

Kindergarten - Year 12 Catholic College Continuing Catholic Education since 1908

First Name	Middle Name		Surname					
Previous School Name			Suburb					
	M F Oth	oor						
Date of Birth	Male/Female/Other	iei	Country of Birth					
Bute of Birth	rialey remaie, ether		Country of Birth					
Medicare Number	Reference Number							
K PP	1 2 3	4 5 6	7 8 9 10 11	12				
Commencing Year								
Aboriginal Torres Strait Islander	English Abo	riginal English Ot	her					
	Language spoken at ho	me?						
Capturing languages spoken at home, including Aboriginal English, is very important for providing opportunities for students as they progress through secondary education and a better understanding of the needs of students who speak more than one language. We really appreciate your support in achieving this outcome through our data collection.								
Yes No			Yes No					
Australia Citizen?	If No - Visa Number		If No - VEVO Consent					
What's VEVO Consent? To assist the school in indicating current visa information about fami Please complete VEVO information at the back	ies. This website is called V	of a child, the Departme isa Entitlement Verificati	ent of Home Affairs have established a on Online (VEVO).	ı website				
Yes No								
Does the student have any Siblings at St Mary	s College?							
Year level Student Name		Year level	Student Name					
Year level Student Name		Year level	Student Name					
Religion Details								
Catholic None Other								
Davish		Parish Priest						
Parish								
Date of Reception of Sacraments: Please pr	ovide copies of Certificat	es						



Parent / Caregiver & Residence Details - Please provide at least 1 Parent / Caregiver

Parent / Car	egiver 1					
Title Firs	st Name		Surname		Relationship to s	student
Email Address	S			Phone		Mobile
Street Addres	SS			Suburb		Postcode
Postal Addres	SS			Suburb		Postcode
Catholic	None	Other				
Religion			Nationality			
Parent / Car	egiver 2					
Title Firs	st Name		Surname		Relationship to s	student
Email Address	S			Phone		Mobile
Street Addres	SS			Suburb		Postcode
Postal Addres	SS			Suburb		Postcode
Catholic	None	Other				
Religion			Nationality			
Student	Primaru Pl	ace of Residen	ice			
Parent / Ca	regiver 1	Parent / Caregiver 2	Broome Resi	dential College	Other*	
*If Other, pro	ovide primary pla	ce of residence details				
Details						
Street Addres	SS			Suburb		Postcode
Custodu	J / Guardia	nship				
		ourt Orders or current Re	estraining Orders that ny special or restricte	would apply to the stud d access arrangements	dent? s.	
Yes		Name of Person(s) with				



Emer	gency Contact						
Title	First Name		Surname			Relationship t	to student
Work Pho	one	Mobile					
Residenti	ial Address				Suburb		Postcode
Medic	a Consent						
During th Some of	ne College year photograp the photographs are used	hs/and or video foo for publicity purpos	tage are taken of es both within the	St Mary's College, the co	ge students po mmunity and	articipating in associated or	College activities. ganizations.
Yes	No						
Consent	for publicity	Signature					Date
Schoo	ol Fees						
	to be paid by: t / Caregiver 1	Parent / Caregiver	2 Both	Other			
		Parent / Caregiver	2 Both	Other			
Paren		Parent / Caregiver	2 Both	Other	Suburb		Postcode
Paren	t / Caregiver 1	Parent / Caregiver	2 Both	Other			Postcode
Paren Billing Pa	t / Caregiver 1	Parent / Caregiver	2 Both	Other			Postcode
Paren Billing Pa	nt / Caregiver 1 F				Suburb	chedule, and F	
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More Information

Tiore information			
I consent to receive the communication and in specifically in relation to:	nterested in learning mo	ore about how I can be o	a part of the St Mary's College community,
Parents and Friends Committee		School Adviso	ory Council
How did you hear about us?	Do you follow us on F	acebook?	
	Yes No		/SMCBroome Follow us to keep up to date
Why have you chosen St Mary's College?			
my nave goo chosen of riding a contege:			
Please enclose the following	supporting do	cumentation	
Most recent school report		Immunisatio	on History Statement (Not more than 2 months old)
Parenting, Restraint or Custodial Or	der (if applicable)	Birth certific	ate
Baptism certificate (if required)		Copy of Visc	1 (if required)
Dap non continuate (in requires)			
VEVO Consent - Only complete if the	ne student is not an A	ustralian Citizen	
In complying with the conditions of VEVO registrinformation about them. All of the information b	ration, the school is requ	ired to obtain written con	sent from the family prior to accessing VEVO
information about them. All of the information b	elow is required in order	to access visa informatio	on.
First Name	Surname		Date of Birth
Passport / ImmiCard Number	Country of Passport /	ImmiCard:	
The school will maintain confidential records regeducational statistics and Government census reaccessed via VEVO.	garding this visa informa equirements. I hereby giv	tion and use the information consent for information	rion solely for the purpose of enrolment, n regarding the visa status of my child to be
Name	Signature		Date