



# MATTHEW GIBNEY CATHOLIC PRIMARY SCHOOL

30 Munday Road, High Wycombe W.A. 6057

Telephone: (08) 6216 8400 Email: admin@gibney.wa.edu.au

## APPLICATION FOR K-6 ENROLMENT

### DETAILS OF CHILD

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Current School (if applicable) \_\_\_\_\_

Calendar Year of Admission:  
Eg: 2014 \_\_\_\_\_

Academic Year of Admission:  
Eg: Year 2 \_\_\_\_\_

### RELIGIOUS DENOMINATION:

Is child baptised into the Catholic Church?  YES  NO If "No", child's religion: \_\_\_\_\_

If "Yes" above, place of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Date of Reconciliation: \_\_\_\_\_ Date of First Eucharist: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Is your child:	An Australian Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	A permanent resident of Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not, Visa <u>Category No.</u>	_____	
	(please do not insert your visa number)	_____	
	A full fee paying overseas Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the student an Aboriginal or Torres Strait Island Origin?

<input type="checkbox"/> No	<input type="checkbox"/> Yes - Aboriginal
<input type="checkbox"/> Yes - Torres Strait Islander	

### STUDENTS 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"**

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/Allergies Care: \_\_\_\_\_

Medication: \_\_\_\_\_

Physical: \_\_\_\_\_

Psychological/Cognitive: \_\_\_\_\_

Sensory (eg Vision/Hearing): \_\_\_\_\_

Behavioural/Safety including any suspensions or exclusions from other school \_\_\_\_\_

Communication: \_\_\_\_\_

**MOTHER/FEMALE GUARDIAN – Please note: All fields are mandatory**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Nationality: \_\_\_\_\_

Australian Permanent Resident:  Yes  No

**FATHER/MALE GUARDIAN – Please note: All fields are mandatory**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Nationality: \_\_\_\_\_

Australian Permanent Resident:  Yes  No

**SIBLINGS**

Siblings currently attending Matthew Gibney: \_\_\_\_\_  
Siblings younger (non-school age): \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURES**

Female Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Male Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_