Thank you for your interest regarding enrolment for your child/children at St John Paul II Catholic Primary School. Please find enclosed our ‘Application for Enrolment’ form and various other documents providing information about our school. Please return all completed documentation to our school office at your earliest convenience.

The following documents are required to be sighted by the school:

(i) Birth certificate;
(ii) Baptismal certificate and certificates from other Sacraments received by the child;
(iii) Immunisation records;
(iv) If parents and/or child are born overseas, copies of initial visas.
(v) If your child has been diagnosed with a medical condition, a letter from the diagnosing medical practitioner must be included with the enrolment form.

APPLICATIONS WILL NOT BE PROCESSED UNTIL COPIES OF ALL DOCUMENTS HAVE BEEN PROVIDED.

Please note that the submission of the application forms indicates an expression of interest only. It is not a confirmation of enrolment.

We look forward to meeting you in the near future.
# ST JOHNS PAUL II CATHOLIC PRIMARY SCHOOL - Application for Enrolment

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Christian Name</td>
<td></td>
</tr>
<tr>
<td>Second Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Home Phone Number</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Place of Birth</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
</tr>
<tr>
<td>Aboriginal / Torres Strait Islander</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Australian Permanent Resident</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Born Outside Australia</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Date of Arrival in Australia</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship</td>
<td></td>
</tr>
<tr>
<td>Language Spoken at Home</td>
<td></td>
</tr>
<tr>
<td>Number of Years in Australia</td>
<td></td>
</tr>
<tr>
<td>Present School</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Year Level</td>
<td></td>
</tr>
</tbody>
</table>

## RELIGION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Denomination</td>
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</tr>
<tr>
<td>Parish</td>
<td></td>
</tr>
<tr>
<td>Parish Priest</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>Date of Reception of Sacraments</td>
<td></td>
</tr>
<tr>
<td>Baptism</td>
<td></td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
</tr>
<tr>
<td>First Communion</td>
<td></td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
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</tbody>
</table>

## FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Parent or Guardian</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Christian Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
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<tr>
<td>Language at Home</td>
<td></td>
</tr>
<tr>
<td>Mobile Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
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<tr>
<td>Work Phone Number</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship</td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
</tbody>
</table>
CUSTODY / GUARDIANSHIP

Name of person(s) with legal guardianship of the student: ..............................................................

If applicable a copy of any Parenting or Restrained Order is attached: Yes / No

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.

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL

NAME: ........................................... YEAR LEVEL: ............ NAME: ........................................... YEAR LEVEL: ............

NAME: ........................................... YEAR LEVEL: ............ NAME: ........................................... YEAR LEVEL: ............

SIBLINGS

NAME: ........................................... DATE OF BIRTH: ............ NAME: ........................................... DATE OF BIRTH: ............

NAME: ........................................... DATE OF BIRTH: ............ NAME: ........................................... DATE OF BIRTH: ............

STUDENT'S 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.

Health Care.................................................................

Medication.................................................................

Physical.................................................................

Medical.................................................................

Orthoses / Prostheses.................................................................

Psychological / Cognitive.................................................................

Sensory (e.g. Vision/Hearing).................................................................

Behavioural or Safety.................................................................

Communication.................................................................

Allergies.................................................................

If medication or medical / health care services are required during school 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 arrangement? Yes / No

If so, please detail name of Service Provider and Contact Number.................................................................

Does your child require special Transport arrangement to and from school? Yes / No

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

IMMUNISATION RECORD
- F (fully immunized)  N (not immunized)  I (incomplete immunization)  P (personal objections)
  Measles ☐  Mumps ☐  Rubella ☐  Diptheria ☐  Tetanus ☐  
  Hepatitis B ☐  Pertussis (Whooping Cough) ☐  Polio (OPV) ☐  Meningitis ☐

FAMILY DOCTOR / MEDICAL CLINIC:

ADDRESS: ..........................................................  SUBURB: ..........................................................

TELEPHONE: ..........................................................  DENTIST / CENTRAL CLINIC:

ADDRESS: ..........................................................  SUBURB: ..........................................................

