

# Application for Enrolment

Please complete the Application and mail to the College together with a student photo, baptismal certificate and an application fee of \$66.00.

## Student Details

VSN No.

Student's first and middle names	Affix student's photo here
Student's last name	
Preferred first name	
Residential Address	
Postcode	
Date of birth day/month/year	
Country of birth*	
<small>(*If not Australia, the applicant must hold Permanent Resident's Visa or Australian Citizenship)</small>	
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander	
Is the student an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student a temporary resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>(*If the student is not an Australian or New Zealand Citizen please enclose proof of permanent or temporary residency status)</small>	
Nationality (as shown on passport)	
Language spoken at home	
Religious denomination	
Parish Name and location	
Sacraments received to date:	
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reconciliation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School currently attended (eg St Therese's Essendon)	
School Address <span style="float: right;">Suburb <span style="float: right;">Postcode</span></span>	
Current Year Level	
First year of schooling in Australia (eg 2006)	
Proposed Year of Entry to St Columba's College (eg 2011)	
Proposed Year Level (eg Year 7)	
Does your child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicate details below:	
Medical Condition (please specify)	
Other (please specify)	
Does your daughter receive any funding for classroom support in primary school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mother  Guardian Details

---

Sole Parent?  Yes  No

---

Title:  Mrs  Ms  Miss  Dr Prof  Other:

---

First name(s) Family name

---

Religious Denomination

---

Residential Address Postcode

---

Home Telephone No Mobile No

---

Email

---

Parish Name and Location

---

Does student live with Mother/Guardian?  Yes  No

---

Highest level of school achieved (please tick box)  Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent

---

Highest qualification achieved (please tick box)  Bachelor Degree or Above  Advanced / Diploma  
 Certificate I to IV (include trade certificate)  
 No non-school qualification

---

Occupation/Industry

---

Position/Title

---

Employer/Business name

---

Business Telephone No

---

Marital Status:  Married  Separated  Divorced

---

Father  Guardian Details Sole

---

Parent? Yes  No Title:  Mr  
 Dr Prof  Other: First name(s)

---

Family name

---

Religious Denomination

---

Residential Address Postcode

---

Home Telephone No Mobile No

---

Email

---

Parish Name and Location

---

Does student live with Father/Guardian?  Yes  No

---

Highest level of school achieved (please tick box)  Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent

---

Highest qualification achieved (please tick box)  Bachelor Degree or Above  Advanced / Diploma  
 Certificate I to IV (include trade certificate)  
 No non-school qualification

---

Occupation/Industry

---

Position/Title

---

Employer/Business name

---

Business Telephone No

---

Marital Status:  Married  Separated  Divorced

---

Mailing Details

Full Name/s

Mailing Address

Postcode

Additional Information In the case of separated families, please provide the following:

Custodial Parent's Name:

Non-custodial parent to receive School correspondence

Yes

No

Address:

Postcode

If the student does not live with both parents, please provide relevant information (custody arrangements, court orders etc) which you feel the College should know about.

What prompted you to enrol your daughter at St Columba's College?

- Excellent reputation
- Academic excellence
- Location
- Performing Arts

- Continuing family tradition to the College
- Wide range and choice of opportunities
- Facilities
- Catering for individual needs

- Girls only education
- Catholic education
- Music program
- Other (please specify)

Where did you hear about St Columba's College?

- Word of mouth/reputation
- Prospectus/other literature

- Past pupil School Tour
- Website

- Advertising
- Other (please specify)

Sisters currently attending or who are Former Students of St Columba's College

Name

Current Year

Completion Year

Name

Current Year

Completion Year

Younger Sisters

Name

Age

Year Level

Name

Age

Year Level

Mother who is an ex-St Columba's student

Maiden Name

Completion Year

Privacy/Collection Statement

This information is collected within the guidelines of the National Privacy Principles under the Privacy Act. Please refer to our website for further details of the St Columba's College Privacy Statement.

In the best interest of applicants, it is the responsibility of parents to advise any changes to the information on this form, as soon as they occur.

Please return:

- Completed Application for Enrolment form
- A copy of the applicant's Baptismal Certificate
- A copy of the applicant's Birth Certificate
- The non-refundable application fee of \$66.00 per child
- One of the applicant's most recent school reports (if enrolling in Years 8-12)
- Residency or custodial orders (if relevant)

To: The Registrar, St Columba's College, P O Box 89, Essendon Victoria 3040

Change of address should be supplied promptly. Failure to do so may result in the School being unable to make contact and cancellation of a student's application may result.

Method of Payment

Cheque/ Money Order       Mastercard       VISA

Card Number: 

--	--	--	--	--

 - 

--	--	--	--	--

 - 

--	--	--	--	--

 - 

--	--	--	--	--

Amount: \$

Expiry Date: | |

Signature:

Cardholder Name: (please print clearly)

Please make cheques payable to St Columba's College Limited.

Tear along dotted line