

Application for Enrolment

Student Name:

Academic year for which enrolment is sought (e.g., Year 7):

Calendar year for which enrolment is sought (e.g., 2028):

OFFICE USE ONLY

Interview Date:
Interview Time:
Interviewer:
Application Fee Received
Birth Certificate School Report Naplan Visa Medical Form Immunisation Statement

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Student Information:									
Academic year for which enrolment is sought (e.g., Year 7):									
Calendar year for whi	ch enrolı	ment is sough	t (e.g., 2023):						
Current School:	ent School: Suburb:								
First Name:									
Middle Name:									
Surname:									
Preferred Name:									
Date of Birth:	/	/				Gender:	Male	Female	Other
Residential Address:									
Suburb:	b: Postcode:								
Language Spoken at Home:				Second	Second Language				
Country of Birth:	h:			Nationa	Nationality:				
Indigenous Status:	Abori	ginal Descent	Torres Stra	it Islander De	scent	Both Neither			
Citizenship / Visa:	Citize	n New Z	ealand Citizen	Permane	nt Resider	nt	Temporary	Resident	Other
Visa Class / No:		Date of Arrival:							
Religion:									
Parish:									
Baptism Date:	/	/	Reco	onciliation:	/	/			
Holy Communion:	/	/	Conf	irmation:	/	/			

Caregiver / Guardian 1:

Relationship to student:				
Title: First Name:				
Surname:				
Country of Birth:	Nationality:			
Language:	Religion:			
Residential Address:				
Suburb:	Postcode:			
Postal Address (if different):				
Email Address:				
Mobile:	Home Number:			

Caregiver / Gua	rdian 2:					
Relationship to studer	nt:					
Title: Fir	st Name:					
Surname:						
Country of Birth:		Nationality:				
Language:		Religion:				
Residential Address:						
Suburb:		Postcode:				
Postal Address (if diffe	rent):					
Email Address:						
Mobile:	Hor	me Number:				
l iving Arrangen	nents and Guardianship:					
Student lives with:	Both Caregiver / Guardian 1 and 2	Caregiver / Guardian 1	Caregiver / Guard	lian 2		
Other						
Are there any current Family Court Orders or current Restraining Orders that would apply to the child? Yes				No		
Name of Person(s) wit	h legal guardianship of the student:					
If applicable, please a	ttach a copy outlining details of any specia	l or restricted access arrangements.				
Siblings:						
Name:	Sch	ool/ Year:				
Name:	ne: School/Year:					
Name:	School/ Year:					

Other Information:

State the reason why you wish your child to attend the College:

Has the student been suspended or expelled from any previous school? Yes

No

How many days has your child been absent from school last term?

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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 program of the school including the Religious Education program 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.

Caregiver / Guardian 1:				
Signature:		Date:	/	/
Caregiver / Guardian 2:				
Signature:		Date:	/	/
Please enclose the following supporting do	cumentation:			
Birth Certificate				
Most recent school report	NAPLAN report			
Baptism certificate (if baptised Catholic)	Priest reference			
Copy of Passport, Visa or travel documents – includin	g date of entry stamp (if born oversea	as)		
AIR Immunisation Statement (not more that 2 months	old at time of enrolment)			
Other relevant education or psychological assessmer	nts			
Copy of Parenting, Restraint or Custodial Order (if app	licable)			
Please return to: Enrolments Department Our Lady of Mercy College 100 Leisure Drive, PO Box 220, Australind V Ph: (08) 9720 3300 enrolments@olmca.wa.edu.au	WA 6233			
Application Fee				
A non-refundable application fee of \$50.00 is to be paid wit	h each enrolment. This can be paid ir	person at the Co	llege or by	y credit card.
Card Number:	Expiry Date:	/	CVV CVC	-

Cardholder's Name: