



Mercy College

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Enrolment Application

I hereby make application for my child's admission into:-

Academic Year _____ in 20_____

STUDENT INFORMATION

Student Name: _____
Surname _____ Given Name/s _____ Preferred Name _____
(if different to given name)

Date of Birth: _____ Birth Place: _____ Gender: _____

Home Language: _____ Number of Children in family: _____

Country of Birth: _____ Aboriginal / Torres Strait Islander: Yes / No

If born outside of Australia, please complete and include photocopies of your visa/travel documents

Date of Arrival in Australia: _____ Australian Permanent Resident: Yes / No

Nationality/Country of Citizenship: _____ Visa Code: _____

Address: _____ Home Phone: _____

Suburb: _____ Post Code: _____

School now attending: _____ Present Grade: _____
(if applicable)

Religion

Religious Denomination of Child: _____ Priest/Minister: _____

Parish: _____ Suburb: _____

Date and Location of Sacraments Received: [Attach Photocopy of Baptism Certificate]

Baptism _____ Reconciliation _____

First Communion _____ Confirmation _____

Frequency of church attendance (eg each week, fortnightly, special occasions): _____

Family involvement in church (eg Special Minister, Acolyte, Reader, Counter): _____

PLEASE NOTE THAT THIS ENROLMENT APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL RELEVANT SUPPORTING DOCUMENTS AND APPLICATION FEE.

PLEASE ENCLOSE:

Priest Reference	[Photocopy attached]	Yes / No
Immunisation Details:	[Photocopy attached]	Yes / No
Baptism Certificate:	[Photocopy attached]	Yes / No
Birth Certificate:	[Photocopy attached]	Yes / No
Visa/Travel Documents	[Photocopy attached]	Yes / No
Latest School Report:	[Photocopy attached]	Yes / No
Latest WA Literacy & Numeracy Assessment: <small>(for children applying for Grade 4 or above)</small>	[Photocopy attached]	Yes / No
Non-Refundable Application Fee (\$30):		Yes / No

CREDIT CARD PAYMENT

Card No: _____
 Card Type: BankCard / MasterCard / VISA [please circle]
 Expiry Date: _____
 Cardholder Name: _____
 Total Payment: \$ _____
 Signature: _____

OFFICE USE ONLY:

Category: _____
 Student ID: _____
 Family ID: _____
 Interview Date: _____
 Interview Time: _____
 Comments: _____

 Receipt Number: _____
 Date: _____

FAMILY INFORMATION

Female Parent or Guardian

_____ Title _____ Surname _____ Given Names _____

Home Address: _____ Post Code: _____

Home Telephone: _____ Mobile: _____

Email Address: _____

Occupation: Full-time / Part-time / Casual: _____

Work Place: _____ Work Telephone: _____

Highest Year of Primary or Secondary Completed: Year 12 or equivalent / Year 11 or equivalent / Year 10 or equivalent / Year 9 or equivalent or below

Highest Qualification Completed: Bachelor Degree or above / Advanced Diploma or Diploma / Cert I to IV (including trade) / No non-school qualification

Languages *other than English* spoken at home: _____

Country of Birth: _____ Country of Citizenship: _____

Religious Denomination: _____ Parish Priest / Minister: _____

Male Parent or Guardian

_____ Title _____ Surname _____ Given Names _____

Home Address: _____ Post Code: _____

Home Telephone: _____ Mobile: _____

Email Address: _____

Occupation: Full-time / Part-time / Casual: _____

Work Place: _____ Work Telephone: _____

Highest Year of Primary or Secondary Completed: Year 12 or equivalent / Year 11 or equivalent / Year 10 or equivalent / Year 9 or equivalent or below

Highest Qualification Completed: Bachelor Degree or above / Advanced Diploma or Diploma / Cert I to IV (including trade) / No non-school qualification

Languages *other than English* spoken at home: _____

Country of Birth: _____ Country of Citizenship: _____

Religious Denomination: _____ Parish Priest / Minister: _____

EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: _____ Relation to Student _____

Address: _____ Post Code: _____

Contact Numbers: Home _____ Work _____ Mobile _____

Name: _____ Relation to Student _____

Address: _____ Post Code: _____

Contact Numbers: Home _____ Work _____ Mobile _____

SIBLINGS CURRENTLY ATTENDING (OR PREVIOUSLY ATTENDED) MERCY COLLEGE

Name	Relationship to applicant	Year Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has either Parent/Guardian previously attended Mercy College? Yes / No Year: _____

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	School	Year Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISCLOSURE

Do you agree that the information supplied on the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest

Yes / No

STUDENT'S INDIVIDUAL NEEDS

The school *Education Act 1999* requires the provision of "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G).
To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Medical/Health Care _____

Medication _____

Physical _____

Orthoses/Prostheses _____

Psychological/Cognitive _____

Sensory (eg. Vision/Hearing) _____

Behavioural or Safety _____

Communication _____

Allergies _____

Additional Information _____

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No

If so please detail name of Service Provider and Contact No.

