Dear Parent/Guardian

On behalf of the St Columba’s School Community, I would like to sincerely thank you for your interest in St Columba’s Primary School, Bayswater.

Enclosed in this package are relevant documents and information relating to enrolling your child at St Columba’s. Our Enrolment Policy is available on our School Website and our Administration Staff are available to answer questions relating to this process.

Please ensure that all relevant forms have been FULLY completed and any relevant certificates have been attached as any pending documentation will delay the enrolment process.

In order for an application to be lodged, the following documents/checklist must be submitted:

Application Checklist:

- Student Enrolment Application Form
- Registration Fee $55.00 (non-refundable per application
- Birth Certificate (copy)
- Baptism Certificate (copy)
- Immunisation records (copy)
- Parish Priest Reference Form

We look forward to the return of your enrolment application and thank you for your interest in St Columba’s Primary School.

Yours faithfully

Greg Martin
Greg Martin
Principal
ST COLUMBA’S ENROLMENT PROCEDURE

RATIONALE

St Columba’s Primary School Bayswater established by the Sisters of Mercy in 1936 is a co-educational Catholic Primary School that follows the guidelines and policies set down by the Catholic Education Commission of Western Australia. St. Columba’s is transitioning to a double stream school enrolling boys and girls from Pre Kindy 3 Yr Olds to Year 6.

The Enrolment Policy of St. Columba’s is based on the Catholic Education Commission principle of striving to make Catholic schooling available to children whose parents wish for them to be educated in an environment which has the Gospel, including its values, and a Catholic ethos as its basis.

PROCEDURE FOR APPLICATION

- Application forms must be submitted for all children seeking enrolment in St. Columba’s school. These forms are available from the school office or the school website www.saintcolumbas.com.au
- A copy of each child’s Baptismal Certificate, Birth Certificate and Immunization details must be attached to the application form when it is submitted.
- Kindergarten is the initial enrolling year for the school.
- For students to be eligible for Kindergarten they must turn four (4) before 30 June.
- It is understood that enrolment in Kindergarten guarantees enrolment for Pre-Primary to Year Six.
- Applicants (Kindergarten only) will be invited to attend an interview usually mid March / April of the year preceding enrolment.
- In the event that an applicant is advised they will be placed on a waitlist their position on the list will be maintained for 12 months. Written notification needs to be submitted annually in order to maintain the status of the application.
- The Application Fee of $55 (inc GST) is non-refundable and is no guarantee that the student will be enrolled at St. Columba’s School Bayswater.

INTERVIEW PROCESS

- Interviews are required for all children prior to confirmation of enrolment at St. Columba’s.
- Parents will be notified of interview times by letter or phone.
- We invite the student being enrolled into the school to attend the interview.
- Letter from the Principal offering placement asking families to accept or reject offer.
- Parents/Caregivers are required to complete and sign the Saint Columba’s School Enrolment Agreement
- A $300 deposit will need to be paid to secure the position offered of which $200 will be deducted from the child’s fees the following term. This deposit is non-refundable should an application be withdrawn.

SELECTION CRITERIA

When enrolling students consideration is given to the following in priority:

- Catholic students from the Bayswater Parish with a Parish Priest reference.
- Catholic students from outside the Parish with a Parish Priest reference.
- Other Catholic students.
- Siblings of non-Catholic students.
- Non-Catholic students from other Christian denominations.
- Other Non-Catholic students.

The Principal in conjunction with the Parish Priest has discretion for the enrolment of special cases.

No enrolment application is refused on the basis of financial hardship.

Parents are advised that enrolment at St. Columba’s does not guarantee automatic entry to Catholic Secondary Schools.

IMPORTANT INFORMATION

Completion of a St. Columba’s Enrolment Form and acceptance of the application by the school does not guarantee a place at the school nor does it guarantee an enrolment interview. Enrolment at St Columba’s School is not a guarantee of enrolment in any other Catholic school. If a parent or guardian has knowingly withheld information relevant to the application/enrolment process then the Principal reserves the right to refuse, or terminate enrolment on that ground; Special attention to the “AGREEMENT” section of the St. Columba’s School Enrolment Form must be noted and signed.
ST COLUMBA’S SCHOOL
ENROLMENT APPLICATION FORM

If applying for the 3 Yr Old Pre-Kindy Program, do you want your child to be considered for K-6?

Please note that acceptance into the 3 Yr Old Pre-Kindy program does not guarantee a place in Kindergarten the following year.

