

ENROLMENT APPLICATION



CLASSES FROM YEAR 7 TO YEAR 12 (VCE)
BOARDING FOR BOYS AND GIRLS.
DAY SCHOOLING FOR BOYS AND GIRLS

Please complete ALL SECTIONS and return, together with requested documents, to:
The Registrar
at the above address.

CERTIFICATE OF FINANCIAL RESPONSIBILITY

I/We agree that the due fees and all other charges appearing on the College statements rendered to me/us for this applicant will be paid within 14 days of receipt of such statement unless written authority from the College amending these terms is held by me/us. (To be signed by person/s accepting responsibility for the payment of school and/or boarding fees and all other charges which fall due from time to time.) I/We agree to provide one term's notice when withdrawing a student from the College. In the absence of such notice, the payment of one instalment of fees will be required.

Date: / / Signed: Relationship to student:

Date: / / Signed: Relationship to student:

PARENTS' CERTIFICATE:

I/We certify that the information herein is correct, and that if my child is enrolled at Assumption College, he/she will conform to the College Code of Conduct. I/We also agree to cooperate to the best of my/our ability in matters relating to the school, e.g. Parent/Teacher meetings, Parents & Friends Association, Working Bees and general school functions. I/We agree to immediately inform the College should there be any change in address, phone numbers or other vital family information.

I/We agree that the College reserves the right to expel a student from Assumption College for serious breaches of the College Code of Conduct.

Date: / / Signed: Relationship to student:

Date: / / Signed: Relationship to student:

PERMISSION GIVEN FOR: ANAESTHETIC: YES / NO URGENT MEDICAL ATTENTION: YES/NO URGENT DENTAL TREATMENT: YES/NO

Date: / / Signed: Relationship to student:

Date: / / Signed: Relationship to student:

RELEASE OF STUDENT RESULTS:

I, as the custodial parent of the abovementioned student, agree to his/her reports being copied and forward to his/her Father/Mother should this be requested.

Date: / / Signed: Relationship to student:

PLEASE NOTE: the completion and submission of the Application Form is not an acceptance of the enrolment by the College. It will receive consideration and you will be notified in writing of our decision. Incomplete applications will result in a delay in their processing and acceptance.

IMPORTANT:

1. Please complete the Application fully and sign where required.
2. Please **print** all answers.
3. Please include with the application
 - a. An assessment from your child's present school on his/her current academic progress and general behaviour.
 - b. A reference from your Parish Priest or other relevant Minister of Religion.
 - c. A Certificate of Health from a Medical Practitioner (boarders only).
4. A \$500 Application Fee must be forwarded with this form. The Application Fee covers the administrative costs of processing the enrolment application and as such, half or \$250, is refundable only if the family withdraws their application prior to an interview for a position or, if following an interview, the College formally advises it is unable to offer a student placement. Should a family accept a placement in the College then subsequently withdraws the application, the \$250 will not be refunded. The \$250 will not be refunded if an offer is not responded to within three weeks of the date of the offer. In circumstances where a family has previously paid the Refundable Family Deposit they may elect to have the deposit refunded and pay the full Application Fee or, transfer the deposit to the Application Fee and pay the \$200 balance. The Application Fee is not tax deductible as it is a compulsory fee.

THE COLLEGE DOES NOT HAVE AN INSURANCE POLICY WHICH COVERS LOSS, THEFT, OR BREAKAGE OF STUDENT PROPERTY. IT IS ESSENTIAL PARENTS ARRANGE APPROPRIATE COVER FOR SUCH RISKS.

STUDENT AND FAMILY INFORMATION

Please use block letters

YEAR OF ENROLMENT	ENTRY LEVEL	MALE / FEMALE	FAMILY NAME	GIVEN NAMES	OFFICE USE ONLY
	BOARDER / DAY				KEY
					A/C No.

RESIDENTIAL ADDRESS: Postcode:

CORRESPONDENCE TO:
[Name & address if different from above]

CHILD LIVES WITH: Mother & Father Father Mother Guardian Other

BIRTHDATE: **COUNTRY OF BIRTH:** **RELIGION:** **LANGUAGE SPOKEN AT HOME:**

Applicant student's place in family (i.e. 1st, 2nd, etc.)
 Do any brothers or sisters currently attend the College? YES/NO Name:.....
 Have any brothers or sisters previously attended? YES/NO Year left?
 Is there any other family connection with the College?

