another contact other that your doctor or yourself: Surname:						
your doctor or yourself: Surname: Address: Suburb: P/code: Mobile: Relationship to Student: Immunisation Record: Fully Immunised Incomplete Immunisation Not Immunised Immunisation Record attache						
Address: Suburb:		ontact you in an emergen	cy, please provide a	nother conta	act oth	er than
Suburb: P/code: Phone: Mobile: Relationship to Student:	Surname:	Given	Name:			
Phone:	Address:					
Relationship to Student: Immunisation Record:						
Fully Immunised	Phone:	Mobile:				
Fully Immunised	Relationship to Student:					
Please indicate if your child has any of the following medical conditions (please tick the relevant bowles and give details if necessary) Allergies - Mild	Immunisation Record:					
Allergies - Mild	Fully Immunised Incomplete	Immunisation Not In	nmunised Imn	nunisation Re	ecord at	tached
Asthma	Please indicate if your child has any o	of the following medical cond	ditions (please tick the relevan	nt box/es and give	details if ne	cessary):
Asthma	Allergies - Mild	Hea	rt Trouble			
ADD/ADHD	Allergies - Severe (e.g. Anaphylaxis) _	Hea	ring Impairment			
Chronic Fatigue	Asthma	Kidr	ney Disease			
Chronic Fatigue	ADD/ADHD	Glas	sses or Contact Lens			
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 neccessary. 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:			raines			
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 neccessary. 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:	Diabetes	Nos	e Bleeds			
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 Community 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:			er			
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Social/Personal			u?			
Social/Personal	Does your child have any special need	ds of which you would like us	s to be aware? (tick)			
Academic	Social/Personal	Fami	ily			
Does your child have any special interests? (tick) Sport	Academic	Othe	r			
Sport	Is there anything we need to know about	out your child's history of sc	hooling? Please attac	h details		
Medical Emergency Authorisation I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered neccessary. 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:	Does your child have any special interest	ests? (tick)			*	
Medical Emergency Authorisation I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered neccessary. 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:	Sport Mu	usic	Community_			
I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered neccessary. 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:/	Arts Ac	ademic	Other			
I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered neccessary. 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:/	Medical Emergency Authorisation					
Signature of Mother/Guardian (please indicate):	I authorise the College to seek medical/de neccessary. I further authorise the College transfusion or medication, and I am unable	that if an emergency occurs re to be contacted within a reas	equiring surgery, anaest conable time, the Colleg	hetic, oxygen,	, blood	
				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
- 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 and name to be used in College publications as per CEWA policy. 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:	_/_	_/_