

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			Aboriginal or Torres Strait Islander <i>(circle)</i> Yes / No		
Religion			Australian Permanent Resident <i>(circle)</i> Yes / No		
Parish			Visa No.		Date of Arrival DD/MM/YY
Suburb		Parish Priest		<input type="checkbox"/> Baptism	DD/MM/YY
Present School				<input type="checkbox"/> Reconciliation	DD/MM/YY
		Present Year Level		<input type="checkbox"/> Holy Communion	DD/MM/YY
Proposed Entry Year	20__ __	Academic Year of Entry <i>(circle)</i> 7 8 9 10 11 12		<input type="checkbox"/> Confirmation	DD/MM/YY
Residential Address				P/code	
Telephone			Family Email		
Postal Address <i>(if different from above)</i>				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 <i>(if different to student's)</i>			Address <i>(if different to student's)</i>		
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		
Organisation/Business Name			Organisation/Business Name		
Business Tel.			Business Tel.		
If parents live at different addresses, with whom does the applicant reside: Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> 50/50 <input type="checkbox"/> Other <input type="checkbox"/>					
Parents responsibility to applicant: Shared <input type="checkbox"/> Sole <input type="checkbox"/> Court Orders <input type="checkbox"/> <i>(please include with application)</i>					

## 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

#### COMMUNICATION

One person is nominated for email contact. If you wish to add a third party please contact the College for more information.

#### PHOTOGRAPHIC PERMISSION

Your daughter's photo may be used from time to time in College promotional material e.g. website, publications, publicity and social media, 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"/> Parenting Plans or Restraint Order ( <i>if applicable</i> )          |
| <input type="checkbox"/> School Report ( <i>recent</i> ) | <input type="checkbox"/> Authorised conditions enforced by law ( <i>if applicable</i> )       |
| <input type="checkbox"/> NAPLAN Report ( <i>recent</i> ) | <input type="checkbox"/> 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

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

T: (08) 9323 1323

F: (08) 9323 1333

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