St Joseph's College

Application for Enrolment

(To be returned to the College Administration Office with Application Fee of \$50.00)

Office Heat Date of Applications		A	plication Foo Possing d
Office Use: Date of Application:		Ар	plication Fee Received :
Entered on Waitlist: Entered	ered in MAZE	FAMILY CODE_	
Interview Date:			
Letter of Offer Enro	olment Deposit Received	E.	nrolment Complete
STUDENT DETAILS			
Calendar Year of Admission: 20		Academic Year of	Entry:
Surname Name:		Given Names:	
Gender: Male/Female		Preferred Name:_	
Date of Birth:		Birthplace:	
Country of Birth:(A copy of the student's birth certifi			lication)
Home Address of Student:			
			Postcode:
Language(s) Spoken at Home:			
Is the Student Aboriginal Yes/No	Or Torres Str	rait Islander Yes/	'No
If Yes, then group of origin:			
Present School:		Location:	Year Level
Student ID Number (for Kindergarte (May be printed on student's school report))		
Religious Denomination:			
Parish:		Suburb:	
Date of Baptism:	Place of Baptism:		Baptism Certificate Attached Yes/No
Reconciliation:	First Communion:		Confirmation:

If Born Outside of Australia:		Date of Arrival:		
(Country) Visa Type/Number:(please supply a copy of Passport and Visa) Is the Student an Australian Citizen: Yes/No (if yes please supply a copy of Citizenship)		Number of Years in Australia:		
		Number of Years in Australia	•	
		Is the Student a Permanent or Temporary Resident of Australia *Permanent Temporary		
SIBLINGS CURRENTLY ATTENDING ST JO	SEPH'S CC	DLLEGE		
Name:	_ Year:	Name:	Year:	
Name:	_ Year:	Name:	Year:	
SIBLINGS CURRENTLY ATTENDING OTH	ER SCHOO	DLS		
Name:	_ Year:	School:		
Name:	_ Year:	School:		
PARENT/GUARDIAN DETAILS				
Student Resides with Both Parents	Parent/G	Guardian 1 Parent/Guardian 2		
Parent/Guardian 1		Parent/Guardian 2		
Title: Surname:		Title: Surname:		
First Name:		First Name:		
Relationship to Child:		Relationship to Child:		
Residential Address:		Residential Address:		
Postcode	e:		Postcode:	
Postal Address:		Postal Address:		
Postcode	:		Postcode:	
Occupation:		Occupation:		
Contact Numbers: Home:		Contact Numbers: Home:		
Mobile:Work:		Mobile:	_ Work:	
Email:		Email:		
Country of Citizenship:		Country Citizenship:		
Religious Denomination:		Religious Denomination:		
Parish:		Parish:		
Cuburb		Suburb		

CUSTODY/GUARDIANSHIP		
Name of person(s) with legal guardianship of the student:		
If applicable a copy of any Parenting or Restraint Order is attached. Yes/No		
Any other conditions enforced at law?		
EMERGENCY CONTACT DETAILS (other than a Parent/Guardian)		
Name: Relationship t	o Student:	
Contact Numbers:		
Name: Relationship	to Student:	
Contact Numbers:		
MEDICAL INFORMATION		
Family Doctor/Medical Clinic:		
Address:		
Contact Number:		
Dentist/Dental Clinic:		
Address:		
Contact Numbers:		
Medicare Number: Private Health Fund:	Blood Group:	(if known)
Student is fully immunised: Yes/No		
A copy of the student's immunisation record is required (please attach to your	application)	
PHOTOGRAPHIC PERMISSION		
Permission is granted to the College to use images of my child in newspapers, p	publications, brochure	s, the College
newsletter, College website, displays and other promotional material.	'ES	NO
PARISH PERMISSION		
Do you agree that the information supplied in the <i>Student Details</i> and <i>Family Details</i> and	Details sections, can be	provided to the
relevant Parish Priest?	'ES	NO
		

DISCLOSURE OF INFORMATION

St Joseph's College will collect personal information about your family from time to time for the purpose of implementing the curriculum and discharging its legal and pastoral obligations towards you and your child. This information may be disclosed to third parties who assist the school in this purpose, including the Catholic Education Office.

AGREEMENT

I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.

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 any other Catholic school.

I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational programme including the Religious Education programme of the school.

I/We have read and fully understand and agree to the terms and conditions set out in the School Fee Collection Policy.

I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s):		Date:
	FEMALE PARENT OR GUARDIAN	
		Date:
	MALE PARENT OR GUARDIAN	

CHECKLIST FOR PARENTS – DOCUMENTS TO BE INCLUDED WITH APPLICATION

Please ensure that you have included the follow	ring with your Application for Enrolment
Application fee (\$50 per student)	
Copy of Birth Certificate	
Copy of Immunisation Record	
Copy of Visa and Passport (if applicable)	
Parish Priest Form (if applicable)	
Baptism Certificate (if applicable)	
	Cheques to be made payable to St Joseph's College.

Applications should be forwarded to: Enrolments St Joseph's College Martin Road ALBANY WA 6330

Credit Card can be used by contacting the Administration Office on 98440 222

Telephone: 9844 0222 Fax: 9844 0223 E: admin@sjc-albany.wa.edu.au W: http://web.sjc-albany.wa.edu.au

SCHOOL FEES
Person/s responsible for payment of accounts:
Parent/Guardian 1
(Name) Parent/Guardian 2(Name)
(Name) I, the undersigned, as the person/s responsible for payment of fees, acknowledge that I have read the School Fees
Policy and the Fees and Charges brochure, and I accept the conditions as described.
Signed: Signed: (Parent/Guardian 1) (Parent/Guardian 2)
(Parent/Guardian 1) (Parent/Guardian 2)
Date: Date:
Please indicate if you have a Health Care Card Pensioner Concession Card
To be completed by Staff Member conducting the Interview:
Interviewed by:
Student Accepted: YES NO
Signed: Date:
STUDENT COMMENCEMENT DATE:
Notes:

Application Procedures

- 1. Application is made on the form Application for Enrolment.
- 2. This form should be returned to the College Office with a photocopy of the student's Birth Certificate, Immunisation Record to date, Baptism Certificate (if applicable), any other supporting documentation and \$50 non-refundable application fee.
- 3. The College will issue an Acknowledgement of Receipt of Application for Enrolment. This acknowledgement is not an indication that the application has been successful but acknowledgement that the future student has been waitlisted.
- 4. Successful applicants will be determined in accordance with the school's enrolment criteria. If offered an interview; a copy of the student's most recent report will be required prior to the interview.
- 5. Following the interview written confirmation of an offer of a place will be issued. To confirm the place you will be required to sign the Letter of Offer and return it to the College Office with an enrolment deposit of \$250. This deposit is not refundable should the student not attend the College.