

Application for Enrolment

Requested Year of Entry

Y Y Y Y

Requested Entry Year Level

7 8 9 10 11 12

APPLICANT INFORMATION

Student Details

Surname

Given Name/s

Date of Birth DD/MM/YYYY

D D / M M / Y Y Y Y

Please attach copy of Birth Certificate

Preferred Name

Residential Address

Suburb

Postcode

Current School Please attach copy of most recent school report and NAPLAN report (if applicable)

Year Level

Country of Birth

If born outside of Australia, specify Year Level and first year of schooling in Australia

Year Level

Year

Y Y Y Y

The applicant is... (please tick all that apply)

- an Australian citizen
- a Temporary Resident of Australia
- a Permanent Resident of Australia
- Torres Strait Island descent
- Aboriginal descent

Language **most often** spoken at home

- English Other (please specify)

Religion

If the applicant was baptised into the Catholic Church, please indicate the Rite e.g. Latin (Roman), Coptic (not Orthodox), Russian, Armenian (no Orthodox), Maronite, Syrian (not Orthodox), Chaldean, Melkite, Ukrainian, Other

Indicate the sacraments the applicant has received

- Baptism Eucharist

Please attach a copy of documentation

- Reconciliation Confirmation

Has the applicant had any formal Christian education?

- Yes No

Please provide details below

Are there any restrictions or court orders affecting this applicant?

- Yes No If yes, please attach documentation

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 / CARER INFORMATION

Parent / Carer 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

Name and Location of Parish in which you reside

Indicate involvement with Parish or Community (Catholic or other)

Parent / Carer 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

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Relationship

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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)
- Copy of Parent/Carer Health Care Card (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 a place.

Parent / Carer 1 Signature

Date DD/MM/YYYY

Parent / Carer 2 Signature

Date DD/MM/YYYY

Please forward completed Application for Enrolment and required documentation to:

The Registrar, Mater Christi College, 28 Bayview Road, BELGRAVE VIC 3160 or **registrar@materchristi.edu.au**

The College will acknowledge receipt of this application and the applicant's name will be placed on the waiting list while 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.

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