

Applicants With Special Needs

Does your child receive Educational Support funding because of a disability? Yes No

Does your child have Special Needs? Yes No

Further comments/explanation

Please attach any relevant documentation to this application.

Has your child participated in formal extension or accelerated study? Yes No

Details

Reason for Application

Please detail the reason/s you would like to transfer your child to St Monica's College.

Please attach a copy of your child's last full Semester Report and any other relevant documentation.

Declarations

Parent's/Guardian's Declaration

If my/our child is enrolled at St Monica's College I/we agree to abide by and support the College Ethos and regulations regarding uniform and conduct as well as attendance at all meetings relevant to my/our child.

I/we accept the responsibility and legal obligation for payment of school fees and other charges levied by the College as they fall due.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

 / /

Date

 / /

Baptismal Certificate attached

Permanent Residency documentation (if required)

Privacy of Collected Information

St Monica's College is committed to protecting your privacy and the confidentiality and security of personal information provided by you. The College collects personal information, including sensitive information about students, parents/guardians before and during the course of a student's enrolment at the College. You have the right to access any such information held by St Monica's College, which relates to you or your child. Access and/or correction enquiries can be made by contacting the College Registrar.

For more information on our Privacy Policy, please visit our website at www.stmonicas-epping.com

Please return completed Application for Enrolment and all requested documentation to:

The College Registrar

St Monica's College

PO Box 11, Epping Victoria 3076 | 16 Davisson Street, Epping, Victoria 3076

T +613 9409 8800 | E registrar@stmonicas-epping.com | www.stmonicas-epping.com

OFFICE USE ONLY

Application Received / /

Family Code

Student Number



Application for Enrolment
Years 8 - 12



How did you hear about St Monica's College? (Please tick appropriate boxes)Family / Friends Online Advertisement Alumni Other - please specify

Student DetailsYear to Commence Year Level Family Name Given Name Preferred Name Date of Birth / / Age Gender Residential Address Postcode Present academic year Present school currently attending Religion Date of Baptism (Catholic Church) / / Parish **Please attach copy of Baptismal Certificate**Country of birth If born overseas, date of arrival / / If born overseas, date commenced school in Australia / / Did your child enter Australia as a refugee? Yes No Aboriginal or Torres Strait Islander Yes No Australian Permanent Resident Yes No Visa Category Passport No. **If born overseas, please attach a copy of Permanent Residency documentation.**Language(s) spoken at home Number in family: Boys Girls Place in family

Are there any brothers or sisters currently attending St Monica's College? Yes No Name Current year Name Current year Name Current year Are any brothers or sisters past students of St Monica's College? Yes No Name Year finished Name Year finished Name Year finished

Parent/Guardian Details**Father/Guardian** Surname Title **Mother/Guardian** Surname Title Given Name/s Given Name/s Religion Religion Residential Address Residential Address Telephone (H) (B) Telephone (H) (B) Mobile Mobile Email Email Occupation Occupation Is the applicant's Father a past student at St Monica's College? Yes No Is the applicant's Mother a past student at St Monica's College? Yes No If yes, what was your final year level? (eg. Year 12) Final Year Level If yes, what was your name at time of enrolment and final year level? When was your final school year at St Monica's College? (eg. 1995) When was your final school year at St Monica's College? (eg. 1995)

Custody/Guardianship**Mother** Married Single Widowed Divorced Separated Defacto **Father** Married Single Widowed Divorced Separated Defacto Parent/Guardian with whom the student lives (both parents/Mother/Father/Other — please specify) Name of person(s) with legal custody/guardianship of student (if applicable) Is a parenting or restraint order applicable? Yes No **Please attach copies**Any other conditions enforced by law?

Please list below any special family circumstances of which the College needs to be aware in order to provide maximum support to the student (e.g. parent/s deceased, parents separated or divorced).