



# St Mary Star of the Sea College

Johnston Street, CARNARVON WA 6701

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## APPLICATION FOR ENROLMENT

School Year (Grade): \_\_\_\_\_ Year 20 \_\_\_\_\_ Date of Application: \_\_\_\_\_

FOR OFFICE USE ONLY

### STUDENT INFORMATION

Surname: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: Male Female Other (Please circle)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No

Medicare Number: \_\_\_\_\_ Position: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Aboriginal/Torres Strait Islander: Yes/No (Please circle)

If yes to Aboriginal/Torres Strait Islander, then Group of Origin: \_\_\_\_\_

Nationality: \_\_\_\_\_ Australian Permanent Resident: Yes/No

### VISA DETAILS

If born outside of Australia:

Date of arrival in Australia: \_\_\_\_\_ Visa Category Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

### STUDENT DEMOGRAPHICSTUDENT

Country of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Language at Home: \_\_\_\_\_ Religion: \_\_\_\_\_

### RELIGION

Parish: \_\_\_\_\_ Reconciliation Date: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Reconciliation Place: \_\_\_\_\_

Communion Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Communion Place: \_\_\_\_\_ Confirmation Place: \_\_\_\_\_

Previous School Attended:

Location: \_\_\_\_\_ Year level: \_\_\_\_\_

**FAMILY INFORMATION**

**Father/ Caregiver 1**

Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Address \_\_\_\_\_  
Medicare: \_\_\_\_\_  
Gender: Male Female Other  
Nationality: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact Type: Guardian Secondary Other  
Lives with Student: Yes No  
Living Arrangements:  
Always Balanced Other  
Family Type: Full Split  
Country of Citizenship: \_\_\_\_\_

**Mother/ Caregiver 2**

Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Address \_\_\_\_\_  
Medicare: \_\_\_\_\_  
Gender: Male Female Other  
Nationality: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact Type: Guardian Secondary Other  
Lives with Student: Yes No  
Living Arrangements:  
Always Balanced Other  
Family Type: Full Split  
Country of Citizenship: \_\_\_\_\_

**IN THE CASE OF SPLIT BILLING, WHAT PERCENTAGE IS THE ACCOUNT ALLOCATION?**

Caregiver 1: \_\_\_\_\_%                      Caregiver 2 \_\_\_\_\_%  
Billing Email: \_\_\_\_\_                      Billing Email: \_\_\_\_\_

**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? \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING SCHOOL**

Name	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Year Level	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

**DISCLOSURE**

Do you agree that the information supplied in the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? Yes/No

Do you agree that the information supplied in the Student Information and Family Information sections can be provided St Mary's P&F Association? Yes/No

Do you agree that the information supplied in the Student Information and Family Information sections can be provided to Carnarvon Bus Charters? Yes/No

Do you agree to receive SMS messages alerting you to events within the school? Yes/No

Do you wish to receive your School Fees account by email? Yes/No

## **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 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.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT, CARER OR GUARDIAN

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT, CARER OR GUARDIAN

\_\_\_\_\_ Date: \_\_\_\_\_  
PRINCIPAL

A copy of your child's *Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders* are to accompany the Application for Enrolment form.  
**Originals of these documents should be presented at the enrolment interview.**

**OFFICE USE ONLY**

Date of Application: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Enrolment Fee: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**DOCUMENTATION:**

Birth Certificate

Immunisation Records

Previous School Reports/NAPLAN

Baptism/Sacramental Certificates

Priest Reference

**ENROLMENT:**

Interview: \_\_\_\_\_

Accepted: \_\_\_\_\_

Letter of Offer: \_\_\_\_\_

Confirmation: \_\_\_\_\_