



Applica	nt l	Deta	ails	for	Enrolme	ent at Mary	mede
Student Na	me						
Entry Year					Year Level		

Enrolment Application Form

Family Details: Father /	Guardian										
Title: (eg. Mr / Dr)	First Name					Surname					
Home Address											
Suburb								Postcoo	de		
Home Phone		Work Pho	ne					Mobil	le		
Email						Langua	ge spok	en at hom	ne		
Occupation								Religio	on		
Drivers Licence No.							Cour	ntry of Bir	th		
Highest year of secondary scho (Persons who have never attended)		-									
Year 9 or below	Yea	r 10 or equiv	alent		Year	11 or equ	ıivalent			Year 12 or equivalent	
Highest qualification completed	d by the Father	/ Guardian									
No post school Qualificat					Certi	ficate I to	IV (inclu	uding trac	de cer	rtificate)	
Advanced Diploma / Dip					Bach	elor Degr	ree or al	oove			
Family Details: Mother	/ Guardian										
Title: (eg. Mrs / Ms / Dr)	First Na	me				Sur	rname				
Home Address											
Suburb								Postcoo	de		
Home Phone		Work Pho	ne					Mobil	le		
Email						Langua	ge spok	en at hom	ne		
Occupation								Religio	on		
Drivers Licence No.							Cour	ntry of Bir	th		
Highest year of secondary scho (Persons who have never attended)		•									
Year 9 or below	Yea	r 10 or equiv	alent		Year	11 or equ	ıivalent			Year 12 or equivalent	
Highest qualification completed	d by the Mother	/ Guardian									
No post school Qualificat					Certi	ficate I to	IV (inclu	uding trac	de cer	rtificate)	
Advanced Diploma / Dip					Bachelor Degree or above						
Living Arrangements Fo	or This Stude	ent									
Status of Parents	Married		Sepa	rated			Divorce	ed		Widowed	
Living with Mother & Father				Single parent: Mother / Father (please circle)							
Living in a Blended Famil	у		Share	ed paren	nting e	g. One we	eek with	Mother,	next \	with Father	
Living with Guardian(s)			Other								
Court Orders (If Applicable)											
Are there any current court orde	ers relating to th	ne student?	Ye	S	No						
If yes, copies of these court orde	rs eg. AVOs, Far	nily Court / F	ederal Circ	uit Court	of Aus	tralia orde	ers or oth	ner relevar	nt cou	ırt orders must be provided.	
Is there any other information y	ou wish the sch	ool to be aw	are of?								

Student De	tails																	
First Name										Surn	ame							
Preferred Name	9					Date of	Birth	n		/		/				Male		Female
Home Address																		
Suburb										Post	code				Hom	e Phone		
Name of curren	t scho	ool / pre	e-scho	ol														
Number of years enrolled at current school / pre-school																		
Religion & S	Sacra	ment	al Inf	forn	natior	1												
Catholic			Ot	her F	Religion													
Baptism		Yes		No	Date		/			/								
Reconciliation		Yes		No	Date		/			/								
Communion		Yes		No	Date		/			/								
Confirmation		Yes		No	Date		/			/								
Current Parish																		
Nationality																		
Country of Birth	1	Austi	ralia	Oth	er – ple	ase spe	cify											
If born overseas	s, date	e stude	nt com	nmen	iced sch	nool in A	Austra	alia		/		/						
Is the student o	f Abo	riginal	or Torr	es St	rait Isla	nder or	gin?											
No		Yes, A	borigir	nal			Yes, ⁻	Torres S	Strait	slande	r			Yes	, both A	Aborigina	al and	Torres Strait Islander
Students No	ot B	orn In	Aust	trali	a, Cit	izensł	ip S	Status	Red	quire	d – G	iove	rnme	nt r	equire	ement		
Please tick the of the configuration of the configu	ents t	o be si	ghted	and (copies t	to be re	taine	d by th	ie sch	ool)	oto n	200						
i lease attacii v	15a / L	ocume	iii Oi i	iiave	i / iette	OTTIOL	iicati	OII allu	Pass	Joilt Pil	ιστο ρ	age.						
Australian citiz	en no	ot born	in Au	strali	ia													
Australiar	n Citiz	en (Nat	turalisa	ition	Certific	ate or A	ustra	ilian Pa	sspor	t numb	er/D	ocum	ent of	Trave	el if Cou	intry of E	Birth is	not Australia)
Australiar	n Pass	port N	umber	(if ap	plicabl	e)												
Visa Subo	class r	ecorde	d on er	ntry t	o Austr	alia (if	appli	cable)										
Date of arrival i	nto A	ustralia			/		/											
Not currently Australian citizens Please provide further details as appropriate below																		
			·				ubcla	ss Num	nber)			Vi	sa Suk	oclass	No.			
Permanent Resident (if ticked, record the Visa Subclass Number) Temporary Resident (if ticked, record the Visa Subclass Number)																		
Temporary Resident (if ticked, record the Visa Subclass Number) Other/Visitor/Overseas Student (if ticked, record the Visa Subclass Number) Visa Subclass No. Visa Subclass No.																		
Other/ Vis	SILOI7 C) versea	15 Studi	ent (i	ii tickec	i, record	i tile	visa su	ibcias	5 INUIII	Dei)	V I.	sa suk	Class	INO.			
Languages																		
Language spok	en at	home (if more	e thar	n one la	inguage	e, ind	icate th	ne one	e that is	s spok	cen mo	ost oft	en)				
Language (othe	er than	n Englis	h) stud	died o	out of n	ormal s	choo	l hours										
Name of organisation and venue where language is studied																		

