



**IONA**  
PRESENTATION COLLEGE

**Junior School**

Buckland Avenue  
Mosman Park  
Western Australia 6012

**T** 08 9286 9100  
**E** enrol@iona.wa.edu.au

**Senior School**

33 Palmerston Street  
Mosman Park  
Western Australia 6012

**T** 08 9384 0066  
**E** enrol@iona.wa.edu.au

[www.iona.wa.edu.au](http://www.iona.wa.edu.au)

Catholic Education Western Australia Limited  
(ABN 47 634 504 135) trading as  
Iona Presentation College  
(ABN 26 834 791 402)

# APPLICATION FORM

**STUDENT LEGAL SURNAME** (AS SHOWN ON BIRTH CERTIFICATE)

**STUDENT LEGAL FIRST NAMES** (AS SHOWN ON BIRTH CERTIFICATE)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Preferred Name (if applicable)

Date of Birth

Academic Year of Entry (circle)	PK	K	PP	1	2	3	4	5	6	7	8	9	10	11	12	Calendar Year of Entry 20
---------------------------------	----	---	----	---	---	---	---	---	---	---	---	---	----	----	----	---------------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Address

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Birthplace

Nationality

Indigenous Descendant

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of arrival & number of years in Australia (if not Australian born)

Australian Permanent Resident

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Present School

Suburb

Current Year

<input type="text"/>				
----------------------	----------------------	----------------------	----------------------	----------------------

Religious Denomination

Parish

Suburb

Baptised

Yes No

**PARENT 1 / GUARDIAN 1 (PLEASE CIRCLE)**

Title	Surname	Maiden Name	First Name	
Address (as above if the same)			State	Postcode
Birthplace		Nationality		
Religious Denomination		Parish	Suburb	
Occupation		Business Name		
Contact Numbers	Home	Mobile		
	Business	Email		

**PARENT 2 / GUARDIAN 2 (PLEASE CIRCLE)**

Title	Surname	First Name		
Address (as above if the same)			State	Postcode
Birthplace		Nationality		
Religious Denomination		Parish	Suburb	
Occupation		Business Name		
Contact Numbers	Home	Mobile		
	Business	Email		

**CUSTODY/GUARDIANSHIP**

Who has legal custody/guardianship of the student?

**PLEASE STATE THE REASONS WHY YOU WISH YOUR CHILD TO ATTEND IONA PRESENTATION COLLEGE**

Reasons for attending Iona Presentation College

**RELATIVES WHO ARE PAST PUPILS OF IONA PRESENTATION COLLEGE**

<b>PAST PUPIL 1.</b> First Name	Maiden Name	Current Surname
Relationship to Student		Class of (the year they would have graduated Year 12)
<b>PAST PUPIL 2.</b> First Name	Maiden Name	Current Surname
Relationship to Student		Class of (the year they would have graduated Year 12)
<b>PAST PUPIL 3.</b> First Name	Maiden Name	Current Surname
Relationship to Student		Class of (the year they would have graduated Year 12)

**SIBLINGS CURRENTLY ATTENDING IONA PRESENTATION COLLEGE**

1. Name	Current Year	House
2. Name	Current Year	House
3. Name	Current Year	House

**SIBLINGS WITH APPLICATIONS PENDING AT IONA PRESENTATION COLLEGE**

1. Name	Academic Year of Entry	Calendar Year of Entry
2. Name	Academic Year of Entry	Calendar Year of Entry
3. Name	Academic Year of Entry	Calendar Year of Entry

**SIBLINGS ATTENDING OTHER SCHOOLS**

1. Name	Current Year	Present School
2. Name	Current Year	Present School
3. Name	Current Year	Present School

**HOW DID YOU FIRST HEAR ABOUT US?**

Word of Mouth   
 Advertising   
 Past Pupil's   
 Open Morning   
 Website   
 Social Media

Other \_\_\_\_\_

Do you follow Iona on   
 Facebook   
 Instagram   
 Twitter

**MEDICAL INFORMATION**

Past or present illnesses/injury/conditions. Has your child experienced any of the following? If so, please give details in the space provided.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Sight Impairment                               | <input type="checkbox"/> Tourettes Syndrome                              |
| <input type="checkbox"/> Allergy            | <input type="checkbox"/> Serious Illness/ Injury/ Operations/ Accidents | <input type="checkbox"/> Kidney/Bladder conditions                       |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Bronchitis                                     | <input type="checkbox"/> Lung disorder                                   |
| <input type="checkbox"/> Head Injury        | <input type="checkbox"/> Measles  | <input type="checkbox"/> Bowel ailments                                  |
| <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Mumps  | <input type="checkbox"/> Bleeding/Blood disorders                        |
| <input type="checkbox"/> Back/Joint Injury  | <input type="checkbox"/> Chicken Pox                                    | <input type="checkbox"/> Circulation problems                            |
| <input type="checkbox"/> Migraine           | <input type="checkbox"/> Arthritis/Rheumatism                           | <input type="checkbox"/> Speech/Language difficulties                    |
| <input type="checkbox"/> Skin Ailments      | <input type="checkbox"/> Hepatitis A/B/C                                | <input type="checkbox"/> ADHD  |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Heart Disease                                  | <input type="checkbox"/> Mental Illness, including depression or anxiety |

**DETAILS OF ILLNESS/INJURY/OPERATION CONDITION**

\_\_\_\_\_

[Medical records to be sighted at interview]

Please list any additional information about your child's health that would be helpful for teachers when planning educational programs. Indicate any conditions or medication that may affect your child's attendance or progress.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERVIEW**

- It is an expectation that both parents/ guardians accompany their child to the interview
  - Copies of the following certificates, for the student, are attached to this form
- Birth Certificate   
 Baptismal Certificates (if applicable)

**PRIVACY**

1. The College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your child.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College 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 students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, [The Catholic Education Office, your local Diocese and the parish]\* medical practitioners, and people providing services to the College, including specialist visiting teachers, [sports] coaches, volunteers and Commonwealth and State Agencies pursuant to the ESOS Act 2000.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in College newsletters, magazines [and on our website]. Photographs may also be published.
8. As you may know the College from time to time engages in promotional activities. Information received from you may be used on these occasions.
9. Other details regarding our Privacy Policy are available on the College website.

\*if appropriate

I/We agree that whilst details contained in this application are held in the strictest confidence and used for College purposes only, these details are subject to the clauses listed above [as regulated by the Privacy Amendment Private Sector Act 2000].

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PARENT 1 / GUARDIAN 1</b> Signature	Date	<b>PARENT 2 / GUARDIAN 2</b> Signature	Date
<input type="text"/>		<input type="text"/>	
<b>PARENT 1 / GUARDIAN 1</b> Print name in full		<b>PARENT 2 / GUARDIAN 2</b> Print name in full	

**APPLICATION FEE**

**A non-refundable Application Fee of \$150 is essential to progress the application**, this must be returned with each completed Application Form and may be paid using one of the following options:

- **BY DIRECT DEPOSIT** to the College bank account detailed below.  
(Please ensure you use your surname and your child's first name as a reference and kindly forward receipt of transfer if using this method):

National Australia Bank  
 BSB: 086 006  
 Acc: 545 149 534

- **CREDIT CARD** (Visa or Mastercard) by completing the portion below.

<input type="text"/>			
Name (print name in full)			
<input type="text"/>			
Address			
<input type="text"/>		<input type="text"/>	<input type="text"/>
		Post Code	Date
Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Amount	\$150.00
Card No.	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Cardholder Signature		Date	

**OFFICE USE ONLY**

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
APPLICATION FEE (\$150)			Date paid			