

Application for Enrolment

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Academic year for which enrolment is sought (e.g., Year 7):

Calendar year for which enrolment is sought (e.g., 2025):

OFFICE USE ONLY					
Interview Date:					
Interview Time:					
Interviewer:					
Application Fee Re	eceived Enro	olment Fee Re	eceived		
Birth Certificate	School Report	Naplan	Visa	Medical Form	Immunisation Statement

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Student Informa	ition:										
Academic year for whi	ich enro	lment	is sought (e	e.g., Year 7):							
Calendar year for whic	:h enrolr	ment i	is sought (e.	g., 2023):							
Current School:						Sı	uburb:				
First Name:											
Middle Name:											
Surname:											
Preferred Name:											
Date of Birth:	/	/					Gende	er:	Male	Female	Other
Residential Address:											
Suburb:						Postc	ode:				
Language Spoken at F	Home:					Seco	nd Langı	uage			
Country of Birth:						Natio	nality:				
Indigenous Status:	Aboriç	ginal [Descent	Torres Stra	it Islander De	escent	Во	th	Nei	ther	
Citizenship / Visa:	Citize	n	New Zeal	and Citizen	Permane	ent Reside	ent	Т	- emporary	Resident	Other
Visa Class / No:						Date	of Arrival	l:			
Religion:											
Parish:											
Baptism Date:	/	/		Reco	onciliation:	/	/				
Holy Communion:	/	/		Conf	îrmation:	/	/				
Caregiver / Gua	rdian	1:									
Relationship to studen	nt:										
Title: Firs	st Name):									
Surname:											
Country of Birth:						Natio	nality:				
Language:						Religi	on:				
Residential Address:											
Suburb:						Postc	ode:				
Postal Address (if diffe	rent):										
Email Address:											
Mobile:					Home Numb	oer:					

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Caregiver / Gua	ardian 2:			
Relationship to stude	nt:			
Title: Fi	rst Name:			
Surname:				
Country of Birth:		Nationality:		
Language:		Religion:		
Residential Address:				
Suburb:		Postcode:		
Postal Address (if diffe	erent):			
Email Address:				
Mobile:	Н	ome Number:		
Living Arranger	nents and Guardianship:			
Student lives with:	Both Caregiver / Guardian 1 and 2	Caregiver / Guardian 1	Caregiver / Guardia	n 2
Other				
Are there any current	Family Court Orders or current Restraining	g Orders that would apply to the child?	Yes	No
Name of Person(s) wi	th legal guardianship of the student:			
If applicable, please a	attach a copy outlining details of any speci	ial or restricted access arrangements.		
Siblings:				
Name:	Sci	hool/ Year:		
Name:	Sci	hool/ Year:		
Name:	Sci	hool/ Year:		
Other Informati	on:			
State the reason why	you wish your child to attend the College:			
Has the student beer	n suspended or expelled from any previou	s school? Yes No		
How many days has y	your child been absent from school last te	rm?		

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Signature:

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 school'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 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 Parenting 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.

I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Caregiver / Guardian 1:				
Signature:		Date:	/	/
Caregiver / Guardian 2:				
Signature:		Date:	/	/
Please enclose the following supporting do	ocumentation:			
Birth Certificate				
Most recent school report	NAPLAN report			
Baptism certificate (if baptised Catholic)	Priest reference			
Copy of Passport, Visa or travel documents – includin	ng date of entry stamp (if born oversea	s)		
AIR Immunisation Statement (not more that 2 months	old at time of enrolment)			
Other relevant education or psychological assessmen	nts			
Copy of Parenting, Restraint or Custodial Order (if app	olicable)			
Please return to: Enrolments Department Our Lady of Mercy College 100 Leisure Drive, PO Box 220, Australind V Ph: (08) 9720 3300 enrolments@olmca.wa.edu.au	WA 6233			
Application Fee				
A non-refundable application fee of \$50.00 is to be paid wi	th each enrolment. This can be paid in	person at the Co	ollege or by	credit card.
Card Number:	Expiry Date:	/	CVV/ CVC:	
Cardholder's Name:				

Date: