



Student Name:	
.....	
Surname/Family Name	First Name
.....	
To begin in Term ..... Year ..... In Year Level .....	

# Application for Enrolment

<b>Office Use Only</b>			
Enrolment Form Received	/ /	Interview Date	/ /
		Acceptance Fee Receipt No.....	
Enrolment Application Fee	\$ / /	Interviewed	/ /
		Acceptance Fee paid \$ / /	
Enrolment Application Fee Receipt No.	.....	Offer Sent	/ /
		Enrolment entered / /	
Acknowledgement Sent	/ /	Offer Accepted	/ /
		Registration No.	
To begin in Term ..... Year 20 .....In Year Level .....			

FAMILY DETAIL		Mother/Parent1/Guardian1				Father/Parent2/Guardian 2			
Title		Mr Mrs Ms Miss Dr (Please circle)				Mr Mrs Ms Miss Dr (Please circle)			
Family Name									
Given Name									
Occupation									
Employer									
If not employed, do you receive a government benefit?		YES		NO		(Circle one)			
Telephone Numbers	Home/Work	H		W		H		W	
	Fax/Mobile	F		M		F		M	
Silent Number, please circle		YES		NO					
Email address									
Country of Birth									
Date of arrival in Australia (if applicable)									
Cultural background									
Home Language(s)									
Religion									
Relationship to child (Father, Mother, Step Parent, Foster parent, etc.)									
Residential Address									
Postal Address									
Child resides with									
Family Court or other relevant Court Order (if YES, you should provide a copy of that order to the College)		YES		NO		(Circle one)			
VISA	Visa Type: Visa Number: Date Granted:				Visa Type: Visa Number: Date Granted:				

STUDENT DETAIL							
Family Name		Given Name/s					
Male / Female (Circle)	Birth date: / /	Beginning Date: Year		Term		Year Level	
Address .....							
..... Postcode .....							
Is the student of Aboriginal or Torres Strait Islander Origin?		YES/NO (please circle)					
Yes, Aboriginal <input type="checkbox"/> ;		Yes, Torres Strait Islander <input type="checkbox"/> ;		Yes, Both Aboriginal and Torres Strait Islander..... <input type="checkbox"/>			
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often).				<input type="checkbox"/> NO, English Only <input type="checkbox"/> YES, please specify .....			
Country of Birth	Australia <input type="checkbox"/>	Other (please specify) .....					
If born overseas, date of arrival in Australia: / /							
Date first enrolled in a school in Australia: / /							

Student Religion.....

Family Present Parish of worship .....

Sacraments	Parish	Date	Sacraments	Parish	Date
Baptism			Reconciliation		
Confirmation			Eucharist		

**Most recent Schools and Pre-schools (include Kindergarten up to present time)**

1		From	/	/	to	/	/
2		From	/	/	to	/	/
3		From	/	/	to	/	/

Close relative who is an ex-student of St Francis de Sales College: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Year left: \_\_\_\_\_

Does the applicant have any siblings who are currently enrolled or who have applied to enrol at the College? YES / NO *(please circle)*

Given Names: \_\_\_\_\_ Currently enrolled YES / NO \_\_\_\_\_ Applied to enrol YES / NO *(please circle)*

Given Names: \_\_\_\_\_ Year of entry: \_\_\_\_\_ Proposed year of entry: \_\_\_\_\_

OTHER CHILDREN IN THE FAMILY	M / F	DOB	School attending	Year level

**SPECIAL STUDENT NEEDS AND CONSIDERATIONS**

- (a) Does your child have any special achievements, talents? YES / NO *(please circle)*
- (b) Does your child have any learning problems? YES / NO
- (c) Has your child attended any specialised agencies, special schools, units or centres? YES / NO
- (d) Does your child have any special needs or considerations? (Disabilities, impediments, allergies, restrictions on physical activity) YES / NO
- (e) Does your child require any special provisions to be made by the College? (eg medication, disabled access etc) YES / NO
- (f) Does your child have any infectious diseases? YES / NO

If YES to any of the above questions, please give details, using attachments if necessary.

**This form is to be accompanied by the following:**

(circle one)

A copy of the birth certificate or extract from it	Attached	YES	NO
Latest school report, NAPLAN Results (if applicable) and/or reference from previous schools	Attached	YES	NO
Baptismal certificate	Attached	YES	NO
Any Court Order or related information regarding custody of child (if applicable)	Attached	YES	NO
Documentation relating to special needs (any reports, action plans, assessments, etc)	Attached	YES	NO
Letter of support/reference from your Parish Priest / Minister of Religion	Attached	YES	NO

**APPLICATION FEE: \$50.00 per Individual Application**

## PRIVACY AND RELEASE OF INFORMATION

1. The College respects the privacy of personal and sensitive information regarding your family. The College collects personal information, including sensitive information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your child. A copy of the College's privacy policy is enclosed.
2. In situations where parents are separated, it is the policy of the College to release College reports to mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the College will abide by any court orders which prevent the release of such information.
3. Some of the information the College collects is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Catholic schools, government departments, South Australian Commission for Catholic Schools, Catholic Education Offices, local parish, medical practitioners and people providing services to the College including specialist visiting Consultants and Advisers from the Catholic Education Offices, sports coaches and volunteers.
6. In the event of default of payment of fees, the College may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
7. The College from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
8. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
9. As you may know the College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own fundraising purposes without your consent.
10. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish and that the College does not usually disclose the information to third parties.
11. In applying to enrol my child at this College I/we accept that s/he will be educated in the Catholic faith within a Christian educational environment.

## PARENT/GUARDIAN DECLARATION

1. I/we accept that support of College staff and cooperation concerning College activities is essential.
2. I/we accept that we will abide by College policies as amended from time to time.
3. I/we accept that participation in camps is compulsory and that membership in College sporting teams takes priority over competing sporting interests.
4. I/we accept that the College reserves the right to suspend or expel a student for serious or continued breaches of College rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the College.
5. I/we accept the standards the College sets regarding grooming, uniform and personal presentation.
6. I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the College (except where exemptions/remissions have been sought and granted).
7. I/we confirm that we will commence a College Fee Option Plan within 2 weeks of my/our child/ren commencing at the College and will abide by the College Fee Policy.
8. I/we give consent for the College to contact any other Catholic school or College which my child has previously attended for the purpose of ascertaining my/our fee paying record.
9. I/we accept that the College does not accept liability for damage or loss of any personal possessions of students and that insurance for my child's personal possessions is my responsibility.

I consent to my basic family details (name and telephone number) being made available to: **State Dental Clinic** YES / NO

Upon submission of the enrolment form, the applicants will be placed on a waiting list. Places are offered following interviews. Acceptance of an offer is made by the return of the signed acceptance form together with payment of the entry fee. If applicants accept an offer of enrolment, the terms and conditions detailed in this *Application for Enrolment* are incorporated in the Enrolment Contract.

Please state your reasons for choosing this Catholic College for your child's education.

I declare that all of the information provided in this application is, to the best of my knowledge, true.

(Both parents/guardians to sign if applicable)	Signature _____	Signature _____
	Print Name _____	Print Name _____
	Date _____	Date _____

Please sign and date this form and return the completed form, application fee and required documents to:

The Principal  
St Francis de Sales College  
8 Dutton Road, PO Box 1793  
MOUNT BARKER SA 5251  
Telephone: 8393 1000 Facsimile: 8393 1040

*Be who you are and be that well*