



ENROLMENT APPLICATION FORM

| STUDENT DETAILS | |
|--|--|
| Student Surname | |
| Student First Name | |
| Student Preferred Name | |
| Student Date of Birth | |
| Religion (if applicable) | |
| Student Gender (Male, Female, Other) | |
| Entry Year | |
| Entry Level /Grade | |
| <i>Please provide copy of student birth certificate</i> | |

| STUDENT HOME ADDRESS (overseas and local addresses must be obtained) | |
|--|--|
| Street number and name (Not PO Box) | |
| Suburb | |
| Country | |
| Home Phone | |
| Home Phone | |

| STUDENT SACRAMENTAL INFORMATION (if applicable) | |
|---|--|
| Baptism Date | |
| Baptism Place | |
| Confirmation Date | |
| Reconciliation Date | |
| Communion Date | |
| Current Parish | |
| <i>Please provide copy of baptism certificate, if applicable</i> | |

| STUDENT PREVIOUS SCHOOL PERMISSION (if applicable) | |
|---|--|
| Name and address of previous school | |
| Permission to contact previous school | |

| STUDENT NATIONALITY | |
|---|--|
| Student nationality | |
| Student ethnicity | |
| Student Country of Birth | |
| Is the Student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> NO <input type="checkbox"/> YES | |

| STUDENT LANGUAGE(S) AT HOME | |
|--|--|
| Student Language(s) spoken at home | |
| All languages spoken at home Parent 1 | |
| Parent 2 | |

| STUDENT CITIZENSHIP STATUS – IF NOT BORN IN AUSTRALIA | |
|--|--|
| Australian Citizen | |
| • Australian Passport Number | |
| • Naturalisation Certification Number | |
| • Visa Subclass recorded on entry to Australia | |
| NOT Australian Citizen | |
| • Permanent resident – visa subclass | |
| • Temporary Resident – visa subclass | |
| Other / visitor / overseas student – visa subclass | |
| <i>Please provide copies of Visa/Immi Card/Letter of notification/current passport/passport photo</i> | |

| STUDENT MEDICAL INFORMATION | | |
|---|-------------|---------|
| Doctor's Name | | |
| Doctor's Telephone | | |
| Medicare Number: | Ref number: | Expiry: |
| Private Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO | Fund: | Number: |
| Ambulance Cover <input type="checkbox"/> YES <input type="checkbox"/> NO | Number: | |
| Student Medical Conditions <i>Please specify any relevant medical conditions for the Student and / or any medications prescribed for the Student. A Medical Management Plan signed by a relevant medical practitioner will be required for all medical conditions identified</i> | | |
| Is the Student at risk of anaphylaxis? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If Yes, does the student have an EpiPen or Anapen? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Anaphylaxis Risk Management and Information Plan attached <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Need appointment | | |
| <i>Please provide a copy of Student's immunisation history</i> | | |

| STUDENT ADDITIONAL NEEDS | |
|---|--|
| Does the Student currently receive National Disability Insurance Scheme (NDIS) Support? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Please specify any additional needs e.g. autism or any other special needs/considerations | |

| STUDENT PARENT / GUARDIAN /CARER DETAILS #1 | |
|---|--|
| Parent/Guardian/Carer Surname | |
| Parent/Guardian/Carer First Name | |
| Parent/Guardian/Carer Address | |
| Parent/Guardian/Carer Mobile | |
| Parent/Guardian/Carer Email | |
| Parent/Guardian/Carer Occupation | |
| Parent/Guardian/Carer Occupation Group | |
| Parent/Guardian/Carer highest year of Primary or Secondary Schooling <input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent | |
| Parent/Guardian/Carer highest qualification completed <input type="checkbox"/> No post –school qualification <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> Advanced diploma / diploma <input type="checkbox"/> Bachelor degree or above | |

| STUDENT PARENT / GUARDIAN /CARER DETAILS #2 | |
|---|--|
| Parent/Guardian/Carer Surname | |
| Parent/Guardian/Carer First Name | |
| Parent/Guardian/Carer Address | |
| Parent/Guardian/Carer Mobile Phone Number | |
| Parent/Guardian/Carer Email | |
| Parent/Guardian/Carer Occupation | |
| Parent/Guardian/Carer Occupation Group | |
| Parent/Guardian/Carer highest year of Primary or Secondary Schooling <input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent | |
| Parent/Guardian/Carer highest qualification completed <input type="checkbox"/> No post –school qualification <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> Advanced diploma / diploma <input type="checkbox"/> Bachelor degree or above | |

| OTHER PARENTING ADULT (a person acting in the role of a step-parent or a relative e.g. grandparent) | |
|---|--|
| Parent/Guardian/Carer Surname | |
| Parent/Guardian/Carer First Name | |
| Parent/Guardian/Carer Address | |
| Parent/Guardian/Carer Mobile | |
| Parent/Guardian/Carer Email | |
| Parent/Guardian/Carer Occupation | |
| Parent/Guardian/Carer Occupation Group | |
| Parent/Guardian/Carer highest year of Primary or Secondary Schooling <input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent | |
| Parent/Guardian/Carer highest qualification completed <input type="checkbox"/> No post –school qualification <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> Advanced diploma / diploma <input type="checkbox"/> Bachelor degree or above | |