TELEPHONE: ..........................................................

MEDICARE NUMBER: ..........................................................  PRIVATE HEALTH FUND: ..........................................................

BLOOD GROUP (IF KNOWN): ..........................................................

HEALTH CARE CARD
Are you a current holder of a health care card?  Yes / No

Payment type: ..........................................................  CRN: ..........................................................

Card Expiry: ..........................................................

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT / GUARDIAN)

NAME: ..........................................................  RELATION TO STUDENT: ..........................................................

ADDRESS: ..........................................................

CONTACT HOME: ..........................................................  MOBILE: ..........................................................

WORK: ..........................................................

NAME: ..........................................................

ADDRESS: ..........................................................

CONTACT HOME: ..........................................................  MOBILE: ..........................................................

WORK: ..........................................................

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to attend to any injury to my son/daughter within the limits of their knowledge.

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, 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 to the medical practitioner any relevant medical information detailed in this form.

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

..........................................................  Date: ..........................................................

(Female Parent or Guardian)  (Male Parent or Guardian)

DISCLOSURE

Do you agree that the information supplied on the Student Information and Family Information sections, can be provided to the relevant Parish Priest?  Yes / No

Do you agree that your contact details can be provided to the relevant class 'Friendship List' of your child for ongoing use?  Yes / No

This information will only be distributed whilst the child attends the school and / or when written consent is withdrawn.
PARENTAL/GUARDIAN RESPONSIBILITIES TOWARDS SCHOOL

Will you fully cooperate with the school in the following matters. (Please circle)

1. To read the School Policy carefully and to support the aims and objectives and to support the means the school takes to fulfil its purpose. Yes / No
2. To read the school rules carefully and to abide by those rules. Yes / No
3. To clothe your child in correct school uniform at all times. Yes / No
4. To be supportive of school matters involving parents. Yes / No
5. To be supportive of the Discipline Policy. Yes / No
6. To support the parents and Friends Association by paying the P & F levy and by either attending Committee meetings to organise events or to assist in fund raising. Yes / No
7. To meet the obligation for paying school fees when due. Yes / No
8. To use social media platforms respectfully and to refrain from referring to the school or members of the school community in a derogatory manner. 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 school’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 does not guarantee the enrolment of that student in any other Catholic school.

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 agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

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

FEMALE PARENT OR GUARDIAN

.......................................................... Date:..........................................................

MALE PARENT OR GUARDIAN

OFFICE USE ONLY

Interview conducted:.......................... Application Letter:.......................... Acceptance of Offer Letter:..........................

Forms required from Parents / Guardians

Baptism Certificate: Yes / No / N.A Birth Certificate: Yes / No Immunisation records: Yes / No
Photo Permission: Yes / No Internet Permission Yes / No Asthma Form: Yes / No / N.A
Data Collection Form: Yes / No Private Information: Yes / No Local excursion form: Yes / No
Visa / Passport Yes / No / N.A Code of Conduct: Yes / No Parish Priest Ref.: Yes / No / N.A
SCSEEC form: Yes / No

School Office forms required

Transfer Note Yes / No / N.A Assessment Drive Yes / No Carpark Name Sign Yes / No
Dear Parents/Guardians

In line with the Australian Privacy Act, St John Paul II Catholic Primary School requires written permission to publish photos of your child or samples of their work relating to school activities (newsletters, advertising, school website etc).

For this to occur please indicate below your permission for:
- Publishing of photos in the school newsletter
- Publishing of photos for advertising purposes
- Publishing of photos on the school website
- Publishing of work samples within the school
- Publishing of work samples on the school website
- Publishing of aspects of school life relating to your child

No personal details of your child will be attached to any photo published, including their name.

__________________________

I __________________________ give permission for St John Paul II Catholic Primary School to publish photos and/or work samples relating to my child __________________ in the school newsletter and/or on the school’s website.

