



ENROLMENT APPLICATION

INDIVIDUAL STUDENT

- CONFIDENTIAL -

Information on enrolment forms is generally made available to teaching staff and diocesan personnel upon request but not to others outside the College. If any information on this form is to be treated with greater confidentiality, please attach a separate statement indicating what this is and the restrictions you would like to have placed on its accessibility and distribution.

FOR ADMITTANCE TO YEAR LEVEL:

☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

IN THE CALENDAR YEAR: _____ TERM: _____

Student's Surname: _____

Family Name (if different to the above): _____

Given Names: _____

Preferred Name (if different to the above): _____

Primary School/Previous Secondary School: _____

Date of Birth: ____ / ____ / ____

Sex: ☐ Male ☐ Female

Submit completed enrolment documentation by email, post or in person to begin the enrolment process

mk.enrolments@nt.catholic.edu.au
285 Farrar Boulevard, Johnston, NT 0832 Australia
PO BOX 2608 Palmerston NT 0831
(08) 89 305757

4 STEPS TO ENROLMENT

STEP 1: COMPLETE AND SUBMIT DOCUMENTATION

Submit an Individual Student Enrolment Application, together with other forms as listed on the checklist, for each child, with the non-refundable Enrolment Application Fee of \$110.00 (\$200.00 per family). Include a copy of the most recent School Report, NAPLAN Report, Immunisation Record, Birth Certificate and Baptismal Certificate, if applicable.

STEP 2: WE RESPOND

MacKillop Catholic College will acknowledge receipt of your application and advise you of anything else needed to assist us in considering your application.

STEP 3: AN INTERVIEW IS ARRANGED

All new students to MacKillop Catholic College must have an enrolment interview with the College Principal or the Principal's nominee. An enrolment form completed by the parents or the legal guardians is required before we can arrange an interview.

STEP 4: ACCEPT A PLACE

If your application is successful, you will receive a written confirmation of enrolment letter welcoming your family to the College from the Principal within two weeks of the interview date. To complete your acceptance, payment of the **Student Activity Deposit (\$300.00)** needs to be paid to the College by the date set out in the acceptance letter.

Enrolments for the following year normally start late in Term 1 and are finalised by November, however, enquiries and applications are welcome at any time.

An orientation programme operates for new students in Year 6 entering Year 7. This is scheduled in Term 4 of the year prior to their start year. These details and others will be sent to parents once the enrolment process is complete. There are open days, tours and information evenings for other year levels, and these will also be advertised to parents.

STUDENT INFORMATION

Religion of Student			
Sacraments <i>Attach copies of sacramental certificates</i>	<input type="checkbox"/> Baptism Date ____ / ____ / ____ Parish _____ <input type="checkbox"/> Communion Date ____ / ____ / ____ Parish _____ <input type="checkbox"/> Confirmation Date ____ / ____ / ____ Parish _____		
Student's Indigenous Status	<input type="checkbox"/> None <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander For Aboriginal/Torres Strait Islander Students: <input type="checkbox"/> Parental permission is given for tutorial assistance as per funding guidelines		
Country of Birth	<input type="checkbox"/> Australia – city/town/state: _____ <input type="checkbox"/> Other – please specify: _____		
Nationality/Cultural Background <i>If different from above</i>			
First Language of Student	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <i>If other than English, an interview with the Learning Support Teacher is required</i>		
Main Language at Home <i>If different from above</i>			
Other Languages			
Residential Status	<input type="checkbox"/> Australian Citizen or Permanent Resident <input type="checkbox"/> Other Date of Arrival: / / <input type="checkbox"/> Copy of visa attached. Visa #: _____ <input type="checkbox"/> Copy of passport attached. Passport #: _____ Visa Subclass: _____		
Proof of Australian Residency <i>Must be provided with each application. Schools are required to check the residency status of all enrolling students as funding is not provided for some categories of temporary residents.</i>	<input type="checkbox"/> New Zealand Birth Certificate <input type="checkbox"/> Australian or New Zealand Passport <input type="checkbox"/> Australian Naturalisation Certificate <input type="checkbox"/> Permanent resident stamp <input type="checkbox"/> Permanent stamp on a refugee document		
Siblings currently enrolled at MacKillop Catholic College OR at any other Catholic School in the NT	Surname	Given Names	Year level
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Position in family	Number _____ of _____ children		
Are there any special family circumstances? <i>e.g. single parent, dual custody, foster care, access restrictions</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Supporting legal documents are required: <input type="checkbox"/> Attached		
Has this student previously enrolled at MacKillop Catholic College?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Year previously enrolled: _____		

