

# Our Lady of Mercy College Enrolment Application



ENROLMENT APPLICATION IS FOR  Existing Family  New Family

YEAR OF ENTRY 20\_\_\_\_\_  Year 7  Year 8  Year 9  Year 10  Year 11  Year 12

STUDENT SURNAME

STUDENT FIRST NAME  
(as shown on Birth Certificate)

Please complete this form and return form to Our Lady of Mercy College with attached appropriate documents to your application. Please check our website for enrolment closing dates.

Please note that lodgement of the enrolment application form does not guarantee enrolment in the school. If the information requested is not provided, the School may not be able to enrol the Student. To meet School and government requirements, the Parent will need to provide the School with a completed Enrolment Application Form.

After lodgement of the Enrolment Application Form, school staff may need to request further information, for example in relation to any parenting orders, medical conditions, or additional learning needs that have been noted on the Enrolment Application Form. In such cases, the Parent may be required to attend a meeting with school staff prior to enrolment to discuss such additional needs or circumstances. An interpreter may be organised, if required.

## CHECKLIST OF REQUIREMENTS

- Copy of Birth Certificate
- Copy of Baptism Certificate
- Copy of Parent Identification (Passport or Driver's Licence)
- Student Immunisation History
- Supporting Material if required
- Copy of Visa/Australian Passport/Australian Citizenship Certificate (if required)
- Application Fee \$80.00 (non-refundable)

Our Lady of Mercy College  
A Ministry of Mercy Education Ltd  
ABN: 69 154 531 870  
52 Cape Street Heidelberg 3084 Tel: **03 9459 2511**  
Web: [www.olmc.vic.edu.au](http://www.olmc.vic.edu.au)

Information contained in this application will be shared with teachers at the time of Family interviews. The student name, current school and parish will be shared with other Catholic Secondary schools in the region at the time of finalising enrolment offers in the enrolment year.

For more detail refer to the MEL\_OLMC Privacy Policy and Standard Collection Notice on our website.

## Student Details

|                           |   |
|---------------------------|---|
| Surname:                  | First Name:<br><b>(as shown on birth certificate)</b>   |
| Preferred First Name:     | Date of Birth:  |
| Religion:                 |   |
| Residential Address:      | Post Code:  |
| Home Phone Number:        |   |
| Name of Current School:   | Suburb:   |
| Present Grade/Year Level: | Do you give us permission to contact your current school if required?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## Sacraments Received

|   |                      |
|---|----------------------|
| Baptism Date & Place:<br><b>(Note: please attach a copy of baptism certificate)</b> |                      |
| Confirmation Date:  | Reconciliation Date: |
| Communion Date:   | Current Parish:      |

## Student Nationality (Government Requirement)

|   |            |
|---|------------|
| Nationality:  | Ethnicity: |
| Student Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:   |            |
| Is the student of Aboriginal or Torres Strait Islander origin?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander |            |

## Language(s) at Home

|   |                                      |                          |                          |                          |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Does the student or their parent(s)/guardian(s)/carer(s) speak a language other than English at home?</b> Note: Record all languages spoken. |                                      |                          |                          |                          |
|   |                                      | Student                  | Parent/Guardian/ Carer 1 | Parent/Guardian/ Carer 2 |
| <b>No</b>   | English Only                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Yes</b>  | Other – please specify all languages |                          |                          |                          |

## Student Citizenship Status IF NOT BORN IN AUSTRALIA

**Note: Children born in Australia do not automatically acquire Australian citizenship unless at least one parent is an Australian citizen or permanent resident at the time of the child's birth. If a child is born in Australia and neither parent was an Australian citizen or permanent resident at the time of the birth, please provide a copy of the child's citizenship certificate, or Australian passport, or relevant visa.**

**Please tick the relevant category below and record the visa subclass number as per government requirements:**

Australian Citizen not born in Australia

Australian Passport Number:

Naturalisation Certification Number:

Visa Subclass recorded on entry to Australia:

Date of arrival in Australia:

Not currently an Australian Citizen

Permanent resident Visa Subclass:

Temporary Resident Visa Subclass:

Other/visitor/overseas student Visa Subclass:

**Note: Please attach copies of Visa/Immi Card/Letter of notification as well as current passport and passport photo.**

## Student Medical Information

Doctor's Name:

Medicare Number:

Private Health Insurance:  Yes  No Fund: \_\_\_\_\_ Number: \_\_\_\_\_

Ambulance Cover:  Yes  No Number: \_\_\_\_\_

Medical Conditions: *Please specify any relevant medical conditions for the Student and / or any medications prescribed for the Student. A Medical Management Plan signed by a relevant medical practitioner will be required for all medical conditions identified.*

Is the student at risk of Anaphylaxis?  Yes  No

If yes, Anaphylaxis Risk Management and Information Plan attached.

