

**APPLICATION FOR ADMISSION OF INTERNATIONAL STUDENTS TO
 MERCY COLLEGE, MIRRABOOKA AVE, KOONDOOLA 6064 (PO BOX 42, MIRRABOOKA 6941)
 WESTERN AUSTRALIA TELEPHONE: (61 8) 9247 9247 FAX: (61 8) 9247 9296
 email: admin@mercy.wa.edu.au www.mercy.wa.edu.au**

I hereby make application for the admission of my child to:

Year _____ in 20 ____

NAME IN FULL _____
 (Family Name)
 ADDRESS IN HOME COUNTRY

 (Given Names)
 ADDRESS IN AUSTRALIA

PHONE NUMBER _____

PHONE NUMBER _____

FAX NUMBER _____

FAX NUMBER _____

STUDENT INFORMATION

EMAIL: _____

DATE OF BIRTH _____

CITIZENSHIP _____

LANGUAGE (S) SPOKEN AT HOME _____

EVIDENCE OF ENGLISH COMPETENCE _____

PRESENT SCHOOL (IN HOME COUNTRY) _____

PHYSICAL DISABILITIES _____

RELIGION _____

PARENTAL INFORMATION:

FATHER'S NAME _____

MOTHER'S NAME _____

OCCUPATION _____

OCCUPATION _____

RELIGION _____

RELIGION _____

GUARDIAN:

Name of guardian who will be responsible for the student's welfare whilst in Australia.

NAME: _____

ADDRESS: _____

Will parents/guardian support the College Administration in:

- (a) the wearing of full school uniform ? _____
- (b) the upholding of school rules ? _____
- (c) supporting the Catholic philosophy of the College ? _____
- (d) ensuring that there is attendance for every day of the school year ? _____

Signature of Parent: _____ Date of Application: _____

Please note: The filling in of this application form does not guarantee acceptance

PASSPORT NUMBER _____

EXPIRY DATE _____

VISA NUMBER _____

EXPIRY DATE _____

MEDI BANK NUMBER _____

EXPIRY DATE _____

DATE OF ARRIVAL IN AUSTRALIA _____

(if applicable)