MEDIA CONSENT

We regularly publish the names and photos of students as part of positive news stories via our newsletter, social media profiles, and media releases. This may include local media organisations, advertising, and use by related organisations such as the Catholic Education Office. Use of material may continue for a number of years, even after the student has exited the College. The College maintains ownership of all material, however every effort will be made to comply with the wishes of parents and students in regard to access to and use of media relating to them.

This can present issues for students whose parents work in sensitive industries, or who are involved in legal matters. Please read section 8 of the Enrolment Agreement Form for full details.

This student's **image** can be publicly visible ☐ Yes ☐ No

This student's **name** can be publicly visible ☐ Yes ☐ No

FAMILY INFORMATION

For parents/guardians not residing at the same address, please complete the section "Alternative Family Details"

Female Parent / Guardian 1	Male Parent / Guardian 2
Relationship to Student: _____	Relationship to Student: _____
Title (Mr, Mrs, Miss, Ms, Dr) _____	Title (Mr, Mrs, Miss, Ms, Dr) _____
Given Names _____	Given Names _____
Surname or Family Name _____	Surname or Family Name _____
Occupation _____	Occupation _____
Nationality _____	Nationality _____
Country of Birth _____	Country of Birth _____
Do you usually speak a language other than English at home? If more than one language, indicate the one that is spoken most often. <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – Please specify: _____	Do you usually speak a language other than English at home? If more than one language, indicate the one that is spoken most often. <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – Please specify: _____
Employer _____	Employer _____
Religion _____	Religion _____
Work Phone _____	Work Phone _____
Mobile Phone _____	Mobile Phone _____
Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email _____ Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email _____ Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No

Australian Defence Family <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force
Unit: _____	
Family Parish _____	

ADDRESS DETAILS

Residential Address

Mailing Title (e.g. Mr and Mrs D Smith): _____

Street Number and Name: _____

Town/Suburb: _____

State: _____ Postcode: _____ Home Phone Number (If applicable): _____

The Child lives at this address: ☐ **Permanently** ☐ **Occasionally**

If the child resides at times with another family, please provide details in Alternative Family section of this form.

Postal Address *Leave Blank if same as Residential Address*

Street Number and Name/Post Office Box: _____

Town/Suburb: _____

State: _____ Postcode: _____

Billing Address *Leave Blank if same as Residential Address*

Billing Title (e.g. Mr and Mrs D Smith): _____

Street Number and Name: _____

Town/Suburb: _____

State: _____ Postcode: _____

The following information is to be supplied if the payment of fees is shared or from an alternative source. This information will be used in the billing for the fees.

Billing Title (e.g. Mr and Mrs D Smith): _____

Street Number and Name: _____

Town/Suburb: _____

State: _____ Postcode: _____ Phone: _____

What percentage of fees is this alternative source responsible for? _____%

Further Comments: _____

ALTERNATIVE FAMILY DETAILS

Other parent not residing at the same address as the student

This information is also required if the student resides at times with an alternative family during school terms

Alternative Female Parent / Guardian	Alternative Male Parent / Guardian
Relationship to Student: _____	Relationship to Student: _____
Title (Mrs, Miss, Ms, Dr etc) _____	Title (Mr, Dr etc.) _____
Given Names _____	Given Names _____
Surname or Family Name _____	Surname or Family Name _____
Occupation _____	Occupation _____
Nationality _____	Nationality _____
Country of Birth _____	Country of Birth _____
Do you usually speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – Please specify: _____	Do you usually speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – Please specify: _____
Employer _____ Religion _____ Work Phone _____ Mobile Phone _____ Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer _____ Religion _____ Work Phone _____ Mobile Phone _____ Do you wish to be contacted by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email _____ Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email _____ Do you wish to be contacted by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Request a copy of student reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Request a copy of student reports? <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address Mailing Title (e.g. Mr and Mrs D Smith): _____ Street Number and Name: _____ Town/Suburb: _____ State: _____ Postcode: _____ Home Phone Number (If applicable): _____	
Postal Address <i>Leave Blank if same as Residential Address</i> Street Number and Name/Post Office Box: _____ Town/Suburb: _____ State _____ Postcode _____	
Only fill in this section if accounts are to be sent to a person and/or address different from family address on previous page.	
What percentage of fees is this person responsible for? _____ %	What percentage of fees is this person responsible for? _____ %
Account Name: _____	Account Name: _____
Signature of person who will pay fees: _____	Signature of person who will pay fees: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____

