

APPLICATION FOR ENROLMENT

Calendar Year of Entry: 20
Year Level:

Office Use: S

This Application for Enrolment with Loreto College Ballarat (the **College**) (**Application**) for your child (the **Student**) should be completed and returned to *The Registrar, Loreto College, 1600 Sturt Street, Ballarat, Victoria, 3350.*

When submitting this Application, please ensure that:

- all sections of the Application have been adequately completed;
- the Parent(s)/ Guardian(s) have read the College's Conditions of Enrolment and Enrolment Policy;
- the Application Fee is provided;
- the Parent(s)/ Guardian(s) have provided copies of all relevant documentation as appropriate including the following (please use as checklist):
 - Birth Certificate
 - Baptism Certificate
 - Immunisation History Statement
 - Eucharist Certificate
 - Confirmation Certificate
 - Year 5 Report
 - Participation and/or Achievement Certificates

A photocopy of the student's most recent school report is required prior to the interview.

- If this Application is being completed by only one parent/guardian, please sign the Statutory Declaration attached to this Application.

STUDENT DETAILS

Surname of Student:

.....

First and Second Names of Student:

.....

STUDENT'S RESIDENTIAL ADDRESS:	POSTAL ADDRESS FOR ALL MATTERS RELATING TO THE STUDENT: <i>(if different from residential address)</i>	EMAIL ADDRESS FOR ALL MATTERS RELATING TO THE STUDENT:
.....

Current School: Country of Birth:

Date of Birth: Religion:

(Please attach photocopy of Certificate)

Date of Baptism: Place:

(Please attach photocopy of Certificate)

Date of Eucharist: Place:

(Please attach photocopy of Certificate)

Date of Confirmation: Place:

(Please attach photocopy of Certificate)

Parish of Residence:

Does the Student speak a language(s) other than English? If so, please indicate which language(s) the Student speaks:

Is the Student an Australian Citizen? If not, please indicate the Student's residency status (i.e. Permanent Resident etc) and provide copy of Student's current passport and visa:

Is the Student of Aboriginal or Torres Strait Islander Origin

Please indicate

PARENT/ GUARDIAN DETAILS

	PARENT/ GUARDIAN 1	PARENT/ GUARDIAN 2
Past Student	Yes / No	Yes / No
Title		
First Name		
Surname		
Relationship to Student		
Address		
Home Phone Number		
Mobile Phone Number		
Work Phone Number		
Email Address		
Country of Birth		
Religion		
Occupation		
Employer		
Do you speak a language other than English at home? <i>(If more than one language, indicate the ones spoken most often)</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please list below: 1. 2.	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please list below: 1. 2.
Are there any Family Court Orders issued in relation to the Student?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes Supporting documentation must be provided with this completed enrolment form)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes Supporting documentation must be provided with this completed enrolment form)</i>

If Student does not live with both Parent/Guardian 1 and Parent/ Guardian 2 at the same residential address, please advise of the Student's residential arrangements <i>(For example: if the Student resides at more than one address)</i>	<i>For example: Student lives with Parent/ Guardian 1 for one week, and then Parent/ Guardian 2 for the next week).</i>	
Emergency Contact		

FAMILY CONNECTION

Sisters of the applicant (as named in this Application) currently attending the College:

Name: Year: House:
 Name: Year: House:
 Name: Year: House:

Sisters of the Student who previously attended the College:

Name: Year: House:
 Name: Year: House:

Sisters of the Student who may seek enrolment at the College:

Name: Year:
 Name: Year:

Other family members of the Student who previously attended the College:

1. Name: Maiden Name: DOB:...../...../ .
 Connection:Year Level Completed: Year Completed:
2. Name: Maiden Name: DOB:...../...../ .
 Connection:Year Level Completed: Year Completed:

Other connections to the College:

APPLICATION FEE

An application fee of \$100 is payable for all prospective new students and must be paid at the time of submitting this Application. The Application fee can be paid by cash, cheque or credit card. Please complete the below section accordingly.

- Attached: cheque / cash for \$100.00
 Please charge my Credit Card for the amount of \$100.00: VISA Mastercard
- | | | | | | | | | | |
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CCV

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 Expiry Date

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Signature: **Name:**

Office Use: Receipt No: Date: Letter of Acknowledgement:

DECLARATION BY PARENTS/GUARDIANS

I/We, being Parent/Guardian 1 and (where applicable) Parent/Guardian 2 as named in this Application:

- (a) request that the Student (being the child named in the Application) be registered for enrolment at Loreto College Ballarat;
- (b) have read, understood and accept the College's Conditions of Enrolment and the Enrolment Policy (provided with this Application for Enrolment and available on the School website);
- (c) jointly and severally agree to abide by these terms, the College's Conditions of Enrolment, the Enrolment Policy and any rules, procedures and policies from time to time in force at the College;
- (d) jointly and severally agree to pay all fees, charges and other monies falling due to the College in respect of the Student;
- (e) have read and understood the Privacy Policy available on the College's website and, in making this application for enrolment, consent to the collection, use and disclosure of personal information and sensitive information as provided for by the Privacy Policy;
- (f) will advise the College in writing of any changes to contact details or other information in this Application;
- (g) undertake that the information provided in this Application is true and correct to the best of our knowledge;
- (h) understand that submitting this Application does not guarantee the Student's enrolment at the College.

THIS APPLICATION REQUIRES THE SIGNATURE OF BOTH PARENTS/ GUARDIANS.

Please advise of circumstances if only one of the parents or guardians is signing. Signatories should be aware that by signing this Application they agree to be jointly and severally responsible for all of the College's fees and charges in relation to the Student.

Parent/ Guardian 1*

Name: _____ Signed: _____

Date: ____ / ____ / ____

Parent/ Guardian 2

Name: _____ Signed: _____

Date: ____ / ____ / ____

*If this Application is being completed by only one parent/ guardian (i.e. Parent/ Guardian 1), then the sole parent/guardian must also complete the **attached** Statutory Declaration and return it to the College along with the completed Application.

Statutory Declaration

I _____ in the State of Victoria
(insert full name)

of _____
(insert address)

_____, make the following statutory declaration under the Oaths and
(insert occupation)

Affirmations Act 2019:

1. Where the Student has another Parent/Guardian who has not signed this form and that Parent/Guardian has rights in relation to decisions regarding the Student's education, I declare that that Parent/Guardian has agreed to the Student being enrolled at the College.
2. I understand that I am, and agree to be, solely responsible for any and all fees and charges in relation to the Student's enrolment and education at the College.
3. I declare that the information contained in the Application for Enrolment submitted with the College in relation to the Student is complete, truthful and accurate to the best of my knowledge and no relevant information has been withheld.
4. I understand that deliberate inaccuracies or omissions will result in non-acceptance of the Application for Enrolment. I also understand that should any inaccuracy be later revealed or discovered during the enrolment of the Student, the Student's enrolment may be terminated.

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

DECLARED at _____

in the State of Victoria on this

_____ day of _____ 2020

X _____

Declarant

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

Before me: _____

Name: _____

Address: _____

Qualification: _____

A person authorised under section 30(2) of the *Oaths and Affirmations Act 2018* to witness the signing of a statutory declaration