



St Mary Star of the Sea College

Johnston Street, CARNARVON WA 6701

PO Box 772, CARNARVON WA 6701

Telephone: 08 99411328 Email: admin@smc.wa.edu.au

Website: www.smc.wa.edu.au

APPLICATION FOR ENROLMENT

School Year (Grade): _____ Year 20 _____ Date of Application: _____
FOR OFFICE USE ONLY

STUDENT INFORMATION

Surname: _____ Preferred Name: _____

First Name: _____ Middle Name: _____

Gender: Male Female Other (Please circle)

Date of Birth: _____ Birthplace: _____ Birth Certificate Attached: Yes/No

Medicare Number: _____ Position: _____ Expiry Date: ____/____/____

Aboriginal/Torres Strait Islander: Yes/No (Please circle)

If yes to Aboriginal/Torres Strait Islander, then Group of Origin: _____

Nationality: _____ Australian Permanent Resident: Yes/No

VISA DETAILS

If born outside of Australia:

Date of arrival in Australia: _____ Visa Category Number: _____

Visa Expiry Date: _____

Country of Citizenship: _____ Language Spoken at Home: _____

STUDENT DEMOGRAPHICSTUDENT

Country of Birth: _____ Ethnicity: _____

Language at Home: _____ Religion: _____

RELIGION

Parish: _____ Reconciliation Date: _____

Baptism Date: _____ Reconciliation Place: _____

Communion Date: _____ Confirmation Date: _____

Communion Place: _____ Confirmation Place: _____

Previous School Attended: _____
Location: _____ Year level: _____

FAMILY INFORMATION

Father/ Caregiver 1

Title: _____
First Name: _____
Surname: _____
Mobile Phone: _____
Email: _____
Address: _____

Postal Address _____
Medicare: _____
Gender: Male Female Other
Nationality: _____
Religious Denomination: _____
Occupation: _____
Employer: _____
Home Phone: _____
Business Phone: _____
Relationship: _____
Contact Type: Guardian Secondary Other
Lives with Student: Yes No
Living Arrangements:
Always Balanced Other
Family Type: Full Split
Country of Citizenship: _____

Mother/ Caregiver 2

Title: _____
First Name: _____
Surname: _____
Mobile Phone: _____
Email: _____
Address: _____

Postal Address _____
Medicare: _____
Gender: Male Female Other
Nationality: _____
Religious Denomination: _____
Occupation: _____
Employer: _____
Home Phone: _____
Business Phone: _____
Relationship: _____
Contact Type: Guardian Secondary Other
Lives with Student: Yes No
Living Arrangements:
Always Balanced Other
Family Type: Full Split
Country of Citizenship: _____

IN THE CASE OF SPLIT BILLING, WHAT PERCENTAGE IS THE ACCOUNT ALLOCATION?

Caregiver 1: _____%
Billing Email: _____

Caregiver 2 _____%
Billing Email: _____

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? _____

SIBLINGS CURRENTLY ATTENDING SCHOOL

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: _____

Name: _____ Relation to Student: _____
Address: _____
Contact Numbers: _____

DISCLOSURE

Do you agree that the information supplied in the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? Yes/No

Do you agree that the information supplied in the Student Information and Family Information sections can be provided St Mary's P&F Association? Yes/No

Do you agree that the information supplied in the Student Information and Family Information sections can be provided to Carnarvon Bus Charters? Yes/No

Do you agree to receive SMS messages alerting you to events within the school? Yes/No

Do you wish to receive your School Fees account by email? Yes/No

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 program of the school including the Religious Education program 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: _____
PARENT, CARER OR GUARDIAN

_____ Date: _____
PARENT, CARER OR GUARDIAN

_____ Date: _____
PRINCIPAL

A copy of your child's *Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders* are to accompany the Application for Enrolment form. Originals of these documents should be presented at the enrolment interview.

OFFICE USE ONLY

Date of Application: _____

Application Fee: _____ Receipt Number: _____

Enrolment Fee: _____ Receipt Number: _____

DOCUMENTATION:

Birth Certificate

Immunisation Records

Previous School Reports/NAPLAN

Baptism/Sacramental Certificates

Priest Reference

ENROLMENT:

Interview: _____

Accepted: _____

Letter of Offer: _____

Confirmation: _____