Signed: _________________________ Date: ______________
Dear Parents or Guardians

Use of information technology is an essential element in today’s education systems. Children attending St John Paul II will have access to this technology, which includes access to, and use of the Internet. For your child to obtain the maximum benefit from this resource the school has drawn up guidelines for its use. These guidelines are based upon mutual respect and trust between student and teachers. We have outlined the responsibilities of the school, student and parents or guardians and the consequences if the student chooses not to follow these guidelines.

The school will ensure that students:
- Are always supervised when using the Internet.
- Understand that there are sites that should not be visited
- Provide some filtering software to minimise access to unacceptable sites.

The student will:
- Check with the teacher before going to a certain site or link of if uncertain about that site.
- Search only on relevant topics

Teachers, Parents and Guardians need to:
- Support one another to encourage children to use the Internet in an appropriate way.

If the occasion should arise the following consequences may be applied for not adhering to the guidelines.
1. No access to the computers for one month.
2. Complete all research and publishing work by non-computer methods.
3. Parents will be notified.

Access to the Internet is conditional on this contract being signed by the student and parent.

STUDENT
I have read and understood this contract and agree to these guidelines and consequences.

STUDENT SIGNATURE __________________________ DATE ____________

PARENT OR GUARDIAN
As the parent/guardian of this child I have read the Internet users agreement. I understand that the access is designed for educational purposes. St John Paul II Catholic Primary School has taken precautions to eliminate controversial material. However I also realise that it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for the materials aquired on the net.

PARENT/GUARDIAN NAME ______________________________________

PARENT/GUARDIAN SIGNATURE __________________________ DATE ____________
Dear Parent / Guardian

St John Paul II Catholic Primary School is proud to be involved with the Asthma Foundation of Western Australia in training staff & adopting strategies which actively support the whole school community in the management of asthma.

Our school is committed to providing a better and safer environment for students with asthma. An accurate and up-to-date medical record for all students is an essential component of being "Asthma Friendly" and we seek your assistance with our records.

Being an Asthma Friendly School involves adopting 7 other essential criteria, some of which include:

- An Asthma education program in the school health curriculum
- Asthma education provided for all school staff
- Asthma education offered to parents / carers within the school through the newsletter
- A plan in place for managing asthma during school sporting activities, excursions or camps

To support our school, we ask that you complete the attached Student Asthma Record.

**NB.** Even if your child **DOES NOT** suffer from Asthma, please complete the name details and then put a line through the rest of the document and return it to the school office.

Kind regards

**D. McMahon**

Di McMahon
Administration Officer
Student Asthma Record

This record is to be completed by parents/carers in consultation with their child’s doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick (✓) the appropriate box, and print your answers clearly in the blank spaces where indicated.

Personal Details

Students' Name: .................................................. Gender: Male / Female (please circle)

Date of Birth: ........../ ........../ ...........

Emergency contact (e.g. parent, carer):

a. Name: .................................................. Relationship: ..................................................
   Telephone No: ........................................ (home) .................................................. (work)

b. Name: .................................................. Relationship: ..................................................
   Telephone No: ........................................ (home) .................................................. (work)

Doctor: ..................................................
   Telephone No: ........................................

Usual Asthma Management Plan

Child's symptoms (e.g. cough): ......................................................................................

Triggers (e.g. exercise, pollens): ......................................................................................

Medication requirements:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method (e.g. puffer, spacer, etc)</th>
<th>When and how much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

In an Emergency follow the Plan below that has been ticked (✓)

☐ Standard Asthma First Aid Plan

Step 1. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
Step 2. Give 4 puffs of a blue reliever puffer (Aironir, Asmol, Bricanyl or Ventolin), one puff at a time, preferably through a spacer device. Ask the student to take 4 breaths from the spacer after each puff.
Step 3. Wait 4 minutes
Step 4. If there is little or no improvement, repeat steps 2 & 3.
   If there is still little or no improvement, call an ambulance immediately (Dial 000).
   Continue to repeat steps 2 & 3 while waiting for the ambulance.

OR

☐ My Child's Asthma Action Plan (attached)

Additional comments: ..............................................................................................................

