

ST MONICA'S COLLEGE

Enrolment Application Form

STUDENT NAME.....

APPLICATION FOR ENROLMENT INTO YEAR..... *FOR 20*.....



16 Davisson Street
Epping Vic 3076

Phone: (03) 9409 8800

Fax: (03) 9408 7531

Email: admin@stmonicas-epping.com

Website: www.stmonicas-epping.com

OFFICE USE ONLY

Application received/...../.....

Student Number.....

Family Code.....

STUDENT DETAILS

Family Name..... Given Name.....

Preferred Name..... Date of Birth/...../..... Age..... Male Female

Address.....

Suburb..... State..... Postcode.....

Present Academic Year..... Present School currently attending.....

Religion..... Date of Baptism (Catholic Church)...../...../.....
(other)...../...../.....

Parish..... **Please attach copy of Baptismal Certificate**

Country of Birth..... If born overseas, date of Arrival...../...../.....

If born overseas, date of first starting school in Australia...../...../.....

Did your child enter Australia as a refugee? Yes No Aboriginal or Torres Strait Islander Yes No

Australian Permanent Resident Yes No Visa Category..... Passport No.....

If born overseas, please attach a copy of Permanent Residency documentation.

Language(s) Spoken at home.....

Number in Family: Boys..... Girls..... Place in Family.....

Are there any Brothers or Sisters currently attending St Monica's College? Yes No

<u>Name</u>	<u>Current Year</u>
.....
.....
.....

Are any Brothers or Sisters past students of St Monica's College? Yes No

<u>Name</u>	<u>Year Finished</u>
.....
.....
.....

FATHER/MALE GUARDIAN

Title..... Family Name First Name.....

Address Suburb State..... Postcode.....

Contact Numbers: Home ()..... Mobile.....

Work ()..... Email address.....

Occupation Religion.....

Is the Applicant's Father a past pupil at St Monica's College? Yes No

If yes, what was his final year level?.....

When was his final school year at St Monica's College?.....

MOTHER/FEMALE GUARDIAN

Title..... Family Name..... First Name.....

Address..... Suburb..... State..... Postcode.....

Contact Numbers: Home ()..... Mobile.....

Work ()..... Email address.....

Occupation..... Religion.....

Is the Applicant’s Mother a past pupil at St Monica’s College? Yes No

If yes, what was her final year level?.....

When was her final school year at St Monica’s College?.....

What was the full name of past student at time of enrolment at St Monica’s College?.....

CUSTODY/GUARDIANSHIP

Family Status of student’s parents (please tick)

Mother Married Single Widowed Divorced Separated Defacto

Father Married Single Widowed Divorced Separated Defacto

Parent/Guardian with whom the student lives (both parents/Mother/Father/Other – please specify).....

Name of person(s) with legal custody/guardianship of student.....

Is a Parenting or Restraint Order applicable? Yes No (*Please attach copies*)

Any other conditions enforced by law?.....

Please list below any special family circumstances of which the College needs to be aware in order to provide maximum support to the student (e.g. parent/s deceased, parents separated or divorced). Please provide copies of any relevant documents, including court order.

APPLICANTS WITH SPECIAL NEEDS

Does your child receive Educational Support funding because of a disability? Yes No

Does your child have Special Needs? Yes No

Further comments/explanation

Please attach any relevant documentation to this application.

Has your child participated in **formal** extension or accelerated study? Yes No

Details.....

HORIZONS (Accelerated Learning Program)

Please indicate if you are interested in applying for the HORIZONS Program Yes No

For Year 7 applications please indicate your order of preference by placing numbers 1, 2, 3 etc. in the boxes below.
THIS INFORMATION WILL BE SHARED BY ALL SCHOOLS.

ST. MONICA'S COLLEGE	LOYOLA COLLEGE	PARADE COLLEGE	MARYMEDE COLLEGE	OTHER SCHOOL (Please name)

APPLICATIONS INTO YEAR 8 TO 12 ONLY (DO NOT COMPLETE FOR YEAR 7)

Please attach a copy of the applicant's last full Semester Report.

Please detail the reason/s you would like to transfer your son/daughter to St Monica's College.

.....

.....

.....

.....

DECLARATIONS

Parent's/Guardian's Declaration

If my/our child is enrolled at St Monica's College I/we agree to abide by and support the College Ethos and regulations regarding uniform and conduct as well as attendance at all meetings relevant to my/our son/daughter's education.

I/we accept the responsibility and legal obligation for payment of school fees and other charges levied by the College as they fall due.

Signature of Father/Guardian Signature of Mother/Guardian.....

Date/...../..... Date/...../.....

- A copy of my/our child's Baptisimal Certificate
- A copy of Permanent Residency documentation *(if required)*

PLEASE COMPLETE FULLY AND RETURN TO THE COLLEGE REGISTRAR

PRIVACY OF COLLECTED INFORMATION

1. In applying for enrolment to St. Monica's College, you will be providing St. Monica's with personal information. For example, your name, address, date of birth etc.
2. In providing us with this information, you agree that we may store the information.
3. We will not disclose this information to a third party without your consent.
4. Access to this information may be available to you if you ask the College for it.
5. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the College and why; that they can access that information if they wish; and that the College does not usually disclose information to third parties.