



St Joseph's College

Application for Enrolment

(To be returned to the College Administration Office with Application Fee of \$50.00)

Office Use: Date of Application: _____

Application Fee Received : ☐

Entered in AoS ☐

Interview Date: _____

Letter of Offer ☐

Enrolment Deposit Received ☐

Enrolment Complete ☐

STUDENT DETAILS

Calendar Year of Admission: 20_____

Academic Year of Entry: _____

Surname : _____

Given Names: _____

Gender: Male/Female

Preferred Name: _____

Date of Birth: _____

Birthplace: _____

Country of Birth: _____

Nationality: _____

(A copy of the student's birth certificate is required – please attach to your application)

Home Address of Student: _____

_____ Postcode: _____

Language(s) Spoken at Home: _____

Is the Student Aboriginal Yes/No Or Torres Strait Islander Yes/No

If Yes, then group of origin: _____

Present School: _____ Location: _____ Year Level _____

Student ID Number (for Kindergarten to Year 12) _____

(May be printed on student's school report)

Religious Denomination: _____ Parish Priest: _____

Parish: _____ Suburb: _____

Date of Baptism: _____ Place of Baptism: _____ Baptism Certificate Attached Yes/No

Reconciliation: _____ First Communion: _____ Confirmation: _____

If Born Outside of Australia: _____
(Country)

Date of Arrival: _____

Visa Type/Number: _____
(please supply a copy of Passport and Visa)

Number of Years in Australia: _____

Is the Student an Australian Citizen: Yes/No
(if yes please supply a copy of Citizenship)

Is the Student a Permanent or Temporary Resident of Australia
Permanent ☐ Temporary ☐

SIBLINGS CURRENTLY ATTENDING ST JOSEPH'S COLLEGE

Name: _____ Year: _____ Name: _____ Year: _____

Name: _____ Year: _____ Name: _____ Year: _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name: _____ Year: _____ School: _____

Name: _____ Year: _____ School: _____

PARENT/GUARDIAN DETAILS

Student Resides with Both Parents ☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐

Parent/Guardian 1

Title: _____ Surname: _____

First Name: _____

Relationship to Child: _____

Residential Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

Occupation: _____

Contact Numbers: Home: _____

Mobile: _____ Work: _____

Email: _____

Country of Citizenship: _____

Religious Denomination: _____

Parish: _____

Parent/Guardian 2

Title: _____ Surname: _____

First Name: _____

Relationship to Child: _____

Residential Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

Occupation: _____

Contact Numbers: Home: _____

Mobile: _____ Work: _____

Email: _____

Country Citizenship: _____

Religious Denomination: _____

Parish: _____

Suburb: _____

Suburb: _____

CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student: _____

If applicable a copy of any Parenting or Restraint Order is attached. Yes/No

Any other conditions enforced at law? _____

EMERGENCY CONTACT DETAILS (other than a Parent/Guardian)

Name: _____ Relationship to Student: _____

Contact Numbers: _____

Name: _____ Relationship to Student: _____

Contact Numbers: _____

MEDICAL INFORMATION

Family Doctor/Medical Clinic: _____

Address: _____

Contact Number: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____ (if known)

Student is fully immunised: Yes/No

A copy of the student's immunisation record is required (*please attach to your application*)

PHOTOGRAPHIC PERMISSION

Permission is granted to the College. Parents/guardians will always be contacted for permission before photographs are used in any newspapers or publications or for any promotions.

YES ☐

NO ☐

PARISH PERMISSION

Do you agree that the information supplied in the *Student Details* and *Family Details* sections, can be provided to the relevant Parish Priest?

YES ☐

NO ☐

DISCLOSURE OF INFORMATION

St Joseph's College will collect personal information about your family from time to time for the purpose of implementing the curriculum and discharging its legal and pastoral obligations towards you and your child. This information may be disclosed to third parties who assist the school in this purpose, including the Catholic Education Office.

AGREEMENT

I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.

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

I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

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 Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational programme including the Religious Education programme of the school.

I/We have read and fully understand and agree to the terms and conditions set out in the School Fee Collection Policy.

I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s): _____ Date: _____

PARENT OR GUARDIAN 1

_____ Date: _____

PARENT OR GUARDIAN 2

CHECKLIST FOR PARENTS – DOCUMENTS TO BE INCLUDED WITH APPLICATION

Please ensure that you have included the following with your Application for Enrolment

- ☐ **Application fee (\$50 per student)**
- ☐ **Copy of Birth Certificate**
- ☐ **Copy of Immunisation Record**
- ☐ Copy of Visa and Passport (if applicable)
- ☐ Parish Priest Form (if applicable)
- ☐ Baptism Certificate (if applicable)

Applications should be forwarded to:

Enrolments

St Joseph's College

Martin Road

ALBANY WA 6330

Credit Card can be used by contacting the
Administration Office on 98440 222

SCHOOL FEES

Person/s responsible for payment of accounts:

Parent/Guardian 1 _____
(Name)

Parent/Guardian 2 _____
(Name)

I, the undersigned, as the person/s responsible for payment of fees, acknowledge that I have read the School Fees Policy and the Fees and Charges brochure, and I accept the conditions as described.

Signed: _____
(Parent/Guardian 1)

Signed: _____
(Parent/Guardian 2)

Date: _____

Date: _____

Please indicate if you have a Centrelink Health Care Card ☐ Pensioner Concession Card ☐

To be completed by Staff Member conducting the Interview:

Interviewed by: _____

Student Accepted: YES ☐ NO ☐

Signed: _____ Date: _____

STUDENT COMMENCEMENT DATE: _____

Notes:

Application Procedures

1. Application is made on the form Application for Enrolment.
2. This form should be returned to the College Office with a photocopy of the student's Birth Certificate, Immunisation Record to date, Baptism Certificate (if applicable), any other supporting documentation and \$50 non-refundable application fee.
3. Successful applicants will be determined in accordance with the school's enrolment criteria. If offered an interview; a copy of the student's most recent report will be required prior to the interview.
4. Following the interview written confirmation of an offer of a place will be issued. To confirm the place, an enrolment deposit of \$250 will be required. This deposit is not refundable should the student not attend the College.