



# Application for Enrolment

Requested Year of Entry	Requested Entry Year Level					
	7	8	9	10	11	12

## APPLICANT INFORMATION

### Student Details

Surname		Given Name/s	
Date of Birth <small>DD/MM/YYYY</small> 		Preferred Name	
<small>Please attach copy of Birth Certificate</small>			
Residential Address			
Suburb		Postcode	
Current School <small>Please attach copy of most recent school report and NAPLAN report (if applicable)</small>			Year Level
Country of Birth	If born outside of Australia, specify Year Level and first year of schooling in Australia Year Level                      Year		
The applicant is... <small>(please tick all that apply)</small>		Religion	
<input type="checkbox"/> an Australian citizen <input type="checkbox"/> a Temporary Resident of Australia <small>Please attach copy of documentation</small> <input type="checkbox"/> a Permanent Resident of Australia <small>Please attach copy of documentation</small> <input type="checkbox"/> Torres Strait Island descent <input type="checkbox"/> Aboriginal descent		<b>If the applicant was baptised into the Catholic Church, please indicate the Rite</b> <small>e.g. Latin (Roman), Coptic (not Orthodox), Russian, Armenian (not Orthodox), Maronite, Syrian (not Orthodox), Chaldean, Melkite, Ukrainian, Other</small>  Indicate the sacraments the applicant has received <input type="checkbox"/> Baptism <small>Please attach copy of documentation</small> <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	
Language <b>most often</b> spoken at home		Has the applicant had any formal Christian education?	
<input type="checkbox"/> English <input type="checkbox"/> Other <small>(please specify)</small>		<input type="checkbox"/> Yes <small>Please provide details below</small> <input type="checkbox"/> No	

Are there any restrictions or court orders affecting this applicant?	Yes	No	<small>If yes, please attach documentation</small>
Does the applicant receive additional support for learning needs?	Yes	No	
Does the applicant receive funded or integration support at her current school?	Yes	No	
Please list any medical condition or physical disability of which the College should be aware			

# PARENT / GUARDIAN INFORMATION

## Parent / Guardian 1 Details

Title Surname

Given Name/s

Relationship to Applicant

Religion Country of Birth

Residential Address (If different to Applicant's address)

Suburb Postcode

Postal Address (If same as Residential Address, state "as above")

Suburb Postcode

Home Phone

Work Phone

Mobile Phone

Occupation

Email Address

## Parent / Guardian 2 Details

Title Surname

Given Name/s

Relationship to Applicant

Religion Country of Birth

Residential Address (If different to Applicant's address)

Suburb Postcode

Postal Address (If same as Residential Address, state "as above")

Suburb Postcode

Home Phone

Work Phone

Mobile Phone

Occupation

Email Address

Name and Location of Parish in which you reside

Indicate involvement with Parish or Community (Catholic or other)

## FAMILY INFORMATION

Number of children in family...