| STUDENT EMERGENCY CONTACT 1 – OTHER THAN PARENT/GUARDIAN/CARER | |
|---|--|
| Emergency Contact Name | |
| Emergency Contact Surname | |
| Relationship to Student | |
| Home Phone | |
| Mobile Phone | |

| STUDENT EMERGENCY CONTACT 2 – OTHER THAN PARENT/GUARDIAN/CARER | |
|---|--|
| Emergency Contact Name and Surname | |
| Relationship to Student | |
| Home Phone | |
| Mobile Phone | |

| STUDENT SIBLINGS | | | |
|---|--------------------|--------------|---------------|
| List all children in family attending school or preschool (oldest to youngest) | | | |
| Name | School / Preschool | Year / Grade | Date of Birth |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| SIBLINGS – FORMER STUDENTS | | |
|---|-------------------|---------------|
| List all children in family who formerly attended the school | | |
| Name | Exit Year / Grade | Date of Birth |
| | | |
| | | |
| | | |
| | | |
| | | |

| STUDENT HOME CARE ARRANGEMENTS | |
|---|--|
| Is the Student living with: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer | |
| <input type="checkbox"/> Kinship care <input type="checkbox"/> Out of home care <input type="checkbox"/> Shared Parenting <input type="checkbox"/> Other | |

| STUDENT COURT ORDERS / PARENTING ORDERS | |
|---|--|
| Are there any court orders or parenting order relating to the Student? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Schools are required to obtain copies of all court orders/parental orders | |

TUITION FEES AND ARRANGEMENT AND COMMITMENT

Upon acceptance at the School both parents/legal guardians/carers are jointly and severally liable for payment of all fees and charges in relation to the Student named in this Application Form whilst the Student is enrolled at the School subject to an enrolment agreement.

I/we recognise and accept my/our financial commitment to pay all fees and charges for the duration of the Student's enrolment at the School in accordance with the School Fee Policy.

I/we acknowledge that regardless of fee account status, students are permitted access to all core school programs and activities. However, if significant fees and charges are outstanding, the school may limit or refuse access to optional school programs (such as instrumental music lessons, school formals, and overseas or interstate travel programs).

| | |
|-------------------------------------|--|
| Name (Parent/Guardian/Carer 1) | |
| Address (Parent/Guardian/Carer 1) | |
| Email (Parent/Guardian/Carer 1) | |
| Signature (Parent/Guardian/Carer 1) | |

| | |
|-------------------------------------|--|
| Name (Parent/Guardian/Carer 2) | |
| Address (Parent/Guardian/Carer 2) | |
| Email (Parent/Guardian/Carer 2) | |
| Signature (Parent/Guardian/Carer 2) | |

For Split Accounts

Where school fees/charges are to be allocated to more than one individual, please complete below:

| | |
|-----------------------------------|--|
| Name (Fee Payer 1) | |
| Address (Fee Payer 1) | |
| Email (Fee Payer 1) | |
| Signature (Fee Payer 1) | |
| % of Fee Allocation (Fee Payer 1) | |

| | |
|-----------------------------------|--|
| Name (Fee Payer 2) | |
| Address (Fee Payer 2) | |
| Email (Fee Payer 2) | |
| Signature (Fee Payer 2) | |
| % of Fee Allocation (Fee Payer 2) | |

Any changes to the designated fee payer/s listed on this enrolment application form must be submitted to the College in writing by BOTH parties.

CHILD SAFE STATEMENT

Catholic school communities have a moral, legal and mission-driven responsibility to create nurturing school environments where children and students are respected, their voices are heard, and where they are safe and feel safe. Mercy Education has a zero tolerance to the abuse of children or students.

AGREEMENT & DECLARATION

- I/we acknowledge that I/we have made numerous disclosures in this Enrolment Application Form which I/we warrant are true and accurate, and which will be relied upon by the School subject to the entering into an enrolment agreement to enrol the Child in a form specified by the School.
- I/we acknowledge, understand and accept that there are certain expectations, obligations and guarantees required of parents/carers/guardians of the School's students, so that a harmonious relationship may be established for the duration of my Child's enrolment at the School, as set out in the General Terms and Conditions and policy documents available on the Mercy Education website, which may be subject to change from time to time by the Mercy Education Ltd Board and advised in writing by the School to the Parents, and to which I/we have read and agree to abide by.
- I/we will ensure that the information I/we have provided is kept up to date throughout the period of enrolment and I/we will notify the School promptly of any changes to that information (e.g. change of residential address, changes to parenting orders, changes to Student medical details, learning needs, etc)

PARENT / GUARDIAN/ CARER (1) SIGNATURE

| | |
|-----------------------------------|--|
| Parent / Guardian/Carer Name | |
| Parent / Guardian/Carer Signature | |
| Date | |

PARENT / GUARDIAN/ CARER (2) SIGNATURE

| | |
|-----------------------------------|--|
| Parent / Guardian/Carer Name | |
| Parent / Guardian/Carer Signature | |
| Date | |

Related Documents:

Mercy Education Limited (MEL)

- *Policy 6.09 Child Protection*
- *Policy 1.07 Privacy*
- *Parent Code of Conduct*
- *Policy 1.06 Complaints Management*

Review History:

| Version | Date Released | Next Review | Author | Approved |
|---------|---------------|-------------|-----------------------------|---------------|
| 1.0 | July 2021 | July 2022 | Head of Business Operations | MEL Executive |