I authorise school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signature of Parent/Carer: .................................................. Date: ..................................................
ST JOHN PAUL II CATHOLIC PRIMARY SCHOOL
Data Collection Form

This information is being collected to enable nationally comparable reporting of Students’ outcomes against the National Goals for Schooling in the Twenty First Century. This information is collected in accordance with the schools Privacy Policy.

Note: If you need help with this form please telephone Diane McMahon on 9303 7101.

Name of student:
First name
Last name
Date of Birth (dd/mm/yyyy)

Home address of student:
(No. and street name)
Suburb
Postcode

1. Sex
Male
Female

2. Is the student of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>No...................</td>
<td>4</td>
</tr>
<tr>
<td>Yes, Aboriginal......</td>
<td>1</td>
</tr>
<tr>
<td>Yes, Torres Strait Islander</td>
<td>2</td>
</tr>
<tr>
<td>Yes, Aboriginal and Torres Strait Islander</td>
<td>3</td>
</tr>
</tbody>
</table>

3. In which country was the student born?

<table>
<thead>
<tr>
<th>Country</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1101</td>
</tr>
<tr>
<td>England</td>
<td>2102</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1201</td>
</tr>
<tr>
<td>South Africa</td>
<td>9225</td>
</tr>
<tr>
<td>Malaysia</td>
<td>5203</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5202</td>
</tr>
<tr>
<td>Singapore</td>
<td>5205</td>
</tr>
<tr>
<td>Scotland</td>
<td>2105</td>
</tr>
<tr>
<td>United States of America</td>
<td>8104</td>
</tr>
<tr>
<td>India</td>
<td>7103</td>
</tr>
<tr>
<td>Other – please specify</td>
<td></td>
</tr>
</tbody>
</table>

(office use only)
4. Does the student or their female parent/guardian or their male parent/guardian speak a language other than English at home?
   (If more than one language, indicate the one that is spoken most often.)

<table>
<thead>
<tr>
<th>student</th>
<th>female parent/ guardian</th>
<th>male parent/ guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, English only........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Italian ..........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Cantonese..........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Arabic (incl. Lebanese)...........</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Vietnamese........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Polish................................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Indonesian........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Mandarin..........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Spanish............................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Macedonian.........................</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Yes, Other - please specify...............</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

   office use only: 1201
   2401
   7101
   4202
   5302
   3602
   6504
   7104
   2303
   3504

5(a) What is the highest year of primary or secondary school the parents/guardians have completed?
   (For persons who have never attended school, mark 'Year 9 or equivalent or below.')

   Mark one box only in each column

<table>
<thead>
<tr>
<th>female parent/ guardian</th>
<th>male parent/ guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 12 or equivalent...</td>
<td>[ ]</td>
</tr>
<tr>
<td>Year 11 or equivalent...</td>
<td>[ ]</td>
</tr>
<tr>
<td>Year 10 or equivalent...</td>
<td>[ ]</td>
</tr>
<tr>
<td>Year 9 or equivalent or below...</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

   office use only: 4
   3
   2
   1

5(b) What is the level of the highest qualification the parents/guardians have completed?

   Mark one box only in each column

<table>
<thead>
<tr>
<th>female parent/ guardian</th>
<th>male parent/ guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor degree or above</td>
<td>[ ]</td>
</tr>
<tr>
<td>Advanced diploma/Diploma</td>
<td>[ ]</td>
</tr>
<tr>
<td>Certificate I to IV (including trade certificate)...</td>
<td>[ ]</td>
</tr>
<tr>
<td>No non-school qualification...</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

   office use only: 7
   6
   5
   8

6(a) What is the occupation group of the female parent/guardian?

6(b) What is the occupation group of the male parent/guardian?

Please select the appropriate parental occupation group from the attached list.
- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.
List of Parental Occupation Groups (for question 6)

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

- Senior executive/manager/department head in industry, commerce, media or other large organisation.
- Public service manager (Section head or above), regional director, health/education/police/fire services administrator
- Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
  - Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
  - Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

**Group 2: Other business managers, arts/media/sportspersons and associate professionals**

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
- Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportswoman/woman, coach, trainer, sports official]
- Associate professionals generally have diploma/technical qualifications and support managers and professionals.
  - Business/administration [recruitment/employment/industrial relations/training officer, advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
- Defence Forces senior Non-Commissioned Officer

**Group 3: Tradesmen/women, clerks and skilled office, sales and service staff**

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
- Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registering clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
- Skilled office, sales and service staff.
  - Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
  - Sales [company sales representative, auctioneer, insurance agent/assessor/sales adjuster, market researcher]
  - Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

**Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

- Drivers, mobile plant, production/processing machinery and other machinery operators.
- Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
- Office assistants, sales assistants and other assistants.
  - Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
  - Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
  - Assistant/aid [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
  - Defence Forces ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]
Collection of Private Information Notice

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

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

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

4. Health information about pupils is sensitive information within the terms of the National Privacy Principals under the Privacy Act.

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

6. If we do not receive the information above we may not be able to enroll or continue the enrolment of your son/daughter.

7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic performance, sporting achievements, pupil activities and other news is published in our school newsletter or on our website.

8. Parents may seek access to personal information collected about them and their son or daughter by contacting the school. Pupils may also seek access to their personal information. However there will be occasions where 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 School's duty of care to the pupil or where pupils have provided information in confidence.

9. As you may know the school from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list and school directory.

11. If you provide the school with the personal information of others, such as a doctor or emergency contact, we encourage you to inform them that you are disclosing that information to the school and why, that they can access the information if they wish and that the school does not usually disclose the information to third parties.

I understand the above information.

Name: ____________________________ Signed ____________________________

Date: ____________________________
Dear Parents/Guardians

LOCAL EXCURSION PERMISSION NOTE

On certain occasions the students of St John Paul II Catholic Primary School have the opportunity to attend local functions e.g. local excursions, community events and other educational experiences.

On these occasions the children would walk with teachers and other staff members to their destination. Supervision will be in accordance with Catholic Education policy.

For this to occur please indicate below your permission for your child to walk to a local excursion. Details of the excursion would be advised in our Newsletter or The Grove that the event would be taking place.

________________________________________________________________________

I give / do not give permission for my child ________________________________

*(please circle)*

*(Child’s name in full)*


to attend local excursions that my child’s class or the whole school may attend or be invited to.

Parent’s name: _______________________________ Signed: _______________________________

Date: ____________________________
CODE OF CONDUCT

1. Rationale
To comply with the System Agreement with the Minister for Education Clause 6(3) stating all schools in the system will be required to adhere to a “Code of Conduct” on child safety in accordance with the standard determined by the Minister under section 159(1)(l) of the Act.

The purpose of the Code of Conduct is to describe minimum standards of conduct in all behaviour and decision making to ensure the safety and well-being of students.

2. Scope
The Code applies to staff, students, volunteers, parents and guardians as applicable.
The term ‘parents’ includes guardians.

3. Principles
3.1 You act safely and competently.
3.2 You give priority to students’ safety and well-being in all your behaviour and decision making.
3.3 You act in accordance with the values of the Gospel as defined in the Code of Ethical Conduct.
3.4 You conduct yourself in accordance with laws, agreements, policies and standards relevant to your relationship with the school community.
3.5 You respect the dignity, culture, values and beliefs of each member of the school community.
3.6 You treat personal information about members of the school community as private and confidential.
3.7 You give impartial, honest and accurate information about the education, safety and well-being of students.
3.8 You support all members of the school community in making informed decisions about students.
3.9 You promote and preserve the trust and privilege inherent in your relationship with all members of the school community.
3.10 You maintain and build on the community’s trust and confidence in Catholic schools and the Church.
3.11 You act reflectively and ethically.
3.12 You allow students to have a voice in their education, safety and well-being.

I have read, understood and agree to abide by the Code of Conduct.

Parent’s name: _______________ Signed: ____________________

Parent’s name: _______________ Signed: ____________________

Date: ____________________
PARISH PRIEST REFERENCE FORM

The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest forms part of the enrolment process for St John Paul II Catholic Primary School. Contact should be made with the parish secretary to find out the process for that parish.

To be completed by parent

To the Parish Priest at: ........................................................................................................................................................................

Name of Student: ........................................................................................................................................................................

Address: .......................................................................................................................................................................................

Phone No: ....................................................................................................................................................................................

Name of Mother: ...................................................... Name of Father: ........................................................................................................

Current School: ........................................................................................................................................................................

If Government school, does child attend school scripture classes in the Parish? YES/NO

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

........................................................................................................................................................................................................

To be completed by Parish Priest or his delegate

Please complete the information below in reference to the family information above.

Q1. Is the family actively involved in the life of the Church? ........................................................................................................

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?

........................................................................................................................................................................................................

Q3. Are there any pastoral circumstances you consider need to be taken into account in the decision about this student’s enrolment in our school?

........................................................................................................................................................................................................

Q4. Any other comments.

........................................................................................................................................................................................................

Signed: .......................................................................................................................................................................................

To the Parish Priest: Please send or fax this completed form to St John Paul II Catholic Primary School – PO Box 454 Wanneroo WA 6946 or Fax: 9404.8777
To assist the school in establishing the visa status of a child, the Australian Border Force (formerly the Department of Immigration and Border Protection) have established a website indicating current visa information about families. This website is called Visa Entitlement Verification Online (VEVO).

In complying with the conditions of VEVO registration, the school is required to obtain written consent from the family prior to accessing VEVO information about them.

All of the information below is required in order to access visa information (Please print clearly):

Family Name:

Given Name:

Date of Birth:

Passport / ImmiCard Number:

Country of Passport / ImmiCard:

The school will maintain confidential records regarding this visa information and use the information solely for the purpose of enrolment, educational statistics and Government census requirements.

I hereby give consent for information regarding my visa status to be accessed via VEVO.

Signed: ___________________________ Date: ___________________
Date:

The Principal

Re: Transfer of information and files

I hereby give permission to send copies of all documents, reports, medical information, Individual Education Plans and other reports relating to my child, to St John Paul II Catholic Primary School, 6 Kurrajong Blvd, Banksia Grove WA 6031.

Child’s Name: ..........................................................

Thank you

...........................................................
parent / guardian’s signature)

...........................................................
(parent / guardian’s name in full)
# 2018 SCHOOL FEES and POLICY

<table>
<thead>
<tr>
<th>2018 School Fees</th>
<th>Kindergarten</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$589.00</td>
<td>$1,178.00</td>
</tr>
<tr>
<td>Amenities</td>
<td>$100.00</td>
<td>$142.00</td>
</tr>
<tr>
<td>Excursion/Incursion</td>
<td>$45.00</td>
<td>$70.00</td>
</tr>
<tr>
<td>IT Levy</td>
<td>$-</td>
<td>$64.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>P &amp; F Contribution per Family</td>
<td>$20.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>Building Levy per Family</td>
<td>$117.80</td>
<td>$235.00</td>
</tr>
</tbody>
</table>

*Sibling Discount applies to Tuition Only:*

- 2nd child 20% $117.80 $235.60
- 3rd child 40% $235.60 $471.20
- 4th/5th child 100% $589.00 $1,178.00

**Health Care Card Holders:**

- School Fees $300.00 $300.00
- P & F Contribution per Family $20.00 $40.00
- Building Levy - per Family $90.00 $90.00

**Other Fees:**

- Swimming Fees Yr1 - Yr6 $120.00
- Textbooks/Workbooks Yr1 - Yr6 $35.00
- Camp Fees Yr6 TBA

* School fees are billed at the start of the school year. A reminder statement is sent out in term 3
* Unless a payment plan is in place, all fees are to be finalised by the end of term three (3)
* A fifty dollar ($50.00) discount will be given for fees paid in full by the end of term one (1) each year
* Payment can be made by Cash, Cheque, EFTPOS, Bpay, Direct Debit, and Centrepay (through Centrelink)
* Families experiencing financial difficulties may contact the school office for a suitable arrangement
* For children leaving during the school year, at least five (5) weeks written notice is required. A refund will be made on a pro-rata basis. Insurance, P & F Contribution, IT Levy & Building Levy are non-refundable

* Our school finance officer is available to discuss any further enquiries *
### ST JOHN PAUL II CATHOLIC PRIMARY SCHOOL UNIFORM ORDER FORM 2018

#### Family Name  |  Eldest Child's Class  |  Date:
--- | --- | ---

#### Item  |  Cost  |  Sizes for Each Student  |  Total Quantity  |  Total Price
--- | --- | --- | --- | ---
**Sports Uniforms**
Sports Shirts coloured sleeve (4-16)  |  $32.00  |  |  |  
Sports Track Pants (4-16)  |  $35.00  |  |  |  
Sports Zip Jacket (4-16)  |  $40.00  |  |  |  
Sports Microfibre Shorts (4-16)  |  $24.00  |  |  |  
**School Uniforms**
Unisex Woven Shirt Child (4-16)  |  $32.00  |  |  |  
Cargo Shorts (4-16)  |  $36.00  |  |  |  
Summer Dress (2-18)  |  $60.00  |  |  |  
Tartan Skirt (1-10)  |  $62.00  |  |  |  
Tartan Skirt (12-16)  |  $66.00  |  |  |  
Cargo Long Pants (4-16)  |  $40.00  |  |  |  
School Jumper (4-8)  |  $65.00  |  |  |  
School Jumper (10-16)  |  $70.00  |  |  |  
School Jumper (18-22)  |  $77.00  |  |  |  
**School Socks**
Anklets (size 5-8) (ages 2 to 4 yrs)  |  $6.00  |  |  |  
Anklets (size 9-12) (ages 5 to 7 yrs)  |  $6.00  |  |  |  
Anklets (size 13-3) (ages 7 to 10 yrs)  |  $6.00  |  |  |  
Anklets (size 2-8) (10+yrs)  |  $6.00  |  |  |  
Anklets (size 8-11) (large fitting)  |  $6.00  |  |  |  
**Accessories**
School Bag  |  $50.00  |  |  |  
Library Bag  |  $12.00  |  |  |  
School Hat S/M  |  $16.00  |  |  |  

---

**Options for Payment**

Please Debit my card details: Visa/Mastercard/ Bankcard

Name on card..................................................

Card Number__________________________

Expiration Date_______________________/_______(as shown on card eg 10/08)

Signature..................................................
St John Paul II OSHClub – Key Service Information Sheet

Service contact details: Ph: 0421 343 731 Email: stjohnpaul2@oshclub.com.au

Welcome to OSHClub Before & After School Care provider
OSHClub works in partnership with St John Paul II Catholic College to provide Outside School Hours Care (OSHC) services to the school community. We pride ourselves on providing children with a fun, learning experience. From exciting activities and healthy, nutritious food, to caring, motivated team members, the service meets all your children’s needs.

What happens at OSHC?
We provide fun activities for all ages including arts and craft, games, sports, drama, board games, dress ups and fun with friends. On request from parents, children can also participate in homework club. The service provides breakfast at Before School Care and afternoon tea at After School Care. Children can also participate in cooking activities.

Our team
Your children are in the care of qualified and experienced team members that have a current Working with Children check. Our Coordinators are trained in First Aid, CPR, Asthma and Anaphylaxis.

What to bring
Make sure your children wear/bring appropriate footwear and clothing, including a hat.

Where is the service located?
The OSHC service is located on site at St John Paul II Catholic College. All children attending the service must be dropped off in the morning or collected in the afternoon by an authorised person and signed in and out of the service each session. Children in Year 1 can walk straight to/from their classrooms. OSHClub team members will pick up and drop off the Kindy students, escorting them to the service at the start of the year.

How to enrol
An online OSHClub enrolment form must be completed via oshclub.com.au prior to your child’s first attendance. Once enrolled with OSHClub, log into your account to book the sessions you require.

