



St Mary MacKillop College

Application for Admission

PO Box 5370 (College Ave), West Busseton WA 6280
Phone: 9752 7400 Email: admin@mackillop.wa.edu.au

Non-Refundable Application Fee

Total Payment: **\$60**

Card No. _____ / _____ / _____ / _____

Card Type: Visa Mastercard Expiry Date: ___ / ____

Cardholder Name: _____

Signature: _____

ENROLMENT GROUP

Year of Admission: _____

School Year Level: _____

Please note student's Schools Curriculum & Standards Authority (SCSA) Number (Yrs 7-12) and USI Number (Yrs 10-12) below if known:

SCSA# _____ **USI#:** _____

Student Information

Surname: _____ Male Female

Given Names: _____ Preferred Name: _____

Date of Birth: ___ / ___ / ____ Place of Birth: _____ Country of Birth _____

Nationality: _____ Australian Permanent Resident: Yes No

(If born outside Australia, please complete VISA INFORMATION section overleaf)

Aboriginal/Torres Strait Islander: Yes No If Yes, then group of origin: _____

Residential Address: _____

_____ Home Phone Number: _____

Town/Locality: _____ State: _____ Postcode: _____

Present School: _____

Location: _____ Year Level: _____

Religious Denomination: _____ Parish: _____

Town/Suburb: _____ Parish Priest: _____

Date and location of Sacraments received *(please attach a copy of each certificate)* :

Baptism: ___ / ___ / ____ Reconciliation: ___ / ___ / ____

Eucharist: ___ / ___ / ____ Confirmation: ___ / ___ / ____

OFFICE
USE ONLY

APPL STATUS	NEW/CURRENT	DATA ENTERED	FAMILY CODE	HOUSE	ROOM / HOMEROOM

Visa Information *(if born outside Australia)*

Country of Citizenship: _____

Date of Arrival in Australia: ____ / ____ / ____

Language Spoken at Home: _____

VISA SUBCLASS NUMBER: _____

*Please attach a copy of your child's Visa documents.
If your child is now an Australian citizen, please also
attach a copy of the Citizenship certificate.*

STUDENT DOCUMENTS CHECKLIST

Please ensure the relevant documents are attached:

OFFICE

Birth Certificate:	attached <input type="checkbox"/>	
Sacrament Certificates attached:		
Baptism <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	
First Eucharist <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
Parish Priest Reference Form:	attached <input type="checkbox"/>	
Visa/Travel/Citizenship Docs:	attached <input type="checkbox"/>	
Restraining/Custody Orders:	attached <input type="checkbox"/>	

Parent/Guardian 1

Title: _____ Surname: _____ Given Names: _____

Residential Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Postal Address *(if different from above)* _____

_____ State: _____ Postcode: _____

Telephone - Mobile: _____ Home: _____ Business: _____

Email address: _____

Occupation: _____ Employer: _____

Religious Denomination: _____ Parish: _____

Country of Citizenship: _____

Past student of St Joseph's School OR MacKillop Catholic College? Year graduated/departed _____

Maiden Name *(if applicable)* _____

Parent/Guardian 2

Title: _____ Surname: _____ Given Names: _____

Residential Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Postal Address *(if different from above)* _____

_____ State: _____ Postcode: _____

Telephone - Mobile: _____ Home: _____ Business: _____

Email address: _____

Occupation: _____ Employer: _____

Religious Denomination: _____ Parish: _____

Country of Citizenship: _____

Past student of St Joseph's School OR MacKillop Catholic College? Year graduated/departed _____

Maiden Name *(if applicable)* _____

Family Circumstances

Marital status: Married Separated Divorced Defacto Widowed

Student lives with: Both parents Mother Father Other (please specify): _____

Name of person with Legal Guardianship of the student: _____

If applicable, a copy of any Parenting or Restraining Order is attached

Are any other conditions enforced at law? _____

DESIGNATED COLLEGE CORRESPONDENCE

SMS Mobile phone number: _____ Name: _____

Email address: _____

DESIGNATED BILLING RESPONSIBILITY

Name of Party Responsible for Fees: _____

I have read the College's Fees and Charges Policy/Enrolment Information and agree to pay all fees within 14 days of receipt of account(s) or promptly make a suitable arrangement with the College.

Signature: _____

Billing Address: _____

_____ State: _____ Postcode: _____

Sibling Information

Name: _____ Year Level: _____ School: _____

Name: _____ Year Level: _____ School: _____

Name: _____ Year Level: _____ School: _____

Name: _____ Year Level: _____ School: _____

Emergency Contact 1

(local contact other than parent or guardian)

Name: _____

Relation to Student: _____

Address: _____

Town/Locality: _____

Contact Numbers - Home: _____

Work: _____

Mobile: _____

Emergency Contact 2

(local contact other than parent or guardian)

Name: _____

Relation to Student: _____

Address: _____

Town/Locality: _____

Contact Numbers - Home: _____

Work: _____

Mobile: _____

Use of Personal Information

I/We agree to the College using our child's photograph or schoolwork for newsletters, yearbook, website, social media or promotional material for the College: Yes No

I/We agree to the College, Catholic Education Western Australia (CEWA) or local media taking our child's photograph and/or video footage for publication in newspapers, school documents, CEWA and Catholic agency documents, training videos and/or the College/CEWA website and social media. Yes No

I/We agree to the College providing information supplied here under Student Information and Parent/Guardian sections to the relevant Parish Priest. Yes No

Signature of Parent/Guardian: _____ Date: ___/___/_____
PARENT/GUARDIAN 1

Signature of Parent/Guardian: _____ Date: ___/___/_____
PARENT/GUARDIAN 2

ENROLMENT AGREEMENT

I/We understand and accept that the completion of this Application for Admission form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's enrolment priorities.

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

I/We have read the College's **School Fees Setting and Collection Policy**, available on the College website.

I/We understand that a full term's notice (**in writing**) must be given before removal of a student, or a term's fees are payable.

I/We agree to arrange payment of all fees within 14 days of receipt of account(s) or promptly make a suitable arrangement with the College.

I/We understand and accept that parents/guardians are responsible for payment of breakages or damage to College property by their children.

I/We understand that the College reserves the right to suspend or exclude a student from the College.

I/We agree that the information supplied on the Student Information and Parent/Guardian sections can be provided to others for administrative and educational purposes as detailed in the College's **Collection Notice** available on our website.

I/We consent to the College contacting us for marketing and promotional purposes via such means as electronic mail, eDM and SMS messaging. I/We are aware that we may unsubscribe at any time by emailing unsubscribe@mackillop.com.au with the subject line "Unsubscribe" and with our name, student name/s and address advised in the body of the email (please refer to the College's Privacy Statement on the College website, www.mackillop.wa.edu.au for more information).

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 individual needs, medical conditions, health care requirements and/or Parenting or Restraining Orders, then the enrolment may be refused or terminated on these grounds.

I/We agree that, in the event of any change in marital circumstances, there will be no changes made to Home/Mailing/Billing address information without the written consent of all parties whose signature appears below.

I have enclosed the \$60 Application Fee.

Signature of Parent/Guardian: _____ Date: ___/___/_____
PARENT/GUARDIAN 1

Signature of Parent/Guardian: _____ Date: ___/___/_____
PARENT/GUARDIAN 2