Please detail _____

Does your child receive Respite Care on a regular basis? Yes/No

MEDICAL INFORMATION

IMMUNISATION RECORD [Attach Photocopy of Immunisation Record]

F - fully immunised

N - Not immunised

I - incomplete immunisation

P – personal objections

Measles []

Mumps []

Rubella []

Diphtheria []

Tetanus []

Hepatitis B []

Pertussis []
(Whooping Cough)

Polio (OPV) []

Family Doctor/Medical Clinic: _____

Address: _____ Post Code: _____

Contact Numbers: _____

Dentist/Dental Clinic: _____

Address: _____ Contact Numbers: _____

Medicare Number: _____ Private Health Fund: _____ Blood Group: _____
(If known)

MEDICAL EMERGENCY AUTHORISATION

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PRIVACY POLICY – COLLECTION

1. Mercy College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable Mercy College to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the Mercy College's legal obligations, particularly to enable Mercy College to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. Mercy College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Dioceses/other Dioceses, medical practitioners, and people providing services to Mercy College, including specialist visiting teachers, coaches, tutors, volunteers and counsellors.
6. Personal information, including photographs, collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines and on our website.
7. Parents may seek access to personal information collected about them and their son/daughter by contacting Mercy College. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of Mercy College's duty of care to the pupil, or where pupils have provided information in confidence.
8. As you may know Mercy College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in Mercy College's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
9. We may include your contact details in a class list and School directory, with specific consent.
10. If you provide Mercy 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 Mercy College and why, that they can access that information if they wish, and that Mercy College does not usually disclose the information to third parties.

PARENT/GUARDIAN AGREEMENT

Name of person(s) with legal guardianship of the student: _____

If applicable a copy of any Parenting or Restraint Order is attached. Yes / No

Any other conditions enforced at law? _____

If child is not living with both parents, please indicate if parents are: *(please circle)*

Single Separated Divorced Re-married Deceased

Name and address of person/s responsible for payment of school fees:

- I/we promise to support the Catholic philosophy, policies, rules and regulations of the College, and endeavour to ensure that my child will co-operate with the expectations of the College in this regard;
- I/we promise to ensure that my child wears the full Mercy College uniform;
- I/we promise to take an active interest in College activities, eg Parent/Teacher Nights;
- I/We promise to be of service to the College by participating actively in one of the following for at least one year of my child's enrolment:
 - College Board Member
 - Assistance in the College Library
 - Assistance with examination supervision
 - Assistance with sports coaching and management
 - Assistance with Parent Support Groups eg. Parent Council
 - Assistance with Public Relations and/or Fundraising
 - Other involvement (please specify) _____
- I/we understand and accept that the completion of this application/enrolment form DOES NOT GUARANTEE AN ENROLMENT INTERVIEW. Successful applicants will be determined in accordance with the College's enrolment criteria.
- 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 (CEOWA) as they are enacted from time to time.
- I/we agree to the College using our child's work or photo for College newsletters, yearbook and promotional material.
- I/we agree to the College, CEOWA or local media taking our child's photographs and/or video footage for publication in newspapers, school documents, CEOWA and Catholic agency documents (eg. Caritas, CDF, LifeLink, etc), training videos and/or the College/CEOWA website.
- I/we consent to my child travelling under the supervision of the College by its servants on the College Bus or upon public transport whenever such travel is necessary in connection with the College's activities.
- I/we agree to give a full term's notice (in writing) before removal of a student, or a term's fees are payable.
- I/we agree to pay all fees within 14 days of receipt of account(s) or promptly make a suitable alternative arrangement with the College.
- I/we agree that Parents are responsible for payment of breakages or damage to College property by their children.
- I/we agree that the College reserves the right to dismiss a pupil from the College.
- 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 and Restraint Orders, then the enrolment may be refused or terminated on this ground.
- I/we have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school
- I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____