



STUDENT ENROLMENT APPLICATION

Please read the following Enrolment Procedure and information prior to completing this form. The completed and signed form will be taken as all the information contained within as having been read and understood.

Enrolment Procedure and Information:

This enrolment application makes up only part of the Enrolment process. For students enrolling into the annual Year 7 intake this form along with all of the required documentation **must be received by the stipulated date in March in the year when the student is in year 5**. This date is the cut off for the first round of applications. (Families seeking a placement in any other year group may submit an application at any time with the accompanying documentation)

Enrolment demand for places at Chisholm Catholic College is extremely high. All applicants must realise that the College is unable to accommodate every application and waiting lists apply.

Once this application and all required documents are received, it enables the College to coordinate planned interviews. The acceptance of an application does not mean an offer of enrolment will occur or indeed even guarantee an interview. Parents are required to submit a separate enrolment application form for each child. No student has automatic right of entry - even Catholic siblings must submit the required application and paperwork by the March deadline.

Parents must complete and return this **Application Form** along with copies of the student's **Birth, Baptism, Reconciliation and First Communion Certificates**. A copy of the most recent **School Report, NAPLAN summary and Immunisation record** must also be enclosed. A non-refundable Application Fee of \$55.00 is required. The application may not proceed unless all of the required information is provided.

The offer of an enrolment place remains completely at the discretion of the Principal. The College will advise all applicants in writing, of the success or otherwise of their application.

Enrolment Policy and Procedure:

As with all Catholic schools, enrolment selection criteria apply and assist in determining the final offer of places. The offer of an enrolment position however, remains completely at the discretion of the Principal.

The following criteria (in alignment with CECWA policy) are important determinants in the priority given to applications.

- Younger Catholic Siblings of current (or previous students) enrolled at the College
- Catholic Students with a Parish Priest Reference from nearest regional Catholic Primary Schools
- Catholic Students with a Parish Priest reference from Other Schools
- Other Catholic Students from other Catholic primary schools
- Other Catholic Students from other schools.
- Other Students from other Schools

The acceptance of an application does not guarantee an enrolment interview. The College will attempt to communicate as early as it can of an interview time or whether an interview is unlikely. Accordingly, a scheduled interview does not necessarily mean an offer of enrolment will follow

Applications for the first round of processing and offers for incoming Year 7 Students close by **the stipulated deadline date in March, for students in Year 5 (two years prior)**. Subsequent applications received after that date will be processed in due course and as spaces determine. This includes late sibling applications. The College will advise all applicants of the outcome of the enrolment in writing with a formal Offer of Enrolment, as soon as possible. In some cases, particularly in the early interview phase in term one, this will be almost immediate. Later interviews will be advised in due course and as soon as practicable.

STUDENT INFORMATION

Name:

.....
First Names *Surname*

Address: Post Code:

Date of Birth: Application for entry into Year in calendar Year

Religious Denomination: Catholic Other Christian Other

Present School: *Current Grade:*

Parish *Priest:*

Year of Reception of Sacraments:

Baptism: Reconciliation: Eucharist: Confirmation:

Australian Permanent Resident: YES NO

Aboriginal/Torres Strait Island descent: YES NO

Main language spoken by the student at home:

If born outside Australia:

Country of Birth: *Nationality:*

Country of Citizenship: *Date of Arrival in Australia:*

FAMILY INFORMATION

MOTHER OR GUARDIAN

Name:

.....
Title *First Names* *Surname*

Address: Post Code:

Religious Denomination: Catholic Other Christian Other
Parish Priest:

Country of Citizenship: Occupation:

Contact Numbers:

Home: *Work:* *Mobile:*

Email:

Employer:

FATHER OR GUARDIAN

Name:

.....
Title *First Names* *Surname*

Address: Post Code:

Religious Denomination: Catholic Parish Priest:.....
 Other Christian
 Other

Country of Citizenship: Occupation:

Contact Numbers:

Home: *Work:* *Mobile:*

Email:

Employer:

CUSTODY / GUARDIANSHIP

Name of person with Legal Guardianship of the student:

.....

If applicable, a copy of any Parenting or Restraining Order is attached

Are any other conditions enforced at law?

.....

Are there any court orders in place for payment of fees? No Yes (if yes, please attach a copy)

A copy of any of existing Custody or other Conditions enforced by Law must be enclosed with the application.

FAMILY MEMBERS WHO PREVIOUSLY ATTENDED CHISHOLM

Name/s of Student Relationship Departing Year House

.....
.....
.....

SIBLINGS CURRENTLY ATTENDING CHISHOLM

Name/s of CURRENT Student	Academic Year	House
.....		
.....		
.....		

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name/s of Student	Academic Year	School
.....		
.....		
.....		

STUDENTS INDIVIDUAL NEEDS

Individual needs will be discussed with parents or guardians when an application proceeds to interview. A separate Pre Enrolment Information Form is made available prior to interview.

EMERGENCY CONTACT DETAILS

(other than a parent / guardian)

Name: Telephone:

Address: Relationship to student:

AGREEMENT AND DISCLOSURE

I / We, authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

I / We agree that some information from the Student Information and Family Information sections may be provided to the relevant Parish Priest.

I / We agree to abide by the policies and directions of the College and the Catholic Education Commission of Western Australia as enacted and reviewed over time.

I / We agree to pay the required tuition fees and charges (school fees) as determined and laid out by the annual, published schedule provided for families. The Acceptance of Enrolment form provided to parents to complete and sign when an offer of enrolment is made, outlines and confirms this vital responsibility and expectation.

I / We have completed this application form fully and to the best of my/our knowledge. Furthermore, I / We acknowledge and accept that if it can be demonstrated that if information relevant to this application for enrolment has been withheld (especially in relation to the student's individual needs, medical conditions, health care requirements and Parenting Orders) that the enrolment may be refused or terminated.

Signature (Mother/Guardian)Date: / /

Signature (Father/Guardian)Date: / /

Non-Refundable Application Fee	Total Payment: \$55.00
Card No. ____ / ____ / ____ / ____	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard CCV:	
Expiry Date/.....	
Card Holder Name:	
Signature:	

CHISHOLM CATHOLIC COLLEGE
PARISH PRIEST REFERENCE FORM



The Catholic Education Commission of WA Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest forms part of the enrolment process for Chisholm Catholic College. Contact should be made with the parish secretary to find out the process for that parish.

Please complete and return to the The Registrar
 Chisholm Catholic College
 P O Box 89
 INGLEWOOD WA 6932

Fax Number: 9271 9663

Email: enrolmentoffice@chisholmcc.wa.edu.au

TO BE COMPLETED BY PARENT

To the Parish Priest at:

Name of Student: **Date of Birth**

Address:

Phone No...... **Current School:** **Year**.....

Name of Mother/Guardian:

Name of Father/Guardian:

If Government school, does child attend school scripture classes in the Parish? **YES / NO**

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?

.....

TO BE COMPLETED BY PARISH PRIEST OR HIS DELEGATE

PARISH INVOLVEMENT (Please Tick)	YES	NO	N/A
Regular Mass Attendance	[]	[]	[]
Altar Server	[]	[]	[]
Choir Member	[]	[]	[]
Youth Group	[]	[]	[]
Other	[]	[]	[]

FAMILY INVOLVEMENT

.....

Are there any pastoral circumstances you consider need to be taken into account in the decision about this student's enrolment in our school?

.....

SIGNED **DATE**.....