SACRAMENTS RECEIVED: BAPTISM: YES/NO RECONCILIATION: YES/NO EUCHARIST: YES/NO CONFIRMATION: YES/NO

PARISH INFORMATION: Parish name: Suburb/Town:

PREVIOUS SCHOOL: (Name and location)

FULL DISCLOSURE OF ALL RELEVANT INFORMATION IN RELATION TO AN APPLICANTS HEALTH, SPECIAL CONSIDERATIONS, OR SPECIAL FAMILY CIRCUMSTANCES MUST BE GIVEN IN ORDER FOR THIS APPLICATION TO BE PROCESSED

SPECIAL CONSIDERATIONS: e.g. defective hearing, speech impediment, asthma, fits, etc., allergies. (Attach medical references where appropriate.)

MEMBER OF - Health Fund: YES/NO Medicare No.: Ambulance Fund: YES/NO

FAMILY DETAILS:

Father -

Name: Address: Postcode:

Occupation: Religion: Country of Birth:

Home 'Phone: Bus. 'Phone: Mob.

Mother -

Name: Address: Postcode:

Occupation: Religion: Country of Birth:

Home 'Phone: Bus. 'Phone: Mob.

Guardian (if applicable) -

Name: Address: Postcode:

Occupation: Religion: Country of Birth:

Home 'Phone: Bus. 'Phone: Mob.

EMERGENCY CONTACT: (We need a name and contact number, other than those above, in case the parents are not contactable):

Name: 'Phone No.: Relationship to student:

SPECIAL FAMILY CIRCUMSTANCES: Is there any special circumstances which the College needs to know (e.g. custody orders, family court order) it is important you attach details to this application. Failure to disclose these circumstances will result in exclusion from the College.

BOARDING HOUSE ENROLMENT - ADDITIONAL INFORMATION:

As a boarder your son/daughter is required to live in a community setting. Whilst in the Dormitories he/she will be sharing their living area in close proximity with up to 30 other students. This, as you can imagine can be quite challenging for any young person, and for the staff member supervising them. It is with this in mind that the following information is required to assist us in assessing the needs and requirements of your child, and also the best interests of others within a dormitory situation.

- 1. Does your son/daughter suffer from any sleep disorders (e.g. loud snoring, sleeping walking/talking, etc.)? YES/NO
.....
- 2. Has your son/daughter ever required treatment and/or counselling from anyone other than a doctor (i.e. psychologist, psychiatrist, counsellor, social worker, etc.)? YES/NO
.....
- 3. Does your son/daughter have any special dietary requirements? YES/NO
.....

If your son/daughter has any other concerns/difficulties/experiences which may impact on the activities/assistance that we would like to be able to offer your child while in our care we would expect you to raise them confidentially at the time of interview. Non disclosure of these issues will result in exclusion from the College Community.

PRIVACY INFORMATION

I/We acknowledge that we have read the Information relating to the Privacy Act contained in the Prospectus.

Date:...../...../..... Signed: Relationship to Student:

Date:...../...../..... Signed: Relationship to Student:

PUBLICATIONS:

I give consent for my child's (Full Name) _____ (please print) photos / images / videos taken during class activities to be published by the School/College and Catholic Education in documents, school magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.

Date:...../...../..... Signed: Relationship to Student:

Date:...../...../..... Signed: Relationship to Student:

WEBSITES

I give consent for my child's (Full Name) _____ (please print) photo's / images / videos taken during class activities to be published on the School/College's or Catholic Education's web site. In addition, I consent to my child's work being published from time to time on these websites.

Date:...../...../..... Signed: Relationship to Student:

Date:...../...../..... Signed: Relationship to Student:

FOR OFFICE USE ONLY

RECEIVED BY REGISTRAR:

School Report: PP Reference: Boarders' Medical Report: Family Deposit:

LEVEL COORDINATOR:

BOARDING MASTER:

Interview Date: .../.../..... Time:am/pm

Interview Date: .../.../..... Time:am/pm

Acceptance recommended: YES/NO

Acceptance recommended: YES/NO

Signature:

Signature:

