



Mary MacKillop College

South Gippsland

115 Horn Street (Private Bag 7)

Leongatha VIC 3953

Phone: 03 5662 4255

Email: info@mmcrc.catholic.edu.au

Year 7 applications close May 31 of the year preceding entry

APPLICATION FOR ENROLMENT

ENTRY LEVEL: YEAR ____ 20____

Name of Student: _____

(Name on Birth Certificate)
A copy is required

First Name

Middle Name

Surname

Preferred First Name (If different from above): _____

Enrolment Process:

Completion of this form is not a guarantee of enrolment at Mary MacKillop College. Enrolment offers for new Year 7 students whose applications are submitted by the published closing date will be made during Term III. Enrolment confirmation for students coming into Years 8 – 12 will be made following interview with College staff (usually the Principal).

See the College website for the enrolment policy in full: - www.mackillopleongatha.catholic.edu.au

Student Details

Sex: Male Female (please tick one)

Religion:

Date of Birth: ____/____/____

(A copy of birth certificate is required)

Sacraments: Please tick:

Baptism Eucharist Reconciliation
 Confirmation (A copy of each certificate is required)

Previous School:

Year Level Previous School:

Country of Birth:

Nationality:

Citizenship Status

Australian Citizen Exchange Student
 Permanent Resident Temporary Resident

House (If brother/sister already attend)

Cameron (Blue) Chisholm (Gold)
 MacDonald (Green) Tension (Red)

Does the student speak a language(s) other than English at home?

Yes No

If Yes Please List: _____

Indigenous Identifier Aboriginal/Torres Strait Islander:

No Yes (If Yes, please tick one below)

Aboriginal Torres Strait Islander

Both Aboriginal & Torres Strait Islander

Student's Medicare Number:

Does your child have:

Asthma Yes No

Anaphylaxis Yes No

Diabetes Yes No

Epilepsy Yes No

If you have ticked one of the above boxes you must complete an action plan – available from the College Office)

If yes above Action Plan Supplied Yes

Doctor's Name:

Doctor's Phone Number:

Ambulance Cover:

Yes Number: _____

No

(All families are encourage to be members of Ambulance Victoria)

Do you currently receive funding for special needs? No Yes

Indicate whether the student applying for enrolment has any known or suspected special needs (please tick Yes or No)

Physical Needs Yes No Educational Needs Yes No Behavioural Needs Yes No

Medical Needs Yes No Allergies Yes No Any other special needs Yes No

Please specify: _____

For all boxed ticked **Yes** please provide supporting documentation.

OFFICE USE ONLY

Date Received: _____ Priority: _____ Ackn letter sent: _____

Student Code: _____ Family Code: _____ Birth Certificate Supplied Sacrament Documents Supplied

Is the student currently placed in Out of Home Care? Yes No

Contact Details - Parent 1/Carer

Parent access to online information (one parent only)

Title: First Name: Surname:

Relationship to student: Religion:

Residential Address – Street:

Postal Address:

Town: State: Post Code:

Phones: Home: Business: Mobile:

Email Address:

Country of Birth: Nationality:

Employer: Occupation:

Occupational Group: (See occupational groups below)

- Group A Group B Group C
 Group D Group N

Highest Year of School Education:

- Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent or below

Level of Highest Qualification:

- Bachelor degree or above Advanced Diploma/Diploma
 Certificate I to IV (incl trade cert) No non-school qualification

Do you speak a language(s) other than English at home?

- No
 Yes If Yes Please list :

Contact Details - Parent 2/Carer

Parent access to online information (one parent only)

Title: First Name: Surname:

Relationship to student: Religion:

Residential Address – Street:

Postal Address:

Town: State: Post Code:

Phones: Home Business Mobile

Email Address:

Country of Birth: Nationality:

Employer: Occupation:

Occupational Group: (See occupational groups below)

- Group A Group B Group C
 Group D Group N

Highest Year of School Education:

- Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent or below

Level of Highest Qualification:

- Bachelor degree or above Advanced Diploma/Diploma
 Certificate I to IV (incl trade cert) No non-school qualification

Do you speak a language(s) other than English at home?

- No
 Yes If Yes Please list

College Correspondence (If the child comes from a split family)

The parent who the child lives with:

Are there any Family Court Orders, Parenting Plans or similar that have been issued in relation to the enrolling student that may affect the ability of the College to educate the student?

- Yes No
 (If **Yes** Supporting documentation must be provided.)

Do both parents need copies of reports/correspondence and access to online information?

- Yes No

Occupational Groups

- Group A: Senior management in large business organisation, government administration and defence, and qualified professionals.
 Group B: Other business managers, arts/media/sportspersons and associate professionals.
 Group C: Tradesmen/women, clerks and skilled office, sales and service staff.
 Group D: Machine operators, hospitality staff, assistants, labourers and related workers.
 Group N: Not been in paid employment in the past 12 months.

Other Children in Family at Mary MacKillop College

Full Student Name:	Year Level:
Full Student Name:	Year Level:
Full Student Name:	Year Level:

Alumni of Mary MacKillop College

Full Student Name:	Year Graduated:
Full Student Name:	Year Graduated:
Full Student Name:	Year Graduated:

Contact Details - Non Residential Parent (If applicable) Please only complete if there is a Parent who does not reside at the Student's Home Address

Is this person to be an emergency contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Title:	First Name:	Surname:	
Relationship to student:		Religion:	
Residential Address – Street			
Town:		State:	Post Code:
Phones: Home:	Business:	Mobile:	
Email Address:			
Country of Birth:		Nationality:	
Employer:		Occupation:	
Occupational Group: (See occupational groups previous page) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D <input type="checkbox"/> Group N		Highest Year of School Education: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
Level of Highest Qualification: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification		Do you speak a language(s) other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes <input checked="" type="checkbox"/> Please list	

Emergency Contact

Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.

Title:	First Name:	Surname:	
Relationship to student:		Religion:	
Residential Address – Street:			
Town:		State:	Post Code:
Phones: Home:	Business:	Mobile:	

Only persons listed on this form are eligible to pick up students during the school day, unless otherwise notified by parents.

Complete this section below if applicable

Date arrived in Australia:	First Australian Year: e.g. 2014
First Australian School:	First Australian Level:
Passport Number:	Visa Sub Class:
Passport Nationality:	Visa Class:
Passport Expiry:	Visa Expiry:

Student/Parent Commitment

Student Commitment

Should this application to enrol me as a student at Mary MacKillop College be successful, I accept all the rules and regulations made by the College and shall co-operate with the Principal and Staff in enforcing them. In particular, I am aware of the expectation that I will contribute positively to the optimum educational development of every student at Mary MacKillop College.

I recognise my obligation to actively support the Catholic ethos of the College including the Religious Education program, school liturgies, retreat programs, etc.

I recognise the prime importance of maintaining the best possible learning environment. Every student has a right to an environment that is conducive to learning. This is best achieved by a relationship between teacher and students based on mutual respect and cooperation, but with the understanding that the authority of the teacher remains in establishing rules of order. To this end I recognise my obligation that students are expected to behave in a way that allows teachers to teach and students to learn. I also recognise my obligation to at all times behave in a way which reflects positively on myself and the College.

Among other things, I acknowledge that I will be expected to:

- Behave respectfully in word and action towards all members of the College community, staff and students alike.
- Contribute positively to the learning environment.
- Arrive to classes on time and with all the required materials.
- Concentrate on the task at hand.
- Complete set tasks promptly and to the best of my ability.
- Wear my uniform with pride.

Whilst this list is not exhaustive it encapsulates the spirit of the expectations that will be placed on students

I have read the above Commitment: _____ Date ____/____/____
(Name of student)

Parent Commitment

On enrolment of my child at Mary MacKillop College, I accept all the rules and regulations made by the College and shall co-operate with the Principal and Staff in enforcing them. In particular, I am aware:

- a) Of my obligation to set an example to my child in the practice of my Catholic Faith (for Non-Catholics of the importance of God in my life) and also to actively support the Catholic ethos of the College including the Religious Education program. eg school liturgies, retreat programs.
- b) That full and correct uniform is a compulsory requirement for all students, and I will endeavour to ensure that my child is correctly dressed for all school occasions.
- c) That it is part of my responsibility to support the work of the Mary MacKillop College Parents and Friends Auxiliary, by a generous commitment in time and effort towards its fund raising activities.

I give permission for my son/daughter to either walk or travel by bus, depending on the time available or the weather on the day to local facilities such as: pool on swimming days, excursion venues or sporting facilities or to Koonwarra for the College Walkathon.

In the event of illness or accident I authorise the teachers in charge to obtain on my behalf such medical assistance as my child may require. I accept all operation, blood transfusion and/or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

At Mary MacKillop College we celebrate the efforts of our students by mentioning their participation in College events and their achievements. Often photographs of the students are included along with their names. This may be in the College Newsletter, Website, Social Media, Prospectus and/or Newspapers. On the College website there may be images of students but we never identify the student's name. I give my permission for photographs of my son/daughter to be used for our publications, advertising and promotional features.

Any families who are experiencing financial hardship in meeting their school fee commitments are asked to contact the College to discuss the options available to them.

I/We have read and understood this commitment and agree to pay the School Fees levied by Mary MacKillop College. I/We understand that payment of all school fees must be paid on time and in accordance with the terms set by the College.

Note: The person(s) signing this commitment becomes legally responsible for the payment of school fees, where it is the intention of both parties that this responsibility be shared equally, two signatures are required.

Agreement

We have read the above Commitment Statements and have noted their content, and we jointly agree to be bound by these and any other policies and procedures that may be in place at the College at any particular time.

Name _____ Name _____ (Block Letters)
Parent 1/Guardian's signature Parent 2/Guardian's signature

Signed _____ Date _____

PRIVACY STATEMENT: Mary MacKillop College has a Privacy Policy detailing the handling of personal information pursuant to the Privacy Act 1988 and the Privacy Amendment (Enhanced Privacy Protection) Act 2012. Our Privacy Policy is available for your inspection. If you require any further details please contact Mary MacKillop College, 115 Horn Street Leongatha, 03 5662 4255.

ENROLMENT DEPOSIT: This is a non-refundable deposit that will be deducted from school fees on commencement at the College.

Please note payments made via Cheque or Credit Card will be processed within 7 days of receiving Enrolment form.

- Cash (Please deliver to Reception and obtain a receipt)
 Cheque enclosed
 Payments by Credit Card MasterCard Visa Amount Paid: **\$150.00**

Card Number: _____ Expiry Date ____ / ____

Name on card: _____ Signature: _____

OFFICE USE ONLY: Payment Processed Receipt No. _____ Date: _____