FAMILY COURT ORDERS AND OTHER FAMILY PROTECTION ORDERS

<p>If parents/carers are separated or divorced, is a Family Court Parenting Order or any other order in place in relation to this Student?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>Are there any Protection Orders in place in relation to this student?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If the answer is YES to any of the above questions, briefly state conditions (<i>a copy must be attached</i>)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>If parents/carers are separated or divorced but no Family Court Order are in place, are there arrangements/conditions concerning this student of which the College should be aware?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable </p> <p>If YES, briefly state conditions:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>Do both parents have joint parental responsibility?</p> <p>If YES, is there joint consensus to enrol this student at MacKillop Catholic College?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Do court orders exist stating the College correspondence should be sent to an alternative address?</p> <p>If YES, please give details of name(s) and postal address:</p> <p>Title and Name(s): _____</p> <p> Postal Address: _____ Residential Address: _____ </p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>Accounts are normally sent home with the eldest student attending the College in the family</i></p>	

MEDICAL DETAILS

Doctor's Name					
Doctor's Phone					
Medical Conditions e.g. recurring medical issues/disabilities/allergies/asthma/disorders <i>Advise if your child receives daily medication</i>					
		Medication: _____			
		Dosage: _____			
		Medication: _____			
		Dosage: _____			
		Medication: _____			
		Dosage: _____			
Medical Alert Required?		<input type="checkbox"/> No <input type="checkbox"/> Yes - Please supply details of alert			
Immunisation Record <i>Please Note: A copy of student's immunisation record is to be supplied with this application.</i>		MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		MEN (Meningococcal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Pertussis (whooping cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Polio (OPV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Hepatitis B (HEB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		HIB (Haemophilus Influenza Type B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
BCG (TB)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Consent to Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>In the event of illness or injury requiring urgent medical treatment I consent for medical and /or hospital attention to be sought. The College 'Student Care Insurance' covers ambulance costs for students suffering bodily injury as a result of an accident. No cover is provided for illness related incidents or costs. Parents / Emergency Contact will be contacted immediately in these events. If prescription / other medication is sent to school with the student a note giving details of dosage and permission for College staff to administer medication must accompany the student.</i>					
Emergency Contacts – The first and second parent or guardian stated on page 4 will be the College's first and second priority contacts. You may wish to provide other names below.					
Contact Name		Relationship to student	Work Phone	Home Phone	Mobile
1					
2					

INCLUSION AND LEARNING SUPPORT INFORMATION

Has your son/daughter had any learning support in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, an interview with the Learning Support Teacher will be required for further information gathering.</i>	
Has your son/daughter been formally diagnosed with any of the following? (Tick all that apply)	<input type="checkbox"/> Autism Spectrum Disorder (Including Asperger's Syndrome) <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Intellectual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Social/Emotional Impairment <input type="checkbox"/> Chronic illness that may affect learning (e.g. chronic fatigue syndrome, glandular fever, diabetes, cystic fibrosis, epilepsy) <input type="checkbox"/> A condition which affects learning (e.g. ADHD/ADD, auditory processing difficulty) <input type="checkbox"/> Anxiety <input type="checkbox"/> Other Impairment or condition Details: _____
Has your child ever made use of any of the following services?	<input type="checkbox"/> Guidance Officer/Counsellor/Psychologist <input type="checkbox"/> Youth and Community Mental Health <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech Language Pathologist (Therapist) <input type="checkbox"/> Audiologist <input type="checkbox"/> Specialist Clinic (Private or Public Hospital) <input type="checkbox"/> Advisory Visiting Teacher Services <input type="checkbox"/> Special Education Unit or Early Childhood Development Unit <input type="checkbox"/> Community Health <input type="checkbox"/> Department of Child Safety <input type="checkbox"/> Other Relevant Service Details: _____

STUDENT'S INTERESTS AND ABILITIES

Does your son/daughter show extra potential, abilities or strengths in any specific areas? E.g. sport, art, music, drama _____ _____ _____
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FAMILY CONTRIBUTION

As a parent/care giver my special contribution to the College will be in the form of: _____ _____
I/We can support the College with: <input type="checkbox"/> Classroom Assistance <input type="checkbox"/> Canteen Assistance <input type="checkbox"/> P&F Activities <input type="checkbox"/> College Board <input type="checkbox"/> Library Assistance <input type="checkbox"/> Working Bees

CHILD SAFETY AND WELLBEING SUPPORT INFORMATION

This section may include information already requested in other sections. As this page on its own may need to be shared with previous schools or support providers, please fill it out in full and sign below, in addition to signing at the end of this enrolment application document.

Has your son/daughter experienced any emotional difficulties that may affect his/her learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your son/daughter had a traumatic experience that may have affected his/her learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a language other than English spoken in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your son/daughter require "English as a second language" support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Our enrolment policy requires that we identify the Special Needs and assessment or support by specialist services of our students in order to provide learning support where appropriate. Please tick the boxes where relevant.</i></p> <p>If you have ticked or answered yes to any of the questions above, please attach copies of assessment reports and details of specialist services received.</p>	

PARENT/GUARDIAN BACKGROUND INFORMATION

The following information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

What is the highest year of primary or secondary school the parents / guardians have completed? <i>For persons who have never attended school, mark 'Year 9 or equivalent or below'</i>			
Mother/ Parent 1 / Guardian 1 <i>Mark only one box</i>		Father/ Parent 2 / Guardian2 <i>Mark only one box</i>	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below
What is the level of the <i>highest</i> qualification the parents / guardians have completed?			
Mother/ Parent 1 / Guardian 1 <i>Mark only one box</i>		Father/ Parent 2 / Guardian2 <i>Mark only one box</i>	
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate I to IV (incl. trade cert)	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate I to IV (incl. trade cert)
<input type="checkbox"/> Advanced diploma/Diploma	<input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Advanced diploma/Diploma	<input type="checkbox"/> No non-school qualification

The following question refer to the parental occupation group. Select from the appropriate parental occupation group number from the attached list.
*If the person is not currently in **paid** work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.*
If the person has not been in paid work in the last 12 months, enter '8'.

Occupation group of Mother/ Parent 1/Guardian 1: _____ **Occupation group of Father/ Parent 2/Guardian 2:** _____

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals
Senior executive/manager/department head in industry, commerce, media or other large organisation.
Public service manager (Section head or above), regional director, health/education/police/fire services administrator
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
Defence Forces Commissioned Officer
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals
Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
Associate professionals generally have diploma/technical qualifications and support managers and professionals.
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
Defence Forces Senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff
Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. *All tradesmen/women are included in this group.*
Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
Skilled office, sales and service staff.
Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers
Drivers, mobile plant, production/processing machinery and other machinery operators.
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
Office assistants, sales assistants and other assistants.
Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
Labourers and related workers
Defence Forces ranks below senior NCO not included above
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

DECLARATION

I / We understand and accept that the completion of this enrolment form does not guarantee enrolment.

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

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 individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I / We have read and agree to the outlined responsibilities and apply for enrolment of my/our son/daughter, subject to the above conditions and the conditions outlined in the *Enrolment Agreement Form*, including the obligation to pay all fees. I/we recognise that false information on this form may invalidate my son's/daughter's enrolment.

Signature: _____ (Mother/Female Guardian/Caregiver 1)

Date: ____ / ____ / ____

Signature: _____ (Father/Male Guardian/Caregiver 2)

Date: ____ / ____ / ____

ENROLMENT APPLICATION CHECKLIST

Enrolments will be processed upon receipt of the application fee and documentation as listed below. Please tick ☒ the adjacent box to indicate inclusion of items listed.

- ☐ Completed **Individual Student Confidential Enrolment Application Form**
- ☐ Sign **Enrolment Agreement** form
- ☐ Copy of latest **School Report Card**
- ☐ Copy of latest **NAPLAN Report**
- ☐ Copy of **Birth Certificate**
- ☐ Copy of **Immunisation Records**
- ☐ Copy of **Baptism Certificate** (*and other sacramental certificates, if applicable*)
- ☐ **Copies of Education Adjustment Plans** from previous school
applicable only if a student has special needs

***Thank you for your interest.
We look forward to meeting you.***