



La Salle College

ENROLMENT APPLICATION

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Middle Swan Western Australia 6056
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Office use only

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Student Key Application Status Date of Entry House PCG

Student Information

Student Surname	<input type="text"/>		
First Name	<input type="text"/>		
Preferred Name	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
Residential Address (NOT PO BOX)	<input type="text"/>		
Suburb	<input type="text"/>		Postcode <input type="text"/>
Religious Denomination			
Catholic	<input type="checkbox"/>	Please specify	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>	
Parish	<input type="text"/>		
Suburb	Parish Priest <input type="text"/>		
Date of Reception of Sacraments			
Baptism	Reconciliation <input type="text"/>		
First Communion	Confirmation <input type="text"/>		
Copy of Certificates of Sacraments Attached	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Year Level - Calendar Year of Entry	<input type="text"/>			
Please circle	Year 7	Year 8	Year 9	
	Year 10	Year 11	Year 12	
Country of Birth	<input type="text"/>			
Birth Certificate Attached	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Aboriginal	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Torres Strait Islander	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
If yes to Aboriginal/Torres Strait Islander, then Group of Origin	<input type="text"/>			
Nationality	<input type="text"/>			
Australian Permanent Resident <i>If born outside of Australia</i>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Date of Arrival	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	
Number of Years in Australia	<input type="text"/>	Visa Number	<input type="text"/>	
Copy of Passport & Visa Attached	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Main language spoken at home	<input type="text"/>			
Current School	<input type="text"/>			
Location	<input type="text"/>			
Current Year Level	<input type="text"/>			

Family Information

FEMALE PARENT	<input type="checkbox"/>	FEMALE GUARDIAN	<input type="checkbox"/>
Miss	Ms	Mrs	(please circle)
Surname	<input type="text"/>		
First Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>		Postcode <input type="text"/>
Country of Citizenship	<input type="text"/>		
Email	<input type="text"/>		
Home No	<input type="text"/>	Work No	<input type="text"/>
Mobile No	<input type="text"/>		
Absentee SMS Alert. Please use this number as the preferred number to notify me of my child's absence from school.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Religious Denomination	Please specify		
Catholic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Occupation	<input type="text"/>		
Employer	<input type="text"/>		

MALE PARENT	<input type="checkbox"/>	MALE GUARDIAN	<input type="checkbox"/>
Surname	<input type="text"/>		
First Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>		Postcode <input type="text"/>
Country of Citizenship	<input type="text"/>		
Email	<input type="text"/>		
Home No	<input type="text"/>	Work No	<input type="text"/>
Mobile No	<input type="text"/>		
Absentee SMS Alert. Please use this number as the preferred number to notify me of my child's absence from school.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Religious Denomination	Please specify		
Catholic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Occupation	<input type="text"/>		
Employer	<input type="text"/>		

Name of person(s) with legal guardianship of the student

If applicable a copy of any parenting or restraining order is attached Yes No

Any other conditions enforced by law

Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.

PARENT OR SIBLINGS OF NEW APPLICANT WHO ARE PAST OR PRESENT STUDENTS OF LA SALLE COLLEGE

Name	Year Level/Year Graduated	House	PCG
1			
2			
3			
4			

SIBLINGS WHO ARE CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School
1		
2		
3		
4		

EMERGENCY CONTACT DETAILS (other than a parent/guardian)

Name	<input type="text"/>	Home No	<input type="text"/>
Address	<input type="text"/>	Work No	<input type="text"/>
	Suburb <input type="text"/> Postcode <input type="text"/>	Mobile	<input type="text"/>
		Relation to Student	<input type="text"/>
Name	<input type="text"/>	Home No	<input type="text"/>
Address	<input type="text"/>	Work No	<input type="text"/>
	Suburb <input type="text"/> Postcode <input type="text"/>	Mobile	<input type="text"/>
		Relation to Student	<input type="text"/>

DISCLOSURE

Do you agree that the information supplied in the *Student Information* and *Family Information* sections can be provided to the relevant Parish Priest? Yes / No

AGREEMENT

- 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 programme.
- I/We have read and fully understand and agree to the terms and conditions set out in Catholic Education Western Australia's (CEWA) School Fees Setting and Collection Policy.
- I/We agree to abide by the policies and directions of the school and CEWA as they are enacted from time to time.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian (Print Name)	Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian (Print Name)	Parent/Guardian Signature	Date

Please enclose:

- | | |
|---|---|
| (i) Photocopy of Birth Certificate (not extract) <input type="checkbox"/> | (ii) Photocopy of Baptism, First Communion and Confirmation Certificates <input type="checkbox"/> |
| (iii) Photocopy of Australian Immunisation Register (AIR) Immunisation History Statement <input type="checkbox"/> | (iv) Photocopy of Australian Citizenship Certificate or Passport and Visa (parent and/or children not born in Australia) <input type="checkbox"/> |
| (v) Photocopy of most recent school report <input type="checkbox"/> | (vi) Non-refundable application fee of \$55.00 (inc GST) <input type="checkbox"/> |