St Josephs College

APPLICATION FOR ENROLMENT

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

SECTION 1: APPLICATION DETAILS

Requested Year Level of Entry

☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Requested Year of Entry

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 (please print clearly)

Religion

Parish

Sacraments

☐ BAPTISM ☐ RECONCILIATION ☐ EUCHARIST ☐ CONFIRMATION

Year Started School in Australia

Current School

Current Year Level

Country of Birth

Date arrived in Australia (If born Overseas)

Aboriginal or Torres Strait Islander?

☐ NO ☐ ABORIGINAL ☐ TORRES STRAIT ISLANDER ☐ BOTH

Language Spoken at Home

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.

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

2nd Preference

4th Preference

SECTION 5: PARENTAL DETAILS

RESIDENTIAL PARENT / GUARDIAN 1:

Title | Surname | First Name

Relationship | Religion

Mobile | Email (please print clearly)

Occupation | Employer

Business Telephone | Country of Birth

RESIDENTIAL PARENT / GUARDIAN 2:

Title | Surname | First Name

Relationship | Religion

Mobile | Email (please print clearly)

Occupation | Employer

Business Telephone | Country of Birth

NON-RESIDENTIAL PARENT / GUARDIAN 3:

Title | Surname | First Name

Relationship | Religion

Residential Address | Postcode

Mailing Address (If Different to Above) | Postcode

Home Phone | Mobile

Occupation | Business Telephone

Email (please print clearly) | Country of Birth

SECTION 6: EMERGENCY CONTACT DETAILS

Full Name | Relationship (to student)

Daytime Contact Number | Alternative Contact Number

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: ☐ 1 ☐ 2 ☐ 3

Correspondence to be Addressed to: ☐ 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?

	1	2	3
Year 12 or equivalent			
Year 11 or equivalent			
Year 10 or equivalent			
Year 9 or equivalent			

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

	1	2	3
Bachelor Degree			
Advanced Diploma / Diploma			
Certificate I to IV (including Trade Certificate)			
No Non-School Qualification			

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?

SECTION 10: APPLICATION FEE PAYMENT

Payment Method

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.

Signature of Contact 1

Date

Signature of Contact 2

Date

Signature of Contact 3

Date

Please ensure the following before submitting this form (you can email, post or drop in to St Joseph's College:

☐ **All sections are completed.**

☐ The **$75.00** non-refundable application fee is attached.

☐ A copy of your son's **Birth Certificate** or extract is attached.

☐ A copy of your son's **most recent school report** is attached.

☐ A copy of **Grade 5 NAPLAN** results (or send through later when available).

Notes: Year 7 Applicants

- Enrolment Applications close in August of the year your son is completing Grade 5.
- The Applicant and both custodial parents will be expected to attend an interview in July/August/Sept.
- Offers of a Place at St Joseph's College will be emailed in October.

Other Applicants

- Enrolment Applications are accepted at all times for current Year 7 to 12.
- All Applicants and both custodial parents will be expected to attend an interview at the College.
- Offers will be made dependent on the availability of places.

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

Phone: 03 9756 3112 (enrolments) **Website:** www.stjosephs.com.au **Email:** enrolments@stjosephs.com.au