

St Columba's School Bayswater

32 Roberts Street
BAYSWATER WA 6053
PO Box 61
BAYSWATER WA 6933
Tel: 08 9208 2700
Fax: 08 9370 3985
admin@stcolumbas.wa.edu.au
www.saintcolumbas.com.au



Grow in Faith Seek Wisdom Live in Peace

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
- Enrolment Application Fee \$55.00 (non-refundable per application)
- Birth Certificate (copy)
- Baptism Certificate (copy)
- Immunisation records (copy)
- Parish Priest Reference Form
- Visa Documents (copy) - If Applicable

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

Yours faithfully

A handwritten signature in black ink, appearing to be 'Art Lombardi'.

Art Lombardi
Principal



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RATIONALE

St Columba's 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 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.
- A copy of Visa documents when applicable
- 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.

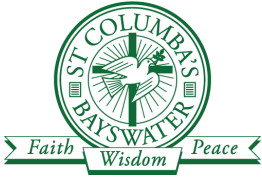
No enrolment application is refused on the basis of financial hardship.

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.

Document Title: Enrolment Application Form				
Approved By	AL	Next Review Date	02/02/2019	Printed copies of this document are not controlled.
Originally Released	Unknown	Review Frequency	Reviewed 12/02/2018	2007, 2008, 2009, 2011, 2013, 2015, 2016, 2018
		Every 2 Years		



**ST COLUMBA'S SCHOOL
ENROLMENT APPLICATION FORM**

Office Use Only	
\$55 Application Fee Rcvd by:	_____
Date Paid:	_____
Year Level Checked By:	_____
Accepted/Declined:	_____
Parish Priest Ref Rcvd:	_____
Date Accepted/Declined:	_____
\$300 Enrolment Fee Rcvd by:	_____
Date Paid:	_____
Processed By/Date:	_____ / _____

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: _____	Year Level: _____	Phone No: _____
Student Surname: _____	Preferred Name: _____	
First Name: _____	State: _____	Post Code: _____
Address: _____ _____	Birth Certificate Attached:	Yes/No
	Aboriginal/Torres Strait Islander:	Yes/No
Date of Birth _____ Birth Place: _____	Australian Permanent Resident:	Yes/No
Sex: Male / Female	Number of years in Australia: _____	
Nationality: _____	MAIN Language Spoken at Home: _____	
Country of Citizenship: _____	Sibling currently @ St.Col.? _____	

Religious Denomination: _____	Parish Priest: _____	
Parish: _____	Suburb: _____	
Date of Reception of Sacraments	Baptism Certificate Attached	Yes/No
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

Name	DOB/Age	Year Level	School Currently Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>	Diphtheria <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Pertussis <input type="checkbox"/> (Whooping Cough)	Polio (OPV) <input type="checkbox"/>	Tetanus <input type="checkbox"/>
		Meningitis <input type="checkbox"/>	

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, and any medication must be supplied to the School Office and classroom when your child commences school. A red hat must be worn by your child.

ALLERGIES: Does your child suffer from any known allergies Yes No If yes an “action plan” together with a photo of your child and any medication must be supplied to the School Office when your child commences school. A red hat must be worn by your child.

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

MALE PARENT OR GUARDIAN Date: _____

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): _____
FEMALE PARENT OR GUARDIAN

Date: _____

MALE PARENT OR GUARDIAN

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.



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St Columba's Primary School Enrolment Agreement

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 _____

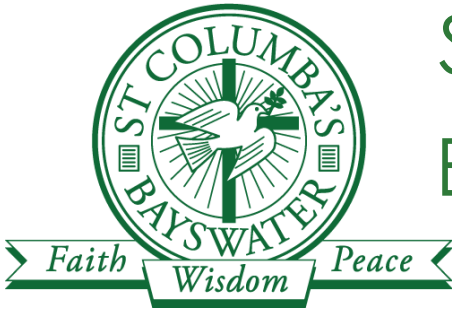
Father's Name _____

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:



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PHOTOGRAPH/VIDEO PERMISSION FORM

Dear Parent/Guardian

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media. Catholic Education Western Australia (CEWA) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

Information about your child that may appear is outlined in the table below.

Publication	Photo / video	First Name	Surname	Year level	Student work
School website	✓	✓	✓	✓	✓
Social media	✓			✓	✓
Media	✓	✓	✓	✓	✓
School newsletter	✓	✓	✓	✓	✓
School yearbook	✓	✓	✓	✓	✓
CEWA publications	✓	✓	✓	✓	✓
Newspaper report	✓	✓	✓	✓	✓

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you,

Mr Art Lombardi
Principal

PHOTOGRAPH/VIDEO PERMISSION FORM

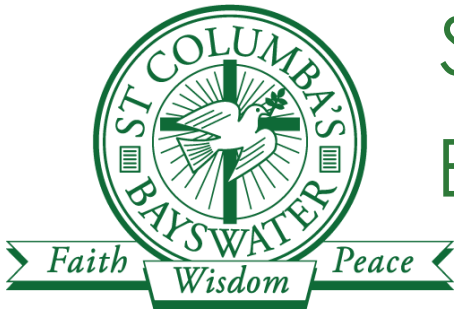
STUDENT'S NAME: _____ YEAR LEVEL: _____

Please tick the relevant box.

I give permission for my child's photograph/video and name to be published in promotional materials, newspapers and other media, the school website and social media (no names will be posted on social media). I authorise CEWA to use my child's photograph/video in material available to schools and education departments around Australia for promotional, marketing, media and educational purposes. I understand that this permission form is valid for the duration of my child's schooling at St Columba's School and agree that if I wish to withdraw this authorisation and consent at a later date, it is my responsibility to notify the school in writing.

I do not wish to consent to my child's photograph/video appearing in the publications above.

Signed: Parent/Guardian _____ Date: _____



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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:

- 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
- Pastoral Care
- Any other way that circumstance permit and can be agreed upon by the Principal and the parents/care-givers. Detailed below;



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Student History Form

All information will be kept strictly confidential.

Students Name _____ Date of Birth _____

Have you noticed any unusual speech patterns? (Articulation? Late talking?)

Has your child had ear infections? (Particularly between 12 and 36 months) Glue ear? Grommets?

Has your child had any visual problems? A lazy eye? Glasses?

Have you noticed unusual motor coordination patterns? (From crawling to colouring?)

Has your child had serious health problems?

Did your child experience a difficult birth? (Premature etc.)

Any notable family circumstances in the child's early years?

Other relevant information that the school should be aware of?

Thank you for your cooperation.

Parents/Guardians Signature _____ 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. 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.