Ме	dical Information												
Do y	Do you have Ambulance Cover? Yes No												
	Medical Conditions: Please specify any medical conditions the student suffers from eg. asthma, anaphylaxis, diabetes and / or any prescribed medications taken by the student.												
Aller	Allergies: Please list any know allergies the student has eg. allergy to nuts, penicillin, bee stings etc.												
Is the	Is there any other medical / health information that the College needs to be aware of? Yes No												
Cons	ent to medical attention												
	Yes I / We authorise the College to consent to my child receiving such reasonable medical or surgical treatment as may be necessary in an emergency including arrangement of an ambulance where required.												
Eme	ergency Contacts – Oth	er Than F	Parent / Guar	dian									
Cont	act Person 1			•	Contact Person 2								
Nam	е				Name								
Relat	ionship to Child				Relationship to Child								
Hom	e Phone				Home Phone								
Work	: Phone			,	Work Phone								
Mob	ile				Mobile								
This assis	Additional Needs This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.												
Does	your child have:												
	Autism	Beha	avior Disorders		Hearing Impairment Intellectual Disabilit								
	Language Disorder	Men	ital Health Issues		ADD/ADHD		Visio	n Im	pairment				
	Acquired Brain Injury	Other (ple	ase specify)										
Plea	se assist us by providing the f	following ir	nformation										
Addi	tional learning needs (please p	on)			Yes		No						
Med	cal / allied health professional	reports atta	ched (please pro	evant information)		Yes		No					
ls yo	ur child currently receiving integ	gration func	ding due to a disa		Yes		No						

Financial Information

Responsible for payment of school fees

I / We acknowledge that I am / we are jointly and severally liable to all fees and charges payable and pertaining to my / our child's education at Marymede Catholic College.

Father / Guardian			
Title: (eg. Mr / Dr)	First Name	Surna	ame
Signature			
Date / /			
Mother / Guardian			
Title: (eg. Mrs / Ms / Dr)	First Name		Surname
Signature			
Date / / / Postal Address for Accounts			
Address			
Suburb			Postcode
Parents Choice of Primary	or Secondary School		
Principals of Catholic Primary and S Catholic School. Please indicate you			where possible parents are given their choice of ll make) an application:
Is Marymede Catholic College your	first choice? Yes N	o Other (please indicate	e)
Siblings			
Does your child currently have a sib	ling attending Marymede Catholic	College? Yes	No
Name/s:			Current Year Level:

Photography for Publications

At Marymede Catholic College we celebrate the efforts of our students by publicising some of their participation in class and co-curricular activities. This is an integral part of the daily life of the College. Images and names of students or samples of their work, from time to time, may be used in the College's newsletters, publications, programs for special events, portal, website or digital / social media.

Video footage may also be recorded as part of special events that include assemblies, concerts, sporting events and other relevant occasions. Parents and guardians may also record some school performances as a memento that can be shared with other family members. They may also be provided with copies of school recordings of some of these events that involve their children.

In accordance with the requirements of the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988, we seek your permission to use your child's photograph / videoed image for these purposes.