Making bookings*
We offer permanent and casual bookings at the same affordable price to accommodate the needs of our families. Once enrolled, bookings can be made online at any time, up to 24 hours prior to the session of care. Bookings made within 24 hours will incur an extra charge of $3.30 per session per child.

Late bookings made within 24 hours of the session can only be made by calling the program directly or our Customer Service and Billing Team on 1300 395 735.

Cancellations
24 hours’ notice is required for cancellation of a before and after school booking and 7 days’ notice is required for cancellation of a Vacation Care booking to ensure you will not incur out of pocket costs. In the case of illness please provide a medical certificate. Cancellations can be made through the following means:
- Online through logging into your account at oshclub.com.au
- Contacting the Customer Service and Billing Team on 1300 395 735
- Sending an SMS to the Coordinator of the program. Include the following details in your SMS to ensure your request can be processed:
  - Child’s name e.g. Scott & Katie Smith; Service e.g. Example Primary School
  - Session and date you wish to cancel e.g. After School Care on 20 November 2017

* Please note that cancelling online can take up to 24 hours to process. Where no notice is given, full fees will be charged.
Fees and session times
Most families are eligible for the non-means tested Child Care Rebate (CCR), which rebates 50% of the cost of care, and many are eligible for the means-tested Child Care Benefit (CCB). The full fee applies for families who do not apply for, or are not eligible for CCR and CCB. The following table outlines examples of the “gap” fee payable at various income levels, for one child, per session. To establish what level of CCB you may be entitled to, please contact the Family Assistance Office on 136 150.

<table>
<thead>
<tr>
<th></th>
<th>One Child / Session</th>
<th>Weekly Income</th>
<th>$770</th>
<th>$1,153</th>
<th>$1,923</th>
<th>$3,077</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before School - 7.00am to 8.45am</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After CCR</td>
<td></td>
<td></td>
<td>$17.70</td>
<td>$18.66</td>
<td>$21.02</td>
<td>$24.10</td>
</tr>
<tr>
<td>After CCB &amp; CCR</td>
<td></td>
<td></td>
<td>$8.85</td>
<td>$9.33</td>
<td>$10.51</td>
<td>$12.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After School - 2.30pm to 6.00pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After CCR</td>
<td></td>
<td></td>
<td>$18.11</td>
<td>$20.03</td>
<td>$24.75</td>
<td>$30.90</td>
</tr>
<tr>
<td>After CCB &amp; CCR</td>
<td></td>
<td></td>
<td>$9.05</td>
<td>$10.01</td>
<td>$12.37</td>
<td>$15.45</td>
</tr>
</tbody>
</table>

The fees and rebate levels are subject to change each financial year and are based on the hours of operation as shown above. Child Care Benefit is available for families with a combined annual income of less than $130,000, or $145,000 if multiple children are in care, subject to Family Assistance Office assessment. Late pick up fees of $2.00 per minute per family apply. *Incursions and excursions during Vacation Care program incur an additional cost.

How to pay
Fees can be paid by credit card (VISA or MasterCard) or by direct debit from your nominated bank account. Your account will be automatically charged every two weeks for your attendance fees. As part of the online enrolment process, you will be required to complete an online Ezidebit Direct Debit form. Please note that a penalty fee of $9.90 will be charged by Ezidebit to your credit card or bank account if a transaction is declined.

If you have any questions regarding your account, please contact our Customer Service and Billing Team on 1300 395 735 or email oshaccounts@junioradventuresgroup.com.au (8am – 6pm Monday – Friday)

Complaints
Any complaints or concerns regarding this service should be directed to the Coordinator. If you would like to escalate your complaint, please contact our Customer Service and Billing Team on 1300 395 735. If you remain unhappy with the way your complaint or issue was handled, please contact the Department of Communities, Education and Care Regulatory Unit on (08) 6551 8333 or by email at ecru@dgcc.wa.gov.au. Further information is available at their website on www.dgcc.wa.gov.au.

Policies
All policies and procedures are available at the service. Please discuss any questions or concerns with your Coordinator.