



La Salle College

ENROLMENT APPLICATION

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 Middle Swan Western Australia 6056
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 E: lasalle@lasalle.wa.edu.au
 CRICOS Provider Code 03299G

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"/>	<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 <input type="text"/>	Reconciliation <input type="text"/>
First Communion <input type="text"/>	Confirmation <input type="text"/>

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 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"/>

DISCLOSUREDo 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 _____