Please note the following:

Working with Children Check No.:

- Class / tutor / year level and ID photographs of your child, taken as a record of his / her time at Marymede will be published in the College Yearbook and the like. These are a record of their time at Marymede and will be stored in the College's Archives after your child completes his / her time at the College. This is understood to be part of the acceptance of your child's enrolment at Marymede Catholic College.
- Photographs / video footage of students may be used on digital / social media in reporting on student activities to the College community
- · For specific advertising, promotional and marketing programs in print or digital / social media, the College will issue an individual permission request.
- It is understood that, from time to time, there may be incidental photographs / video footage taken by other members of the community during more open events such as concerts and interschool events etc. These are beyond the control of the College.
- The permission you give is for the time your child is at Marymede Catholic College. Should you wish to withdraw your permission at any

stage, please contact the Registrar in writing or via email. This withdrawal can only affect photographs / video footage to be taken after the time you withdraw your permission.						
This permission is given for photographs / videos of your child to be used by Marymede Catholic College in the manner outlined above without acknowledgment, remuneration or compensation.						
Yes I give permission for my child's photograph / video and name to be published according to the conditions listed above.						
No I do not give permission for my child's photograph / video and name to be published according to the conditions listed above.						
I understand and agree that if I do not wish to consent to my child's photograph / videoed image appearing in any or all of the College's publications or digital / social media, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the College.						
School Reports						
School reports will be automatically released online via our Parent Access Module. Is an additional copy of your child's report required for parent not living with the student? Yes No						
If yes, please complete the following information regarding the parent to whom the report should be sent.						
Name Relationship to Child						
Email						
Skills & Assistance						
Marymede Catholic College actively encourages all parents to be involved in their child's education. You may have skills or talents in certain areas which could be of valued assistance to the College. Yes No I / We are willing to assist as a volunteer at the College						
Please list areas in which you would be willing to assist the College as a volunteer (eg. Parents and Friends Committee, School Canteen, Classroom Helper, College Board, Home Reading Program, Sporting Coach etc)						
Working with Children Check Status: Applied Passed Negative Notice						

Expiry Date:

Checklist

PLEASE ENSURE THAT THE FOLLOWING COMPULSORY ITEMS ARE ATTACHED WITH YOUR APPLICATION. APPLICATIONS WITHOUT RELEVANT DOCUMENTATION CANNOT BE PROCESSED.

Prim	ary School (Prep To Year 6)	Seco	ndary School						
	Birth Certificate		Birth Certificate						
	Baptism Certificate		Baptism Certificate						
	Immunisation History Statement		Recent School Report						
	Recent School Report (for Application in Years 1-6)		Previous NAPLAN Results						
	Previous NAPLAN Results (where applicable)		Visa Documentation (for any Applicant Not Born in Australia)						
	Visa Documentation (for any Applicant Not Born in Australia)		Pre-Enrolment Questionnaire (Year 7 Applicants only)						
	\$77 Application Fee		\$77 Application Fee						
Con	ditions of Enrolment (please read before signing)								
belie perso an er	arymede Catholic College is a Christian Community in which student fs, clarify their values and develop a real and practical concern for ot onal responsibility, recognises individual differences and encourages avironment which allows students to experience the hope and optimal ble the religious dimension of the College's philosophy.	thers. each	The College philosophy encourages the development of student to reach their potential. It is a philosophy that provides						
	udents shall comply with any requirements the College may make re ege's programme of activities.	gardir	ng dress, general appearance, behaviour and participation in the						
	rent / Guardians making applications for their child to be admitted a ts policies.	is a st	udent of Marymede Catholic College will support the College						
Pare	nt / Guardian Declaration								
for th	1. Fee accounts are sent out in January for the full year, along with a Direct Debit Form. On this form parents elect how they wish to pay fees for the year. I agree that the fees determined by the Marymede Catholic College Board will be paid by DIRECT DEBIT (via bank account or Credit Card) which is the College mandatory payment option.								
2.1/	We agree that the College will not held liable for loss of property in	currec	by my child for any reason whatsoever.						
	We support and agree to the Terms & Conditions listed in the 'Code marymede.vic.edu.au/news/publications	e of C	onduct for Parents/Guardians and School Volunteers' found at						
I/W	e agree that the information contained in this application is true and	accui	rate.						
Signa	ature of Mother / Guardian	Signa	ature of Father / Guardian						
Date	/ /	Date	/ /						
Infor	Information submitted in this form is stored in accordance with the College Privacy Policy which can be found at www.marymede.vic.edu.au Please								
complete your credit / debit card details below to pay the Enrolment Fee of \$77 (GST Inc.). This is a NON-REFUNDABLE administration fee.									
Please make Payment of Application Fee by Credit / Debit Card:									
Арр	Application Fee \$77.00 per student								
	☐ Visa ☐ Mastercard								
Card N	umber:		Exp.Date						
Card H	older's Name:	lor's S	ignatura						

