



APPLICATION FOR ENROLMENT

A non-refundable fee of \$75.00 is required with this application

SECTION 1: APPLICATION DETAILS

Requested Year Level of Entry	Requested Year of Entry
<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="text"/>

SECTION 2: STUDENT DETAILS

Surname	Given Name/s
<input type="text"/>	<input type="text"/>
Preferred Name	Date of Birth
<input type="text"/>	<input type="text"/>
Residential Address	Postcode
<input type="text"/>	<input type="text"/>
Mailing Address (If different to above)	Postcode
<input type="text"/>	<input type="text"/>
Home Telephone Number	Family Email Address (please print clearly)
<input type="text"/>	<input type="text"/>
Religion	Parish
<input type="text"/>	<input type="text"/>
Sacraments	Year Started School in Australia
<input type="checkbox"/> BAPTISM <input type="checkbox"/> RECONCILIATION <input type="checkbox"/> EUCHARIST <input type="checkbox"/> CONFIRMATION	<input type="text"/>
Current School	Current Year Level
<input type="text"/>	<input type="text"/>
Country of Birth	Date arrived in Australia (If born Overseas)
<input type="text"/>	<input type="text"/>
Aboriginal or Torres Strait Islander?	Language Spoken at Home
<input type="checkbox"/> NO <input type="checkbox"/> ABORIGINAL <input type="checkbox"/> TORRES STRAIT ISLANDER <input type="checkbox"/> BOTH	<input type="text"/>

SECTION 3: EXISTING COLLEGE RELATIONSHIP

List the Name and Year Level / Graduation Year of any family member who attends or has attended St Joseph's College or Mater Christi College.

<input type="text"/>
<input type="text"/>

SECTION 4: OTHER APPLICATIONS

Please list the names of any schools at which you have made (or intend to make) an application for enrolment, in order of preference, including St Joseph's College.

1st Preference	3rd Preference
<input type="text"/>	<input type="text"/>
2nd Preference	4th Preference
<input type="text"/>	<input type="text"/>

SECTION 5: PARENTAL DETAILS

RESIDENTIAL PARENT / GUARDIAN **1**:

Title	Surname	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Religion	
<input type="text"/>	<input type="text"/>	
Mobile	Email (please print clearly)	
<input type="text"/>	<input type="text"/>	
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Business Telephone	Country of Birth	
<input type="text"/>	<input type="text"/>	

RESIDENTIAL PARENT / GUARDIAN **2**:

Title	Surname	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Religion	
<input type="text"/>	<input type="text"/>	
Mobile	Email (please print clearly)	
<input type="text"/>	<input type="text"/>	
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Business Telephone	Country of Birth	
<input type="text"/>	<input type="text"/>	

NON-RESIDENTIAL PARENT / GUARDIAN **3**:

Title	Surname	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Religion	
<input type="text"/>	<input type="text"/>	
Residential Address	Postcode	
<input type="text"/>	<input type="text"/>	
Mailing Address (If Different to Above)	Postcode	
<input type="text"/>	<input type="text"/>	
Home Phone	Mobile	
<input type="text"/>	<input type="text"/>	
Occupation	Business Telephone	
<input type="text"/>	<input type="text"/>	
Email (please print clearly)	Country of Birth	
<input type="text"/>	<input type="text"/>	

SECTION 6: EMERGENCY CONTACT DETAILS

Full Name	Relationship (to student)
<input type="text"/>	<input type="text"/>
Daytime Contact Number	Alternative Contact Number
<input type="text"/>	<input type="text"/>

SECTION 7: CONTACT INFORMATION

The contact Identification number (1, 2 or 3) relates to the information completed in Section 5.

School Accounts to be Addressed to:

Correspondence to be Addressed to:

 1

 2

 3

 1

 2

 3

The following information is required for National Reporting Outcomes by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA).

What is the highest year of Secondary School the Parents/Guardians have completed?

What is the level of the highest qualification the Parents/Guardians have completed?

	1	2	3
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3
Bachelor Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Non-School Qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8: FAMILY DETAILS

Please tick the appropriate box/es below about the student's parents:

 Married

 Separated

 Divorced

 Mother Deceased

 Father Deceased

 Mother Remarried

 Father Remarried

 Other

Do you possess a current Health Care Card?

If parents are separated/divorced, who has custody?

How often does the student see each parent?

SECTION 9: STUDENT DETAILS

Please tick any appropriate box/es below about the student:

 Medical

 Allergies

 Physical

 Auditory / Visual

 Speech / Language

 Learning Difficulties

 Behavioural / Social Emotional

 Gifted Education

If you have selected any of the boxes above, please provide as much detail as possible below. Please also include with your application any reports of documentation that may assist us in supporting your son in his education.

Doctor's Name

Doctor's Phone Number

Medicare Number

Ambulance Member?

Date of Last Tetanus Injection

Asthmatic?

