



ENROLMENT APPLICATION FORM

Year of Entry (eg 2016) _____ Year Level (eg Yr 7) _____

FAMILY MAILING DETAILS

Mail to (eg Mr & Mrs Smith) _____

Postal Address _____

_____ Suburb _____ Postcode _____

Family Phone Number _____ Current Parish _____

STUDENT DETAILS

First Name _____ Previous School _____

Surname _____ Grade/Year Level _____

Date of Birth _____ Year Commenced Primary School (eg 2003) _____

Country of Birth _____ Was it in Australia (Please Tick) Yes No

Religion _____ Language Spoken at Home _____

IF BORN OVERSEAS (Complete the following)

Date of Arrival in Australia _____ Date Started in an Australian School _____

If born overseas please attach copy of VISA / Travel Document / Australian Citizen Certificate

INDIGENOUS IDENTIFIER (Please Tick)

Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

SACRAMENTS RECEIVED

Baptism Reconciliation Communion Confirmation

PAST / PRESENT ASSOCIATION WITH MERCY COLLEGE

Sisters currently attending or who are former students of Mercy College

Name _____ Current Year _____ Completion Year _____

Name _____ Current Year _____ Completion Year _____

Name _____ Current Year _____ Completion Year _____

Name _____ Current Year _____ Completion Year _____

Mother who is an ex Mercy College Student

Name _____ Completion Year _____

FOR VCE STUDENTS ONLY

Previous VCE Enrolment Yes No If YES, please complete the following section

Previous School(s) School _____ Year of Attendance _____

School _____ Year of Attendance _____

Previous VCAA Student Number _____

SPECIAL NEEDS

Does your daughter currently receive funding for classroom support in Primary School? Yes No

Physical Needs Medical Needs Educational Needs Allergies Other

Please attach documents providing full details of those needs and any assessment/support that she may be currently receiving

MEDICAL DETAILS

Doctor's Name _____ Phone Number _____

Medicare Number _____ Ambulance Yes No

Does your daughter suffer from either of the following Asthma Anaphylaxis

Medical Conditions and Allergies (Please list)	Details / Medications

CONTACT DETAILS

Details	Parent 1 / Guardian Residing at Same Address	Parent 2 / Guardian Residing at Same Address
Title eg. Mr, Mrs, Ms, Dr		
First Name		
Surname		
Relationship to Student		
Residential Address - Street		
Suburb & Postcode		
Home Phone Number		
Mobile Number		
Email Address		
Occupation		
Employer		
Occupational Group (Refer to List of Parental Occupations bottom of page)	Group A <input type="radio"/> Group D <input type="radio"/> Group B <input type="radio"/> Group N <input type="radio"/> Group C <input type="radio"/>	Group A <input type="radio"/> Group D <input type="radio"/> Group B <input type="radio"/> Group N <input type="radio"/> Group C <input type="radio"/>
Highest Year of School Education	Year 12 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> Year 9 or equivalent or below <input type="radio"/>	Year 12 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> Year 9 or equivalent or below <input type="radio"/>
Level of Highest Qualification	Bachelor degree or above <input type="radio"/> Advanced Diploma / Diploma <input type="radio"/> Certificate I to IV (incl. trade cert.) <input type="radio"/> No non-school qualification <input type="radio"/>	Bachelor degree or above <input type="radio"/> Advanced Diploma / Diploma <input type="radio"/> Certificate I to IV (incl. trade cert.) <input type="radio"/> No non-school qualification <input type="radio"/>
Language Spoken at Home		
Country of Birth		
Nationality		
Religion		

LIST OF PARENTAL OCCUPATIONS

Parental Occupation is defined as the **main** work undertaken by the parent / carer

Group A: Senior Management in large business organisation, government administration and defence, and qualified professionals

Group B: Other business managers, arts/media/sportspersons and associated professionals

Group C: Tradesmen / women, clerks and skilled office, sales and service staff

Group D: Machine operators, hospitality staff, assistants, labourers and related workers

