

# Enrolment APPLICATION

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**St Michael's**  
COLLEGE

# APPLICATION FOR ENROLMENT

## Student Details (Please ensure all fields are completed)

### Student Details

Family Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Other Name(s) \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone Number (Home) \_\_\_\_\_  
Phone Number (Mobile) \_\_\_\_\_

Year of Entry \_\_\_\_\_ Year Level Entry \_\_\_\_\_  
Indicate Reception commencement:  Term 1 or  Term 3  
*Please note, for Term 3 commencement child must turn 5 on or before 31 October that year)*

#### Current School/Kindergarten/ELC (if applicable)

Religion \_\_\_\_\_  
Parish \_\_\_\_\_  
Parish Priest \_\_\_\_\_

#### Sacraments Received:

Baptism  Yes  No  
Communion  Yes  No  
Confirmation  Yes  No

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Visa  Yes  No

If you answered 'Yes', please include the student's Visa Grant Letter and identification page of their passport with this application.

Student main language(s) spoken at home \_\_\_\_\_

Will the student require additional support at SMC's "English as an Additional Language (EAL) Program?

Yes  No

Is the student of Aboriginal or Torres Strait Islander origin?  
*(Please tick one)*

No Neither Aboriginal or Torres Strait Islander

Yes Aboriginal

Yes Torres Strait Islander

Yes Both Aboriginal and Torres Strait Islander

### Special Considerations

Does the student have special needs?  
*E.g. speech, hearing, movement, learning impairment*

Yes  No

*If 'YES', please provide details and copies of relevant reports*

Does the student have special gifts or aptitudes?  
*E.g. music, sport, chess, reading?*

Yes  No

*If 'YES', please provide details*

Does the student attend an ethnic/language school?

Yes  No

*If 'YES', please provide details, e.g. which language*

Is the student the subject of a Custody Order?

Yes  No

*If 'YES', please provide a copy of the Order*

Names of fathers/mothers/brothers/sisters who are former students or who currently attend St Michael's College.

*Please indicate which years they attended*

Name \_\_\_\_\_

Previous/maiden name \_\_\_\_\_

Relationship \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_

Previous/maiden name \_\_\_\_\_

Relationship \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_

Previous/maiden name \_\_\_\_\_

Relationship \_\_\_\_\_ Year \_\_\_\_\_

# APPLICATION FOR ENROLMENT

## Parent/Guardian Details

### Parent/Guardian 1

Title  Ms  Mrs  Miss  Dr  Mr  Rev  Prof

Family Name

Given Name

Religion

Relationship to Student

Names and ages of other children in your care  
*Note: A separate Enrolment Application must be submitted for each child you intend to enrol at St Michael's College*

Home Address

Postcode

Postal Address

Postcode

Phone Number (Mobile)

Phone Number (Work)

Phone Number (Home)

Email

Employer/Business name

Occupation

Country of Birth

Nationality

Visa  Yes  No *(If YES, please provide supporting documents)*

Main language spoken at home *(any additional languages?)*

Signature

Date

### Parent/Guardian 2

Title  Ms  Mrs  Miss  Dr  Mr  Rev  Prof

Family Name

Given Name

Religion

Relationship to Student

Names and ages of other children in your care  
*Note: A separate Enrolment Application must be submitted for each child you intend to enrol at St Michael's College*

Home Address

Postcode

Postal Address

Postcode

Phone Number (Mobile)

Phone Number (Work)

Phone Number (Home)

Email

Employer/Business name

Occupation

Country of Birth

Nationality

Visa  Yes  No *(If YES, please provide supporting documents)*

Main language spoken at home *(any additional languages?)*

Signature

Date

**THIS FORM MUST BE SIGNED BY ALL ENROLLING PARTIES**

