



MATTHEW GIBNEY CATHOLIC PRIMARY SCHOOL

30 Munday Road, (P.O. Box 2075) 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 Yes No
A permanent resident of Australia Yes No
If not, Visa Category No.
(please do not insert your visa number) _____
A full fee paying overseas Student Yes No

Is the student an Aboriginal or Torres Strait Island Origin? No Yes - Aboriginal
 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: _____