STUDENT INFORMATION

Date of Admission Required: ________________________

Student Surname: __________________________________

First Name: _______________________________________

Address: _________________________________________

Date of Birth __________ Birth Place: _______________

Sex: Male / Female

Nationality: _______________________________________

Country of Citizenship: _____________________________

Year Level: ________ Phone No: ____________________

Preferred Name: ___________________________________

State: ___________ Post Code: ___________

Birth Certificate Attached: Yes/No

Aboriginal/Torres Strait Islander: Yes/No

Australian Permanent Resident: Yes/No

Number of years in Australia: _______________________

MAIN Language Spoken at Home: ________________

Sibling currently @ St.Col.? ________________________

Religious Denomination: ___________________________

Parish Priest: _______________ Parish: _______________

Suburb: ______________________

Date of Reception of Sacraments

Baptism ___________ Reconciliation ___________ First Communion ____________ Confirmation ____________

Present School ______________ Location: ______________ Year Level: ____________

FAMILY INFORMATION

FEMALE PARENT/GUARDIAN

Title: _____ Surname: _____________________________ First Name: _________________________________

Address: __________________________________________ Post Code: ___________

Email address: __________________________ Occupation __________ Country of Citizenship __________

Contact Numbers: (H) ____________________ (W) ____________________ (MOB) ____________________

Religious Denomination: _____________________ Parish: ___________________

Suburb: ______________________

MALE PARENT/GUARDIAN

Title: _____ Surname: _____________________________ First Name: _________________________________

Address: __________________________________________ Post Code: ___________

Email address: __________________________ Occupation __________ Country of Citizenship __________

Contact Numbers: (H) ____________________ (W) ____________________ (MOB) ____________________

Religious Denomination: _____________________ Parish: ___________________

Suburb: ______________________
CUSTODY/GUARDIANSHIP

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

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

Any other conditions 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.

SIBLINGS

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<th>Name</th>
<th>DOB/Age</th>
<th>Year Level</th>
<th>School Currently Attending</th>
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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.

Medical/Health Care _________________________________________________

Medication ________________________________________________________________________________

Physical __________________________

Mobility Access Issues _______________________________________________

Psychological/Cognitive ______________________________________________

Sensory (eg 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 (INCLUDE OUT OF SCHOOL CHILD CARE)

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No

If so please detail name of Service Provider and Contact No. _______________________________________________________

Please detail services ____________________________________________________________

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

Does your child receive Respite Care on a regular basis? Yes/ No
EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name: __________________________________________________ Relation to Student: _________________
Address: __________________________________________________________________________________
Contact Numbers: __________________________ __________________________ __________________________
Name: __________________________________________________ Relation to Student: _________________
Address: __________________________________________________________________________________
Contact Numbers: __________________________ __________________________ __________________________

HEALTHCARE/PENSIONER CONCESSION CARD

Do you hold a current Family Health Care or Pensioner Concession Card? Yes/No

MEDICAL INFORMATION/IMMUNISATION RECORD

F – fully immunised N – not immunised I – incomplete immunisation P – personal objections

Measles □ Mumps □ Rubella □ Diphtheria □ Tetanus □
Hepatitis B □ Pertussis □ Polio (OPV) □ Meningitis □

Immunisation Record Attached Yes/No

Family Doctor/Medical Clinic: ________________________________________________________________

Address: __________________________________________________________________________________
Contact Numbers: __________________________ __________________________ __________________________

ASTHMA: Does your child suffer from Asthma Yes □ No □ If yes an “action plan” together with a photo of your child 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 a photo of your child must be supplied to the School Office when your child commences school.

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college 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

_________________________________________ Date: ________________

MALE PARENT OR GUARDIAN

DISCLOSURE OF PERSONAL INFORMATION

Personal information collected and stored by the school is subject to the Privacy Act and the CECWA Privacy Policy Statement. A copy of the CECWA Privacy Policy Statement can be obtained from the school, the Catholic Education Commission of Western Australia or the Catholic Education Office of WA website.
AGREEMENT
I/we understand and accept that the completion of this application for enrolment form and acceptance by the school does not guarantee an enrolment interview or a place at the school. 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 completion of this application for enrolment form and acceptance by the school does not guarantee the enrolment of that student in any other Catholic school.
I/we have completed this application form fully and truthfully to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld material information relevant to the application for 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 by the Principal on this ground.
I/we agree that the school may obtain copies of the student’s educational, medical, psychological and other relevant records held by previous schools.
I/we agree that the school may transfer copies of the student’s educational records, and any other relevant reports or medical information given to the present school to any receiving school to which the student may transfer in the future.
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.

I/we agree that the Application Fee of $55 (inc. GST) is non-refundable and is no guarantee that my child will be enrolled at St. Columba’s School Bayswater.
I/we agree that the Enrolment Fee of $300, once paid, is non-refundable should I decide to withdraw the enrolment application for my child.

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

COLLECTION NOTICE
1. The School (the Diocese both independently and through its Schools) 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 the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School’s legal obligation, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child Protection) laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes local diocese and the parish, Schools within other Diocese, other Diocese, medical practitioners, and people providing services to the School, including specialist visiting teachers, sport coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from pupils, including images and photographs, is regularly disclosed to their parents or guardians. On occasion's information/images and photographs, related to academic and sporting achievements, pupil activities and other news is published in School newsletter and magazine and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when 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. It may also be disclosed to the P & F Association to assist in the School’s fundraising activities solely for that purpose. We will not disclose you personal information to third parties for their own marketing purposes without your consent.
10. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.
St Columba’s Primary School Enrolment

St Columba’s school is a faith community which seeks to promote the learning and the development of its students.

