

APPLICATION FOR ENROLMENT YEARS 7 - 12



Mercedes College

A S P I R E E X C E L L E A D

COMPASSION

EXCELLENCE

JUSTICE

INTEGRITY

SERVICE



OFFICE USE ONLY

Interview Date/Person			
Application Received		Student Key	
Payment Receipt No.	Date	Family Key	Existing <input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling		Mother Attended School	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acknowledgement sent		Grandmother Attended School	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT

Family Name		Given Names		Preferred Name	
Date of Birth	DD/MM/YY	Country of Birth		Nationality	
Language Spoken at Home		Australian Permanent Resident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Religion		Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parish		Suburb		<input type="checkbox"/> Baptism	DD/MM/YY
Present School		Present Year Level		<input type="checkbox"/> Reconciliation	DD/MM/YY
				<input type="checkbox"/> Holy Communion	DD/MM/YY
Proposed Entry Year	20__ __	Circle Academic Year of Entry		<input type="checkbox"/> Confirmation	DD/MM/YY
				<input type="checkbox"/>	DD/MM/YY
Residential Address					
				P/code	Mobile (student)
Telephone			Family Email		
Postal Address (if different from above)					P/code

PARENT 1/FEMALE GUARDIAN		PARENT 2/MALE GUARDIAN	
Title	Marital Status	Title	Marital Status
Given Names		Given Names	
Family Name		Family Name	
Relationship to student		Relationship to student	
Address (if different to student's)		Address (if different to student's)	
P/code		P/code	
Home Tel.	Mobile	Home Tel.	Mobile
Email		Email	
Nationality		Nationality	
Country of birth		Country of birth	
Religion		Religion	
Language spoken at home		Language spoken at home	
Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No		Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation		Occupation	
Business Name		Business Name	
Business Telephone		Business Telephone	
If parents live at different addresses, with whom does the applicant mainly reside: Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> 50/50 <input type="checkbox"/>			
Parents responsibility to applicant: Shared <input type="checkbox"/> Sole <input type="checkbox"/> Court Orders <input type="checkbox"/> (please include with application)			

STUDENT MEDICAL INFORMATION

Past or present illnesses/injuries/conditions. Has your daughter experienced any of the following? If so, please give details in the space provided

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Ailments | <input type="checkbox"/> Lung Disorder |
| <input type="checkbox"/> Allergies/Anaphylaxis | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bleeding/Blood Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Speech/Language Difficulties |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Operations/Serious Accidents | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Serious Illness/Injury | | |

If you have ticked any of the above, please provide further information *(medical records to be sighted at interview)*

Please list any additional information about your daughter's health that would be helpful for teachers when planning educational programs. Indicate any conditions or medication that may affect your daughter's attendance or progress.

SIBLINGS

CURRENTLY ATTENDING MERCEDES COLLEGE		CURRENTLY ATTENDING OTHER SCHOOLS		
Name of Sibling	Year Level	Name of Sibling	School	Year Level

FAMILY RELATIONS

RELATIVES WHO HAVE ATTENDED MERCEDES COLLEGE *(Mother, Grandmother, Great Grandmother only)*

Name <i>(Maiden Name)</i>	Relationship to Applicant	Level Completed	Year Graduated
			YYYY
			YYYY
			YYYY
			YYYY
			YYYY

Enrolments are dependent upon vacancies and the following conditions:

- A Parish Priest Reference form will be considered favourably (available on the College website)
- At least one parent attends an interview with the Principal, or her representative.
- Both parents sign an acceptance of school policy, rules and parental involvement.

AGREEMENT

The College is bound by the Australian Privacy Principles (APPs) contained in the Privacy Act.

I/we understand and accept that the completion of this Application for Enrolment does not guarantee an enrolment interview, nor does attendance at an enrolment interview guarantee an offer of a place will be made. Successful applicants will be determined in accordance with the College's Enrolment Policy, as published on the College website.

I/we understand it is my/our responsibility to update the College of any change/s in family circumstances, contact details, or the applicant's development or health.

I/we have completed this Application for Enrolment form fully and to the best of my/our knowledge and all information is true and correct. Furthermore, I/we acknowledge and accept that if any relevant information has been withheld, especially in relation to the student's individual needs, medical conditions, healthcare requirements and/or Parenting Orders, the College reserves the right to decline the Application for Enrolment or terminate the enrolment forthwith.

Both parent signatures are required for the application to proceed except where the Family Court has ordered sole responsibility or allocated sole responsibility for education matters, to one parent. In such instances, a copy of the court orders must be included with the application.

I/we understand that all signatories to this Application for Enrolment are jointly and severally liable for all fees and charges for the applicant named overleaf, unless court orders state otherwise.

I/we acknowledge that we have read the Mercedes College Enrolment and Privacy policies located on the College website.

We solemnly and sincerely declare that all the information provided by us in this Application for Enrolment is true and correct.

Signed: Mother / Female Guardian

Father / Male Guardian

PHOTOGRAPHIC PERMISSION

Your daughter's photo may be used from time to time in College promotional material e.g. website, publications and publicity, unless you tick this box

APPLICATION FEE

An application fee of **\$110** (*non-refundable*) is to be returned with each enrolment.

SUPPORTING DOCUMENTATION

This form is to be accompanied by copies of:

- | | |
|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Other relevant education or psychological assessments |
| <input type="checkbox"/> Baptism certificate | <input type="checkbox"/> Copy of any Parenting Plans or Restraint Order (<i>if applicable</i>) |
| <input type="checkbox"/> Recent school report
(<i>Year five or above</i>) | <input type="checkbox"/> Copy of any authorised conditions enforced by law (<i>if applicable</i>) |
| | <input type="checkbox"/> Copies of documentation showing Australian Citizenship
(<i>where child has been born overseas</i>) |

Incomplete documentation will not be accepted.

PAYMENT METHODS

Please do not send cash. Cheques made payable to 'Mercedes College'.
Payment for Application Fee of **\$110** will be made by:

AMEX MASTERCARD VISA Cheque Bank Transfer

Card Number _____

Expiry Date ____ / ____ Cardholder's Name _____

Signature _____ Date _____

Please return form to Mercedes College: Victoria Square, Perth, Western Australia 6000



Mercedes College

Victoria Square, Perth,
Western Australia 6000

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