



St Michael's School

4 James Street, Bassendean WA 6054
Phone: (08) 6278 9888
Email: admin@stmichaelsbass.wa.edu.au

Expression of Interest for Enrolment

Thank you for your expression of interest to seek enrolment for your child at St Michael's School.

***Please be aware that this is not an automatic enrolment,
but an expression of interest to be considered for enrolment only.***

THE PRIORITY FOR ENROLMENT IS AS FOLLOWS:

1. Siblings of students already at St Michael's;
2. Roman Catholic students from the Parish of St Joseph's Bassendean (*with Parish Priest reference form*);
3. Roman Catholic students from outside the Parish;
4. Non-Catholic students from other Christian denominations;
5. Other non-Catholic students.

TO SUBMIT AN APPLICATION FOR YOUR CHILD, PLEASE RETURN THE FOLLOWING:

- Expression of interest form
- Parish Priest reference form
- Copy of Birth Certificate
- Copy of Baptism Certificate (*if applicable*)
- Copy of Immunisation history
- Proof of Australian Citizenship or permanent residency (*for parents and child if applicable*)
- Copy of Australian Citizen Certificates (*for parents and child if applicable*)

Thank you for your interest in St Michael's School.



ST MICHAEL'S SCHOOL

4 James Street (P.O. Box 428), Bassendean WA 6934
Telephone: (08) 6278 9888 Fax: (08) 9377 3149
Email: admin@stmichaelsbass.wa.edu.au

EXPRESSION OF INTEREST : K-6 ENROLMENT

ENROLMENT POLICY - PRIORITY FOR ENROLMENT:

1. Siblings of students already at St Michael's;
2. Baptised Catholic students from the parish of St Joseph's Bassendean (*with Parish Priest Reference form*);
3. Baptised Catholic students from outside the parish (*with Parish Priest Reference form*);
4. Other baptised Catholic students;
5. Non-Catholic students from other Christian denominations;
6. Other non-Catholic students.

Please be aware of the above policy. Applications are NOT a guarantee of enrolment.

PLEASE COMPLETE ALL QUESTIONS. PLEASE PRINT CAREFULLY.

Student's Surname: _____ **First Name:** _____

Date of Birth: _____ Female Male (*please tick*)

Class Required: _____ (*K,PP,Yr 1,2,3,4,5,6*) Calendar Year Required: _____ (*e.g. 2011*)

Home Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Home phone: _____ Mobile: _____

Has child been baptised in the Catholic Church? YES NO (*please tick*) **Baptism Certificate must be provided.**

Place of Baptism: _____ Date of Baptism: _____

If "No" above, what is your child's religion? _____

Indigenous: YES NO (*please tick*) Main language spoken at home: _____

Australian Citizen: YES NO If No, Australian Permanent Resident? YES NO (*please tick*)

Date of Arrival in Australia: _____ Visa Type: _____

Special Needs/Medical Conditions: _____

School currently attending: _____

Mother's Full Name: _____ **Title:** _____

Australian Citizen: YES NO If No, Australian Permanent Resident? YES NO (*please tick*)

Date of Arrival in Australia: _____ Visa Type: _____

Home Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Home phone: _____ Mobile: _____ Email: _____

Father's Full Name: _____ **Title:** _____

Australian Citizen: YES NO If No, Australian Permanent Resident? YES NO (*please tick*)

Date of Arrival in Australia: _____ Visa Type: _____

Home Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Home phone: _____ Mobile: _____ Email: _____

Siblings currently attending St Michael's: _____

Extra information you think is relevant for the school to know: _____

Parent's 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 Michael's School, Bassendean**. Contact should be made with the parish secretary to find out the process for that parish.

TO BE COMPLETED BY PARENT

To the Parish Priest at: _____

Name of Student: _____ Date of Birth: _____

Address: _____

Phone No: _____ Mobile: _____

Mother's Name: _____ Father's Name: _____

Current School: _____

If Government school, does child attend 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 BY PARISH PRIEST OR HIS DELEGATE

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

Q1. Is the family ***actively involved*** in the life of the Church? _____

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: _____

Signed: _____ Name: _____

Please stamp with the Parish stamp.

To the Parish Priest: Please send or fax this completed form to:
St Michael's School, PO Box 428, Bassendean WA 6934, Fax (08) 9377 3149