



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: **\$55**

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

<b>Birth Certificate:</b>	attached <input type="checkbox"/>	
<b>Sacrament Certificates attached:</b>		
Baptism <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	
First Eucharist <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
<b>Parish Priest Reference Form:</b>	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 \$55 Application Fee.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
PARENT/GUARDIAN 1

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
PARENT/GUARDIAN 2