



Our Lady's Assumption School

43 Chester Avenue
Dianella 6059

PO BOX 531
Dianella 6059

Telephone: 9471 3000

Fax: 9276 9298

Email: admin@ola.wa.edu.au

Dear Parent/Guardian

On behalf of the Our Lady's Assumption School Community, I would like to sincerely thank you for your interest in Our Lady's Assumption Primary School, Dianella.

Enclosed in this package are relevant documents and information relating to enrolling your child at Our Lady's Assumption. 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 may 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 Our Lady's Assumption Primary School.

Yours faithfully

Greg Martin

Greg Martin
Principal

OUR LADY'S ASSUMPTION ENROLMENT PROCEDURE

RATIONALE

Our Lady's Assumption Primary School Dianella was established in 1967 and is a co-educational Catholic Primary School that follows the guidelines and policies set down by the Catholic Education Commission of Western Australia. Our Lady's Assumption is a double stream school enrolling boys and girls from Pre-Kindergarten 3 Year Olds to Year 6.

The Enrolment Policy of Our Lady's Assumption 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 Our Lady's Assumption school. These forms are available from the school office or the school website www.ola.wa.edu.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 Our Lady's Assumption School Dianella.
-

INTERVIEW PROCESS

- Interviews are required for all children prior to confirmation of enrolment at Our Lady's Assumption.
 - 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 Our Lady's Assumption School Enrolment Agreement.
 - A \$200 deposit will need to be paid to secure the position offered which 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 Dianella 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 Our Lady's Assumption does not guarantee automatic entry to Catholic Secondary Schools.

IMPORTANT INFORMATION

Completion of an Our Lady's Assumption 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 Our Lady's Assumption 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 Our Lady's Assumption Enrolment Form must be noted and signed.

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: _____ / _____

**OUR LADY'S ASSUMPTION SCHOOL
ENROLMENT APPLICATION FORM**

If applying for the 3 Year 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 @ OLA.? _____

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 Mumps Rubella Diphtheria Tetanus

Hepatitis B Pertussis Polio (OPV) Meningitis
(Whooping Cough)

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

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 Our Lady's Assumption School Dianella.

I/we agree that the Enrolment Fee of \$200, once paid, is non-refundable should I decide to withdraw the enrolment application for my child.

Signature of Parent(s)/Guardian(s): _____ Date _____
FEMALE PARENT OR GUARDIAN

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 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.

Our Lady's Assumption Primary School Enrolment Agreement

Our Lady's Assumption 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
- 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
- Any other way that circumstance permit and can be agreed upon by the Principal and the parents/care-givers. Detailed below;

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 Our Lady's Assumption School – Dianella. 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.