

# Student Application Form

Kindergarten - Year 12 Catholic College  
Continuing Catholic Education since 1908

v7

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Surname

<input type="text"/>	<input type="text"/>
Previous School Name	Suburb

<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
Date of Birth	Male/Female/Other	Country of Birth

<input type="text"/>	<input type="text"/>
Medicare Number	Reference Number

<input type="text"/>	K <input type="checkbox"/> PP <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
Commencing Year	

Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	English <input type="checkbox"/>	Aboriginal English <input type="checkbox"/>	Other <input type="text"/>
Language spoken at home?				

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 <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Australia Citizen?	If No - Visa Number	If No - VEVO Consent

What's VEVO Consent? To assist the school in establishing the visa status of a child, the Department of Home Affairs have established a website indicating current visa information about families. This website is called Visa Entitlement Verification Online (VEVO). Please complete VEVO information at the back of the document.

Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does the student have any Siblings at St Mary's College?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year level	Student Name	Year level	Student Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year level	Student Name	Year level	Student Name

## Religion Details

Catholic <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="text"/>
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<input type="text"/>	<input type="text"/>
Parish	Parish Priest

**Date of Reception of Sacraments: Please provide copies of Certificates**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baptism	Reconciliation	First Communion	Confirmation



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

### Parent / Caregiver 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname	Relationship to student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address		Suburb	Postcode
Catholic <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Religion		Nationality	

### Parent / Caregiver 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname	Relationship to student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address		Suburb	Postcode
Catholic <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Religion		Nationality	

## Student Primary Place of Residence

Parent / Caregiver 1  Parent / Caregiver 2  Broome Residential College  Other\*

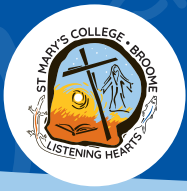
\*If Other, provide primary place of residence details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Details		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Suburb	Postcode

## Custody / Guardianship

Are there any current Family Court Orders or current Restraining Orders that would apply to the student?  
If applicable, please attach a copy outlining details of any special or restricted access arrangements.

Yes  No  If yes, Name of Person(s) with legal guardianship



## Emergency Contact

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Surname	Relationship to student
<input type="text"/>	<input type="text"/>		
Work Phone	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		Suburb	Postcode

## Media Consent

During the College year photographs/and or video footage are taken of St Mary's College students participating in College activities. Some of the photographs are used for publicity purposes both within the College, the community and associated organizations.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Consent for publicity		Signature	Date

## School Fees

Account to be paid by:

Parent / Caregiver 1 <input type="checkbox"/>	Parent / Caregiver 2 <input type="checkbox"/>	Both <input type="checkbox"/>	Other <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Postal Address	Suburb	Postcode	
<input type="text"/>			
Billing Email Address			

I/we, as listed below, acknowledge that we have reviewed, understand and agree to the School Fee Schedule, and Fee Collection Procedures.

I/we understand that the completion of this Application for Enrolment does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's Enrolment Policy.

I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in another Catholic school.

I/we have completed this Application for Enrolment form fully and to the best of my/our knowledge.

I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the applicant / enrolment process, especially in relation to this Parenting Orders, then the enrolment may be refused or terminated on this ground.

Parent/Caregiver 1

Parent/Caregiver 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	Signature	Date



## More Information

I consent to receive the communication and interested in learning more about how I can be a part of the St Mary's College community, specifically in relation to:

 Parents and Friends Committee School Advisory Council

How did you hear about us?

Do you follow us on Facebook?

Yes  No



Why have you chosen St Mary's College?

## Please enclose the following supporting documentation

 Most recent school report Immunisation History Statement (Not more than 2 months old) Parenting, Restraint or Custodial Order (if applicable) Birth certificate Baptism certificate (if required) Copy of Visa (if required)

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## VEVO Consent - Only complete if the student is not an Australian Citizen

In complying with the conditions of VEVO registration, the school is required to obtain written consent from the family prior to accessing VEVO information about them. All of the information below is required in order to access visa information.

First Name

Surname

Date of Birth

Passport / ImmiCard Number

Country of Passport / ImmiCard:

The school will maintain confidential records regarding this visa information and use the information solely for the purpose of enrolment, educational statistics and Government census requirements. I hereby give consent for information regarding the visa status of my child to be accessed via VEVO.

Name

Signature

Date



# Student Medication Form

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V2

## Student Information

First Name

Surname

Date of Birth

## Medication 1 Information

Name of Medication

Dosage

Frequency

Route of Administration

Reason for Medication

Possible side effects

Allergies or Other Medications

Administration Instructions

## Medication 2 Information

Name of Medication

Dosage

Frequency

Route of Administration

Reason for Medication

Possible side effects

Allergies or Other Medications

Administration Instructions

Medication must be in its original container, labelled with the student's name, medication name, dosage, and frequency of administration. The school nurse or designated staff member must monitor student self-administration of medication and documenting it. The parent / caregiver will immediately notify any changes in medication or dosage.

**Parent / Caregiver 1**

Signature

Date

**Parent / Caregiver 2**

Signature

Date