Boys

Girls

Place of applicant

Name/s of sibling/s who attend/ed Mater Christi College

Year Level/s

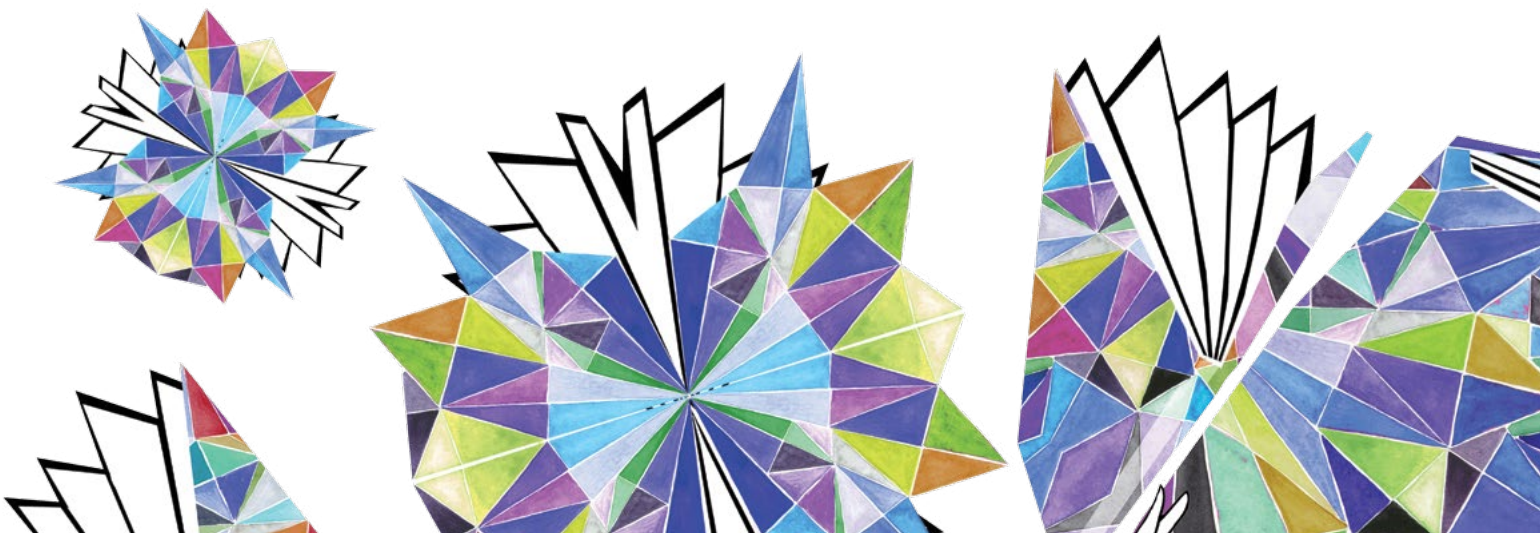
Name/s of family member/s who attend/ed Mater Christi College (State relationship to Applicant)

Relationship

## PRIVACY STATEMENT

The information provided in this document will be treated as confidential and will only be shared with relevant staff members as and when necessary. Please refer to the College website for further details of the Mater Christi College Privacy Statement.

Please inform the College immediately of any changes to the information provided.



## APPLICATION CHECKLIST

Before submitting this application, please ensure the relevant documentation is attached.

- Completed Application for Enrolment
- Completed Payment Information for non-refundable \$120.00 application fee
- Copy of the applicant's Birth Certificate or Extract of Entry
- Copy of most recent school report
- Copy of most recent NAPLAN report (if applicable)
- Copy of Baptism Certificate (if applicable)
- Copy of Temporary or Permanent Residency status (if applicable)
- Copy of Court Order/Restriction documentation (if applicable)



## DECLARATION

I/We understand that this is an application for enrolment to attend Mater Christi College and does not guarantee an offer of place.

Parent / Guardian 1 Signature

PLEASE PRINT AND SIGN HERE

Date DD/MM/YYYY

/ /

Parent / Guardian 2 Signature

PLEASE PRINT AND SIGN HERE

Date DD/MM/YYYY

/ /

Please print and forward completed Application for Enrolment with required documentation to:  
**The Registrar, Mater Christi College, 28 Bayview Road, BELGRAVE VIC 3160** or [registrar@materchristi.edu.au](mailto:registrar@materchristi.edu.au)

The College will acknowledge receipt of this application and the applicant's name will be placed on the waiting list whilst the Application for Enrolment is processed. The decision to offer a place rests with the Principal.

The Terms and Conditions of Enrolment can be viewed on the Enrolment Enquiries page of the College website, [materchristi.edu.au](http://materchristi.edu.au).

## PAYMENT INFORMATION

Please complete the details below to pay the non-refundable application fee of \$120.00

Payment Advice

Cheque

Cash

VISA Please complete card details below

Mastercard Please complete card details below

Card Number

Expiry Date MM/YY

/

Cardholder Name

Cardholder Signature

PLEASE PRINT AND SIGN HERE