

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	
7 8 9 10	11 12	
SECTION 2: STUDENT DETAILS		
Surname	Given Name/s	
Preferred Name	Date of Birth	
Residential Address	Postcode	
Mailing Address (If different to above)	Postcode	
Home Telephone Number	Family Email Address	
Religion	Parish	
Sacraments	Year Started School in Australia	
Saciaments		
BAPTISM RECONCILIATION EUCHARIST CONFIRMATION	Current Year Level	
Country of Birth	Date arrived in Australia (If born Overseas)	
Aboriginal or Torres Strait Islander?	Language Spoken at Home	
NO ABORIGINAL TORRES STRAIT ISLANDER BOTH		

SECTION 3: EXISTING COLLEGE RELATIONSHIP

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

SECTION 4: OTHER APPLICATIONS

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

1st Preference

3rd Preference

2nd Preference

4th Preference

SECTION 5: PARENTAL DETAILS

Daytime Contact Number

RESIDENTIAL PARENT / GUARDIAN 1:		
Title Surname	First Name	
Relationship	Religion	
Mobile	Email	
Occupation	Employer	
Business Telephone	Country of Birth	

RESIDENTIAL PARENT / GUARDIAN 2 :		
Title	Surname	First Name
Relationship		Religion
Mobile		Email
Occupation		Employer
Business Tele	phone	Country of Birth

NON-RESIDENTIAL PARENT / GUARDIAN 3:		
Title	Surname	First Name
Relationship		Religion
Residential A	Address	Postcode
Mailing Addr	ess (If Different to Above)	Postcode
Home Phone)	Mobile
Occupation		Business Telephone
Email		Country of Birth
SECTION 6: E	EMERGENCY CONTACT DETAILS	
Full Name		Relationship

Alternative Contact Number

SECTION 7: CONTACT INFORMATION		
The contact Identification number (1, 2 or 3) relates to the in	formation cmpleted in Section 5.	
School Accounts to be Addressed to:	Correspondance to be Addressed to:	
1 2 3	1 2 3	
The following information is required for National Reporting (Employment , Training and Youth Affairs (MCEETYA).	Dutcomes by the Ministrial Council on Education,	
What is the highest year of Secondary School the Parents/ Guardians have completed? What is the level of the highest qualification the Paren Guardians have completed?		
1 2 3	1 2 3	
Year 12 or equivalent	Bachelor Degree	
Year 11 or equivalent	Advanced Diploma / Diploma	
Year 10 or equivalent	Certificate I to IV (including Trade certificate)	
Year 9 or equivalent	No Non-School Qualtification	
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, who has custody?	
How often does the student see the non-custodial parent?		
SECTION 9: STUDENT DETAILS		
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Please tick any appropriate box/es below about the student:	Physical Auditory / Visual	
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Please tick any appropriate box/es below about the student:		
Please tick any appropriate box/es below about the student: Medical Allergies Speech / Language Learning Difficulties If you have selected any of the boxes above, please provide	Behavioural / Social Emotional Gifted Education as much detail as possible below. Please also include with	
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SECTION 10: APPLICATION FEE PAYMENT

Payment Method Amount Due: \$75.0			Amount Due: \$75.00
Cash	Cheque	Money Order	Credit Card
Please charge my credit card the \$75.00 application fee. Visa and Mastercard only accepted.			
Credit Card Number			Expiry Date
			/
Name on the Card		Card Holder's Signature	

SECTION 11: ENROLMENT REQUEST

- 1. We would like our son to attend St Joseph's College.
- 2. We assume responsibility for the payment of all charges and have attached the application fee of \$75 and we understand that this is not refundable.
- 3. We understand that if our son is accepted into St Joseph's College a formal enrolment agreement will be offered with the acceptance letter.

Sig	nature of Contact 1	Date	
C :	active of Contact 2	Data	
Sig	nature of Contact 2	Date	
Sig	nature of Contact 3	Date	
Sig	nature of Parish Priest	Date	
Ple	ase ensure the following before submitting this form:		
	All sections are completed.		
	Your Parish Priest has signed the form (except for those in the Rowville Parish).		
	A copy of your son's birth certificate or extract is attached.		
	A copy of your son's most recent school report is attached.		
The \$75.00 non-refundable application fee is attached.			
	tes:		
 Year 7 Applicants Enrolments close in August of the year your son is completing Grade 5. The applicant and their parents will be expected to attend an interview in early September. 			
•	Offers of a Place at St Joseph's will be mailed in October.		
Other Applicants			
•			
•	Offers will be made dependent on the availability of places.		
Aco	Acceptance of any Offer of Place should be accompanied by a \$500 securing fee, which is non-refundable, but will be		

credited against your first instalment of fees.

OFFICE USE ONLY

Date Application Received	Receipt Number
Received By	Entered

5 Brenock Park Drive, Ferntree Gully, Victoria, 3156