



I O N A
PRESENTATION
COLLEGE

ENROLMENT APPLICATION



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Mosman Park
Western Australia 6012

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An Application Fee of \$120 must be returned with each completed Application Form
(This Application Fee is non-refundable)

Interview Date		
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STUDENT SURNAME	DAY STUDENT	BOARDING STUDENT	
INDICATE CALENDAR YEAR OF ENTRY 20			
First Name	CIRCLE ACADEMIC YEAR OF ENTRY 7 8 9 10 11 12		
Date of Birth			
Address		State	P/Code
Telephone ()	Fax ()	Email	
Birthplace	Nationality	Aboriginal Descendent Yes/No	
Present School	Suburb	Year	
Religious Denomination		Parish Priest/Minister	
Parish		Suburb	
Baptised Yes /No			

MOTHER / FEMALE GUARDIAN

Title	Surname	Maiden Name	Other Names
Address (as above if the same)		State	P/Code
Telephone ()	Mobile	Fax ()	
Birthplace	Nationality		
Religious Denomination		Parish Priest/Minister	
Parish		Suburb	
Occupation			
Business Name			
Business Address		State	P/Code
Telephone ()	Mobile	Fax ()	

FATHER / MALE GUARDIAN

Title	Surname	Other Names	
Address (as above if the same)		State	P/Code
Telephone ()	Mobile	Fax ()	
Birthplace	Nationality		
Religious Denomination		Parish Priest/Minister	
Parish		Suburb	
Occupation			
Business Name			
Business Address		State	P/Code
Telephone ()	Mobile	Fax ()	

CUSTODY / GUARDIANSHIP

Who has legal custody / guardianship of the student?
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SIBLINGS CURRENTLY ATTENDING IONA PRESENTATION PRIMARY SCHOOL OR COLLEGE

1. NAME	HOUSE	FORM
2. NAME	HOUSE	FORM
3. NAME	HOUSE	FORM

SIBLINGS WITH APPLICATIONS PENDING AT IONA PRESENTATION PRIMARY SCHOOL OR COLLEGE

NAME	CALENDAR YEAR OF ENTRY	CIRCLE ACADEMIC YEAR OF ENTRY
1.	20	K PP 1 2 3 4 5 6 7 8 9 10 11 12
2.	20	K PP 1 2 3 4 5 6 7 8 9 10 11 12

SIBLINGS ATTENDING OTHER SCHOOLS

1.NAME	SCHOOL YEAR	PRESENT SCHOOL
2.NAME	SCHOOL YEAR	PRESENT SCHOOL
3.NAME	SCHOOL YEAR	PRESENT SCHOOL

RELATIVES WHO ARE PAST PUPILS OF IONA PRESENTATION COLLEGE

Relationship to Student	Maiden Name	Current Surname	Final Academic Year	Final Calendar Year	Address	MEMBER OF IONA PAST PUPILS' ASSOCIATION
						YES / NO
						YES / NO
						YES / NO

COMMENTS

Please state the reason/s you would want your daughter to attend Iona Presentation College

How did you first hear about Iona Presentation College?

<input type="checkbox"/> The West Australian	<input type="checkbox"/> Field Days	<input type="checkbox"/> Open Day
<input type="checkbox"/> Other Paper	<input type="checkbox"/> TV Adverts	<input type="checkbox"/> Website
<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Past Students	<input type="checkbox"/> Other _____

INTERVIEW

- It is an expectation that both parents accompany their daughter to the interview.
- Year 7 interviews are conducted approximately eighteen months prior to the year of entry.
- The original and one photo-copy of the student's most recent school report are required at the interview.(literacy/numeracy)
- Copies of the student's Birth and Baptism Certificates should accompany this application form or will be required at the interview.

PARENT / GUARDIAN SIGNATURE

..... MOTHER Signature Date FATHER Signature Date
..... MOTHER / FEMALE GUARDIAN (print name in full)	 FATHER / MALE GUARDIAN(print name in full)	

REGISTRY	ACKNOWLEDGEMENT ADVICE/WAIT LIST	APPLICATION FEE (\$120)
ROUND OF OFFERS	INTERVIEW OFFER	Date Paid.....

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see over

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.

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

Details of illness/injury/operation condition (medical records to be cited at interview).....

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

PRIVACY

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

.....
Signature	Date	Signature	Date
.....
MOTHER (print name in full)		FATHER (print name in full)	

- The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’s enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your daughter.
- 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.
- Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child protection)* laws.
- 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.
- 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.
- If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your daughter.
- Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in College newsletters, magazines (and on our website).
- As you may know the College from time to time engages in promotional activities. Information received from you may be used on these occasions.
- Other details regarding our Privacy Policy are available on the College website.

*if appropriate