



# La Salle College

## ENROLMENT APPLICATION

5 La Salle Avenue  
Middle Swan Western Australia 6056  
PO Box 1674 Midland WA 6936  
T: (08) 9449 0601  
W: www.lasalle.wa.edu.au  
E: lasalle@lasalle.wa.edu.au

Office use only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Student Key							Application Status	Date of Entry	House	PCG				

**Student Information**

Student Surname

First Name

Preferred Name

Gender Male  Female

Date of Birth Day  Month  Year

Residential Address (NOT PO BOX)

Suburb  Postcode

**Religious Denomination**

Catholic  Please specify

Other

Parish

Suburb  Parish Priest

Date of Reception of Sacraments

Baptism  Reconciliation

First Communion  Confirmation

Copy of Certificates of Sacraments Attached Yes  No

Year Level - Calendar Year of Entry

Please circle Year 7  Year 8  Year 9   
Year 10  Year 11  Year 12

Country of Birth

Birth Certificate Attached Yes  No

Aboriginal Yes  No

Torres Strait Islander Yes  No

If yes to Aboriginal/Torres Strait Islander, then Group of Origin

Nationality

Australian Permanent Resident *If born outside of Australia* Yes  No

Date of Arrival Day  Month  Year

Number of Years in Australia  Visa Number

Copy of Passport & Visa Attached Yes  No

Main language spoken at home

Current School

Location

Current Year Level

Office use only

Family Key

**Family Information**

FEMALE PARENT  FEMALE GUARDIAN

Miss  Ms  Mrs  *(please circle)*

Surname

First Name

Address

Suburb  Postcode

Country of Citizenship

Email

Home No  Work No

Mobile No

**Absentee SMS Alert.** Please use this number as the preferred number to notify me of my child's absence from school.  
Yes  No

**Religious Denomination**

Catholic  Other  Please specify

Occupation

Employer

MALE PARENT  MALE GUARDIAN

Surname

First Name

Address

Suburb  Postcode

Country of Citizenship

Email

Home No  Work No

Mobile No

**Absentee SMS Alert.** Please use this number as the preferred number to notify me of my child's absence from school.  
Yes  No

**Religious Denomination**

Catholic  Other  Please specify

Occupation

Employer

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****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 the school fee collection policy.
- I/We agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date

**Please enclose:**(i) Photocopy of Birth Certificate (not extract) (ii) Photocopy of Baptism, First Communion and Confirmation Certificates (iii) Photocopy of Australian Citizenship Certificate or Passport and Visa (children not born in Australia) (iv) Photocopy of most recent school report (v) Non-refundable application fee of **\$55.00** (inc GST) 

Office use: Receipt no. \_\_\_\_\_ Date \_\_\_\_\_