As a school community we highly value the involvement and participation of parents within the life of the school. As the parent/guardian of a prospective student we ask you to tick the activities you would like to be involved in while your child/ren are at this school. This information will be kept on file and you will be contacted by a staff member or a member of the Parents & Friends Association when assistance is required.

**Period of Validity**

Child’s Name _________________________________

Mother’s Name _______________________________

Father’s Name _______________________________

This agreement is valid from the date of commencement of attendance at the school ……/……/…… until the date of formal graduation or withdrawal from the school and is completed and signed when a place is offered and accepted.

Signed …………………………………………………….

Parent/Guardian

Date:
Standard Collection Notice: Publicity and the Use of Student Images

Dear Parent/guardian

As part of the school’s publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education Office (CEO) or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, CEO documents, training videos and/or the school/CEO website.

Should you not want your child/ren to feature in such publicity, please complete the information below and return it to the school office.

I __________________________________________________________________________

Parent/guardian of __________________________________________________________________________

Do hereby give/not give (please circle) permission for the use of my son’s/daughter’s photo/video image in school publicity activities.

Signed __________________________________________

Date ______________________________
Parent/Guardian Undertaking

1. Mindful of the need for close collaboration between parents and school staff, I undertake to accept the philosophy, policies and discipline process of the school and cooperate with the school in promoting them.

2. I or my spouse undertake to give service to the school community in any of the following ways for at least one year of the period of my child’s enrolment at the school, except where exemption of the Principal has been sought and granted:

   - Canteen – Parents can add their name to the roster via [www.ouronlinecanteen.com.au](http://www.ouronlinecanteen.com.au)
   - Uniform Shop
   - Volunteer to assist in my child’s classroom
   - Assisting with the school’s sports program e.g. helping at school sports carnivals, early morning swimming training
   - Membership on the School Board
   - Participation in the Parent and Friends Association
   - Assistance in the school library
   - Coaching/training swimming, athletics, football, netball training/coaching
   - Helping Hands
   - Any other way that circumstance permit and can be agreed upon by the Principal and the parents/care-givers. Detailed below;

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

32 Roberts Street
BAYSWATER
Western Australia, 6053
PO Box 61, BAYSWATER
Western Australia, 6933
PHONE: 08 9208 2700
FAX: 08 9370 3985
admin@stcolsbays.wa.edu.au
www.saintcolumbas.com.au
## Student History Form

**All information will be kept strictly confidential.**

**Students Name** ___________________________ **Date of Birth** __________

<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Have you noticed any unusual speech patterns? (Articulation? Late talking?)</td>
<td></td>
</tr>
<tr>
<td>Has your child had ear infections? (Particularly between 12 and 36 months) Glue ear? Grommets?</td>
<td></td>
</tr>
<tr>
<td>Has your child had any visual problems? A lazy eye? Glasses?</td>
<td></td>
</tr>
<tr>
<td>Have you noticed unusual motor coordination patterns? (From crawling to colouring?)</td>
<td></td>
</tr>
<tr>
<td>Has your child had serious health problems?</td>
<td></td>
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<tr>
<td>Did your child experience a difficult birth? (Premature etc.)</td>
<td></td>
</tr>
<tr>
<td>Any notable family circumstances in the child’s early years?</td>
<td></td>
</tr>
<tr>
<td>Other relevant information that the school should be aware of?</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for your cooperation.

**Parents/Guardians Signature** ___________________________ **Date** __________

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32 Roberts Street
BAYSWATER
Western Australia, 6053
PO Box 61, BAYSWATER
Western Australia, 6933
PHONE: 08 9208 2700
FAX: 08 9370 3985
admin@stcolsbays.wa.edu.au
www.saintcolumbas.com.au
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. Columba's School – Bayswater. Contact should be made with the parish secretary to find out the process for that parish.

TO BE COMPLETED & SUBMITTED TO PARISH PRIEST BY PARENT

To the Parish Priest at:

____________________________________________________________________________________

Full name of Student: ____________________________ Year Level/Year: ____________

Is the Student Baptised Catholic: Yes/No (Please Circle)

Phone No: __________________________________________

Address:

____________________________________________________________________________________

Name of Mother/Guardian:

____________________________________________________________________________________

Name of Father/Guardian:

____________________________________________________________________________________

Current School: __________________________________________ If Government School, does child attend out of 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 & SUBMITTED TO THE SCHOOL BY PARISH PRIEST

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

Q1. Is the family actively involved in the life of the Church? Please Provide Details:

____________________________________________________________________________________

Q2. How regularly does the family attend Mass?

Regularly Sometimes Rarely Never (Please Circle)

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:

____________________________________________________________________________________

Parish Priest Signature ___________________________ Parish Priest Name ___________________________

The Parish Priest will email/deliver the completed form to the school.