Group N: Not been in paid employment in the past 12 months

CONTACT DETAILS		
Details	Non Residential Parent (If Applicable)	Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home address Is this person to be listed as an Emergency Contact Yes <input type="radio"/> No <input type="radio"/>	Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted
Title eg. Mr, Mrs, Ms, Dr		
First Name		
Surname		
Relationship to Student		
Residential Address - Street		
Suburb & Postcode		
Home Phone Number		
Mobile Number		
Email Address		
Occupation		
Employer		
Occupational Group (Refer to List of Parental Occupations bottom of page)	Group A <input type="radio"/> Group D <input type="radio"/> Group B <input type="radio"/> Group N <input type="radio"/> Group C <input type="radio"/>	Only persons listed on this form are eligible to pick up students during the school day, unless otherwise notified by parents.
Highest Year of School Education	Year 12 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> Year 9 or equivalent or below <input type="radio"/>	
Level of Highest Qualification	Bachelor degree or above <input type="radio"/> Advanced Diploma / Diploma <input type="radio"/> Certificate I to IV (incl. trade cert.) <input type="radio"/> No non-school qualification <input type="radio"/>	
Language Spoken at Home		
Country of Birth		
Nationality		
Religion		

COLLEGE CORRESPONDENCE (If the student comes from a split family)

Custodial Parent's Name _____

Non-custodial parent to receive school correspondence? Yes No

Are there any Family Court Orders or custody arrangements which you feel the College should know about? Yes No

If YES supporting documentation must be provided

PRIVACY STATEMENT

Mercy College is bound by the National Privacy Principles in the Commonwealth Privacy Amendment (Private Sector) Act 2000. From time to time, Mercy College collects personal information about students to enable the College to provide an effective education for the student throughout the period she is enrolled at the College.

Information will be used and disclosed only for the purpose for which it was provided or a directly related secondary purpose, unless otherwise agreed to by parents, or the use or disclosure of such information is allowed by law. At Mercy we celebrate the efforts of our students by mentioning their participation and achievements in the College Newsletter and publications.

This may also include photographs of our staff and students. This information is to be stored securely and accessed by appropriate personnel so designated by the College.

Please refer to the College website www.mercycoburg.catholic.edu.au for a full copy of our Privacy Policy and Standard Collection Notice.

PREFERENCES

Have you applied for enrolment in any other Catholic secondary school? Yes No

Please list your choice of secondary schools in order of preference (Including Mercy College)

1. _____
2. _____
3. _____
4. _____

Please note that lists of applicants are exchanged by local Catholic secondary schools

PARENT COMMITMENT / PERMISSION FORM

If our daughter is enrolled at Mercy College we agree to support school philosophy and policy, including regulations regarding uniform and conduct, as well as participation in compulsory co-curricular activities.

I give permission for my daughter to participate in all planned school activities that take place within 5km of the school. I understand that my daughter may walk, or travel by bus or tram under supervision during these school activities.

I authorise the teacher in charge of the school activity to consent, where it is impracticable to communicate with me, to my daughter receiving such medical or surgical treatment as may be deemed necessary and, if necessary transported to appropriate treatment. I agree that I will advise in writing of any medical conditions and changed contact details affecting my daughter/ guardian.

Parent 1 / Guardian Signature _____ Parent 2 / Guardian Signature _____

Name (Block Letters) _____ Name (Block Letters) _____

Please note that in two parent households, both parents must sign

Parish Priest Signature (where applicable) _____

PAYMENT OFFERS

Parents/Guardians should note that School Fees are due and payable in full in accordance with the Tuition Fees Terms and Conditions, unless an alternative payment option has been arranged with the College. All fees should be paid in full by the end of November each year.

Any families who are experiencing financial hardship in meeting their school fee commitments are asked to contact the Business Manager to discuss the options available.

PAYMENT DETAILS

Please complete payment details. More than one person may be responsible for fee payment (in split family situations). Please provide details of all parties who will be contributing to fee payment. Each person nominated must sign where indicated below.

Person 1

Name of person legally and financially responsible for payment of fees

Responsible for 100% 50% Other _____ %

Residential Address _____

Mailing Address (If different from above) _____

Signature of Nominated Fee Payer _____

Person 2

Name of person legally and financially responsible for payment of fees

Responsible for 100% 50% Other _____ %

Residential Address _____

Mailing Address (If different from above) _____

Signature of Nominated Fee Payer _____

Note: The person(s) signing this contract becomes legally responsible for the payment of school fees.

Where it is the intention of both parties that this responsibility be shared equally, two signatures are required.