



St Columba's School

Bayswater

32 Roberts Street
BAYSWATER WA 6053
PO Box 61
BAYSWATER WA 6933
Tel: 08 9208 2700
admin@stcolumbas.wa.edu.au
www.stcolumbas.wa.edu.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 School, Bayswater.

Enclosed in this package are relevant documents and information relating to enrolling your child at St Columba's. The Enrolment Policy is available on our school website and our Enrolments Officer, Lisa Slocum can be contacted on 9208 2701 to answer questions relating to this process.

Please ensure that **all 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 (**signed by both parents/guardians**)
- MCEETYA Data Collection Form
- Non - refundable Application Fee \$55.00 (per application)
- Birth Certificate
- Baptism Certificate
- Australian Immunisation Register (AIR) history statement
- Parish Priest Reference Form
- Visa and Passport Documents (If Applicable)
- Custodial Orders (If Applicable)

Should your contact details change after lodging your enrolment application, please notify the school via email: admin@stcolumbas.wa.edu.au.

This is the parent/guardian's responsibility, and if your details are not updated, there may be communication issues resulting in you not receiving information regarding enrolment and procedures that take place at St Columba's School.

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

Yours faithfully

Art Lombardi
Principal



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ENROLMENT POLICY

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 3 Year Old Pre-Kindergarten 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.stcolsbay.wa.edu.au. The Enrolment Application form must be signed by both parents/guardians.
- 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, passport documents or custodial 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 of the enrolling year.
- It is understood that enrolment in Kindergarten guarantees enrolment for Pre-Primary to Year Six.
- For students to be eligible for Pre-Kindergarten they must have turned three (3) before commencement of the program.
- It is understood that enrolment in Pre-Kindergarten does NOT guarantee enrolment for Kindergarten.
- Applicants (Pre-Kindergarten and 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, email or phone.
- We invite the student being enrolled into the school to attend the interview.
- Acceptance Letter from the Principal offering placement and asking Parents/Caregivers to accept or decline offer.
- Parents/Caregivers are required to complete and sign the Acceptance Letter and pay a \$200 enrolment deposit within 14 days of this letter to secure the position offered. This amount is deducted from the child's fees usually in the following year and non-refundable should an application be withdrawn.

SELECTION CRITERIA

When enrolling student's consideration is given to the following in priority:

- Siblings of students already enrolled in the school from Kindergarten to Year 6.
- 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.
- 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.

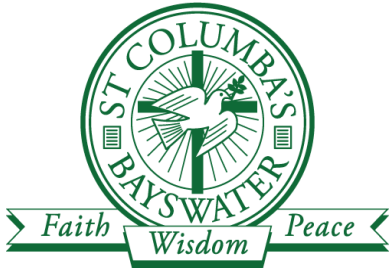
No enrolment application is refused on the basis of financial hardship.

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	02/02/2023	Printed copies of this document are not controlled.
Originally Released	Unknown	Review Frequency	Reviewed 12/02/2021	2007, 2008, 2009, 2011, 2013, 2015, 2016, 2018, 2019, 2021
		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:	_____
\$200 Enrolment Fee Rcvd by:	_____
Date Paid:	_____
Processed By/Date:	_____ / _____

If applying for the Pre-Kindergarten Program, do you want your child to be considered for enrolment in Kindergarten to Year 6? _____

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

STUDENT INFORMATION

Date of Admission Required: _____ Year Level: _____
Student's Surname: _____ Nationality: _____
First Name: _____ Country of Citizenship: _____
Preferred Name: _____ Birth Certificate Attached: Yes / No
Address: _____ Aboriginal/Torres Strait Islander: Yes / No
State: _____ Post Code: _____ Australian Permanent Resident: Yes / No
Phone No: _____ Visa Code: _____
Date of Birth: _____ Birth Place: _____ Date of Arrival in Australia: _____
Sex: Male / Female MAIN Language Spoken at Home: _____

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

PARENT / GUARDIAN 1

Title: _____ Surname: _____ First Name: _____
Address: _____ Post Code: _____
Email address: _____ Occupation: _____ Country of Citizenship: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
Religious Denomination: _____ Parish: _____ Suburb: _____

PARENT / GUARDIAN 2

Title: _____ Surname: _____ First Name: _____
Address: _____ Post Code: _____
Email address: _____ Occupation: _____ Country of Citizenship: _____
Contact Numbers: (H) _____ (W) _____ (M) _____
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	Date of Birth	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 the relevant practitioner's details below.

