



Enrolment Form

APPLYING FOR YEAR _____ IN 20_____

STUDENT SURNAME _____

STUDENT FIRST NAME _____

Please print and complete this form, marking NA for information that is Not Applicable. Return form to the Academy with attached documents *if appropriate** to your application. To ensure a valid application check our website for enrolment closing dates.

CHECK LIST

- Copy of Birth Certificate
- Copy of Baptism Certificate*
- School Report
- Supporting Material*
- Copy of Passport/Document to Travel*
- Application Fee

ACADEMY of MARY IMMACULATE

Academy

Academy of Mary Immaculate 88 Nicholson Street Fitzroy 3065 Tel: 03 **9419 3044** Fax: 03 9419 3885
Email: enrolments@academy.vic.edu.au www.academy.vic.edu.au

STUDENT DETAILS

Surname _____

Given Names _____

Address (residential) _____

Suburb _____ Postcode _____

Telephone _____ Date of birth _____ Country of Birth _____

Language spoken at home _____

If NOT born in Australia please specify the following:

Year of Arrival	Day _____	Month _____	Year _____	Visa Status: Please attach copy of "Document to Travel" or "Passport"
Commenced School in Australia	Day _____	Month _____	Year _____	
				Temporary <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/>

Religion _____ Parish _____

Baptism: **Yes / No** Reconciliation: **Yes / No** Eucharist: **Yes / No** Confirmation: **Yes / No**

Is your child of Indigenous or Torres Strait Island Descent? **Yes / No**

Present School _____ Present Year Level _____

Has your daughter any special educational needs? **Yes / No.** If **Yes**, what support has been received at primary school:

Student lives with: Both Parents Mother Only Father Only Other

PARENT INFORMATION

First contact:

Mother
 Father
 Other *

*Relationship to Student

Surname _____

First name _____

Religion _____

Country of Birth _____

Address (if different from daughter's address) _____

Postcode _____

Telephone _____ Mobile _____

Email _____

Occupation _____

Employer Name & Address _____

Business Phone _____

Business Email _____

Second contact:

Mother
 Father
 Other *

*Relationship to Student

Surname _____

First name _____

Religion _____

Country of Birth _____

Address (if different from daughter's address) _____

Postcode _____

Telephone _____ Mobile _____

Email _____

Occupation _____

Employer Name & Address _____

Business Phone _____

Business Email _____

ACCOUNTS ADDRESS IF DIFFERENT TO PARENT INFORMATION

Name _____

Address _____

EMERGENCY CONTACT Person to be contacted in an emergency if Parent/Guardian is unavailable

Name	Relationship to Student	
Address		
Mobile	Telephone (W)	(H)

ADDITIONAL INFORMATION

Please list family members who attend or have attended the Academy. Please list current year level or years attended and their 'House'

Name	Relationship	Years attended	House
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In support of my application, I wish the College to consider: *(Please feel free to add an extra sheet if you wish to do so)*

ENROLMENT PREFERENCE Please indicate your preference.

Many parents enrol their daughters in more than one school. The Academy works together with the following Catholic Schools as part of the enrolment process. The enrolment process is thus made more efficient if parents are consistent with their preferences across the schools.

- | | | |
|---|---|--|
| <input type="checkbox"/> Academy of Mary Immaculate | <input type="checkbox"/> St Aloysius, North Melbourne | <input type="checkbox"/> Our Lady of Mercy, Heidelberg |
| <input type="checkbox"/> Mercy College, Coburg | <input type="checkbox"/> Star of the Sea, Gardenvale | <input type="checkbox"/> Santa Maria, Northcote |
| <input type="checkbox"/> Presentation, Windsor | <input type="checkbox"/> Ave Maria, Aberfeldie | <input type="checkbox"/> St Columba's, Essendon |

Other: _____

Please note that the College collects information from families for various purposes including publication, student enrolment and duty of care. The College's Privacy Policy is included in the College Prospectus.

STATEMENT OF COMMITMENT

I/We undertake to assist my/our daughter in upholding the ideals of the Academy of Mary Immaculate and agree to co-operate with College authorities in supporting the regulations and policies initiated to ensure both the smooth administration of the College and the welfare of its students.

I/We, the undersigned, agree to be responsible for:

- the payment of all accounts rendered by the College in respect of our daughter(s) tuition and other expenses in accordance with the College's terms of payment;
- provision of a full term's notice in writing to the Principal, in accordance with the Refund Policy included in the College Prospectus.

Signature of Mother/Guardian

Signature of Father/Guardian

Date: ____ / ____ / ____

Date: ____ / ____ / ____

