



St Norbert  
College

PREPARED  
FOR ALL  
GOOD WORKS

## ENROLMENT APPLICATION

OFFICE USE ONLY	
STUDENT CODE	
PARENT CODE	
ACKNOWLEDGED	

### STUDENT INFORMATION

WA Student Number: \_\_\_\_\_

Academic Year for Enrolment: \_\_\_\_\_ Calendar Year for Enrolment: \_\_\_\_\_

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Religion: \_\_\_\_\_

Parish: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Baptism: \_\_\_\_\_ Reconciliation: \_\_\_\_\_ Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Aboriginal/Torres Strait Island Descent? Yes No

Language Spoken at Home: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of Arrival in Australia: \_\_\_\_\_

Visa Permanent Temporary Visa Number: \_\_\_\_\_

**(If born outside of Australia please attach copy of Citizenship or VISA)**

### FAMILY INFORMATION – MOTHER/GUARDIAN INFORMATION

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Telephone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Year of Graduation (Former Student): \_\_\_\_\_ House: \_\_\_\_\_

### FAMILY INFORMATION – FATHER/GUARDIAN INFORMATION

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Telephone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Year of Graduation (Former Student): \_\_\_\_\_ House: \_\_\_\_\_

Student lives with:

**Key: P (Permanently) B (Balanced) O (Occasionally) N (Never)**

MF (Mother/Father): \_\_\_\_\_ MG (Mother/Guardian): \_\_\_\_\_ GF (Guardian/Father): \_\_\_\_\_

GG (Guardian/Guardian): \_\_\_\_\_ MO (Mother): \_\_\_\_\_ FA (Father): \_\_\_\_\_ GU (Guardian): \_\_\_\_\_

**Responsibility for Account:** MF MO FA GU

## CUSTODY/GUARDIANSHIP

Under the Family Court Act, each of the parents of a child who is under 18 years of age has parental responsibility for the child, regardless of the nature of the relationship between the parents (e.g. separation or divorce). The College will therefore act on this presumption in its relationship with each parent unless it is given copies of Court Orders to the contrary.

Name of person/s with legal guardianship of student: \_\_\_\_\_

If applicable a copy of any Parenting or Restraining Order is attached:                      Yes                      No

## SIBLINGS

Sisters/brothers who are current or past students of St Norbert College:

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Sisters/brothers who are currently attending other schools:

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ House: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

## MEDICAL INFORMATION

Immunisation Record (please complete using one of the corresponding letters in each box):

**Key: F (Fully immunised) N (Not immunised) I (Incomplete immunisation) P (Personal objections)**

Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Pertussis: \_\_\_\_\_  
(Whooping Cough)

Diphtheria: \_\_\_\_\_ Polio (OPV): \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ Hib: \_\_\_\_\_ BCG: \_\_\_\_\_

Medicare Card Number: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORISATION

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

Signature (Mother/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Father/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## DECLARATION

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

## AGREEMENT

I/we understand and accept the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the Colleges 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 students individual needs, medical conditions, health care requirements and/or 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 the 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 Fees Policy.

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

I/we have fully and truthfully completed this application for enrolment form.

Signature (Mother/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Father/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## ENCLOSURES

- (i) Photocopy of Baptism, Communion and Confirmation Certificates
- (ii) Photocopy of Birth Certificate
- (iii) Photocopy of most recent school semester report
- (iv) Photocopy of most recent National Assessment Program in Literacy and Numeracy (NAPLAN) report
- (v) Parish Priest Reference **OR** School Reference
- (vi) Copy of Immunisation Record
- (vii) Non-refundable Enrolment Application Fee of \$100 (including GST)
- (viii) Visa documentation (if applicable)
- (ix) Parenting or Restraining Order (if applicable)

## REGISTRATION FEE

Please find enclosed my payment of \$100 (including GST)

Payment by:    Visa    Mastercard    Cheque    Cash

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ CVC Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY APPLICATION FEE PAID: _____ RECEIPT: _____ DATE: _____
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## ENROLMENT AGREEMENT – TO BE SIGNED AT THE ENROLMENT INTERVIEW

It is essential both parents and students read the following agreements prior to submitting this application for consideration.

### PERIOD OF VALIDITY

This agreement is valid from the date of commencement of attendance at the College to the date of formal graduation, withdrawal or dismissal from the College.

### STAFF COMMITMENT

- (1) The Principal commits, on behalf of the College staff, to provide good quality teaching and pastoral care to each student.
- (2) Given the goodwill, good behaviour and co-operation of the student, the Principal further guarantees that the College staff will work, within the resource limitations of the College, to enable each student to reach their highest possible level of achievement in all courses undertaken.

Signature (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT COMMITMENT

As a student attending St Norbert College I shall commit to:

- (1) Do everything I can to be 'Prepared for all Good Works' the College motto;
- (2) Support the Catholic faith and values and the Norbertine tradition;
- (3) Do my part in building a caring school family;
- (4) Act with respect towards College staff and students;
- (5) Fulfil the requirements of the College's Pastoral Care program;
- (6) Try to achieve my personal best in my studies;
- (7) Be punctual for all classes;
- (8) Behave in public in such a way as to uphold the good name of the College;
- (9) Strive to develop appropriate work attitudes and habits;
- (10) Observe the College Classroom and Travel Codes of Behaviour;
- (11) Make myself available to represent the College in sporting and cultural activities and to attend training sessions/rehearsals;
- (12) Participate fully in all activities arranged by the College such as retreats, St Norbert Day celebrations, sporting carnivals, excursions;
- (13) Observe the uniform, hair and jewellery standards of the College; and
- (14) Comply with all College regulations.

I shall refrain from the following actions at the College, at College functions and while travelling to and from such venues:

- (a) Refrain from the following forms of behaviour prejudicial to the achievement of the aims of the College
  - Disruption of lessons through inappropriate behaviour;
  - Unauthorised absence from class or school;
  - Undermining the religious and moral values promoted by the College.
- (b) Refrain from the following forms of morally/socially unacceptable behaviour at the College, at College functions, or while travelling to or from school or College events
  - Possession or use of alcohol, tobacco, or illicit drugs;
  - Vandalism or theft;
  - Intimidation or harassment of other people, either physically, verbally or electronically;
  - Offensive language or behaviour, or possession of offensive literature or electronic material.

I \_\_\_\_\_ understand that I must commit to the College rules and regulations. If I do not meet these commitments to the College this may jeopardise my enrolment.

Signature (Student): \_\_\_\_\_ Date: \_\_\_\_\_

### PARENTS/GUARDIANS COMMITMENT

I/We commit:

- (i) To support all College regulations and policies as set out in the Student's Commitment and in the Student Handbook;
- (ii) To accept the Principals ruling in relation to my son/daughter/wards breach of the Enrolment Agreement to pay one terms fees in lieu of notice of withdrawal of a student;
- (iii) To pay the College fees within thirty days of issue of accounts, except where a special arrangement has been made with the College. In the event of outstanding fees having to be collected, I understand that I would be liable for any legal costs and commissions incurred;
- (iv) To attend all relevant Information and Parent/Teacher evenings;
- (v) Attend the two community events each year which are compulsory for the student and a parent: College Community Mass (one Sunday evening in February) and Presentation Night (one evening in October/November).

Signature (Mother/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Father/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