Practitioner's Name: _____ Contact Number: _____

Please attach a signed authorisation by the relevant practitioner.

EXTERNAL SERVICE PROVISION (INCLUDES 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 provide details below:

Service Provider: _____ Contact Number: _____

Service/s accessed: _____

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 PARENTS / GUARDIANS)

Name: _____ Relationship to student: _____

Address: _____

Contact Numbers: _____

Name: _____ Relationship 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

Immunisation Record attached Yes / No

Family Doctor / Medical Clinic: _____

Address: _____

Contact Numbers: _____

Medicare Number: _____ Expiry: _____ Private Health Fund: _____

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 and classroom when your child commences school. A red hat must be worn by your child.

MEDICAL EMERGENCY AUTHORISATION

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: _____

PARENT / GUARDIAN 1

Date: _____

PARENT / GUARDIAN 2

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 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 Deposit of \$200, once paid, is non-refundable should I decide to withdraw the enrolment application for my child.

I/we have read and fully understand and agree to the terms and conditions set out in the School Fees Setting and Collection Policy.

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

PARENT / GUARDIAN 1

Date: _____

PARENT / GUARDIAN 2

Date: _____

PERMISSIONS

I give permission for my child to attend excursions/incursions and physical education activities within the guidelines of the School's Camp and Excursion Policy. I understand that I will be informed prior to the activity taking place.

Signature of Parent / Guardian 1: _____

Date: _____

Signature of Parent / Guardian 2: _____

Date: _____

I give permission for my child to travel to and from excursions and/or sporting activities travelling by chartered bus.

Signature of Parent / Guardian 1: _____

Date: _____

Signature of Parent / Guardian 2: _____

Date: _____

I give permission for my child to walk to and from venues within the immediate vicinity when accompanied by a teacher and the appropriate ratio of adults to children.

Signature of Parent / Guardian 1: _____

Date: _____

Signature of Parent / Guardian 2: _____

Date: _____

COLLECTION NOTICE

1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about students and parents or guardians before and during the course of a student'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 students, including images and photographs, is regularly disclosed to their parents or guardians. On occasion 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. Students 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 student, 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 Catholic School Parents WA to assist in the School's fundraising activities solely for that purpose. We will not disclose your 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 on the *Parent/Guardian Undertaking* form that 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 Catholic School Parents WA when assistance is required.

Period of Validity

Name of Child: _____

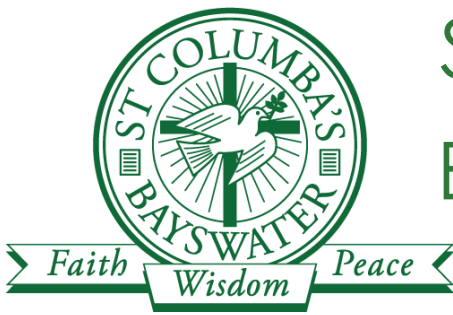
Name of Parent / Guardian 1: _____

Name of Parent / Guardian 2: _____

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.

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: _____

NOTE: To confirm your consent to the uses described below please place a '✓' in the relevant box. If you DO NOT wish your child's image to be used in the way described below please place an 'X' in the relevant box

I give/do not give my consent to the School using my child's:

- Photos/video on the school website (No names)
- Photos/video on the school social media sites (No names)
- Photos in the school newsletter – with or without name
- In materials promoting the school, including advertising materials – with name (including the school year book.)

Signed: Parent/Guardian _____ **Date:** _____



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Student History Form

All information will be kept strictly confidential.

Student's 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.

Signature: _____
Parent / Guardian

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 the parish.

TO BE COMPLETED & SUBMITTED TO PARISH PRIEST BY PARENT

To the Parish Priest at: _____

Full name of Student: _____ Year Level: _____ Year: 20 _____

Is the Student Baptised Catholic: Yes / No

Phone No: _____

Address: _____

Name of Parent / Guardian 1: _____

Name of Parent / Guardian 2: _____

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? (Please circle)

Regularly Sometimes Rarely Never

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 Name: _____ Parish Priest Signature: _____

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