Yes  No  Need appointment

**Note: Please attach a copy of the Student's Immunisation History (available on MyGov)**

## Student Additional Needs

**Note: Information provided on this form will, in no way, influence the student's potential enrolment in our inclusive school.**

Does the student currently receive National Disability Insurance Scheme (NDIS) Support?

Yes  No

Please provide details of any special education needs and details of support the student may require:

## Parent/Guardian/Carer 1 Details

Relationship to student:

Title: First Name:

Surname:

Address:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Email Address:

Religion:

Date of Birth:

Country of Birth:

Citizenship:

Occupation:

## Parent/Guardian/Carer 2 Details

Relationship to student:

Title: First Name:

Surname:

Address:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Email Address:

Religion:

Date of Birth:

Country of Birth:

Citizenship:

Occupation:

## Other Parent/Guardian/Carer Details

Relationship to student:

Title: First Name:

Surname:

Address:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Email Address:

Religion:

Date of Birth:

Country of Birth:

Citizenship:

Occupation:

## Emergency Contact 1 (Other than Parent/Guardian/Carer)

First Name:

Surname:

Home Phone Number:

Mobile Phone Number:

Relationship to student:

## Emergency Contact 2 (Other than Parent/Guardian/Carer)

First Name:

Surname:

Home Phone Number:

Mobile Phone Number:

Relationship to student:

## Connections

### Student Siblings - List of all children in the family attending School or Preschool:

| Name: | School/<br>Preschool: | Year/<br>Grade: | Date of<br>Birth: |
|-------|-----------------------|-----------------|-------------------|
| Name: | School/<br>Preschool: | Year/<br>Grade: | Date of<br>Birth: |
| Name: | School/<br>Preschool: | Year/<br>Grade: | Date of<br>Birth: |

### Student Siblings – Past Pupils of Our Lady of Mercy College

|       |                  |                |
|-------|------------------|----------------|
| Name: | Completion Year: | Date of Birth: |
| Name: | Completion Year: | Date of Birth: |
| Name: | Completion Year: | Date of Birth: |

### Mother who is a past student of Our Lady of Mercy College

Name at School: Class of:

## Student Home Care Arrangements

### Student Lives With

|   |   |
|---|---|
| <input type="checkbox"/> Both Parents           | <input type="checkbox"/> Father Only      |
| <input type="checkbox"/> Grandparents           | <input type="checkbox"/> Mother Only      |
| <input type="checkbox"/> Guardian/Carer         | <input type="checkbox"/> Out of Home Care |
| <input type="checkbox"/> Shared Parenting       | <input type="checkbox"/> Kinship Care     |
| <input type="checkbox"/> Other – please specify |   |

## Court Orders or Parenting Orders (if applicable)

Are there any current court orders or parenting orders relating to the student? Yes  No

**Note: If Yes, copies of all court orders/parental orders must be provided**

Is there any other information you wish the school to be aware of?

## Tuition Fees and Arrangement and Commitment

Upon acceptance at the School both parents/legal guardians/carers are jointly and severally liable for payment of all fees and charges in relation to the Student named in this Application Form whilst the Student is enrolled at the School subject to an enrolment agreement.

I/we recognise and accept my/our financial commitment to pay all fees and charges for the duration of the Student's enrolment at the School in accordance with the School Fee Policy.

I/we acknowledge that regardless of fee account status, students are permitted access to all core school programs and activities. However, if significant fees and charges are outstanding, the school may limit or refuse access to optional school programs (such as instrumental music lessons, school formals, and overseas or interstate travel programs).

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Name (Parent/Guardian/Carer 1)      | Name (Parent/Guardian/Carer 2)      |
| Address (Parent/Guardian/Carer 1)   | Address (Parent/Guardian/Carer 2)   |
| Email (Parent/Guardian/Carer 1)     | Email (Parent/Guardian/Carer 2)     |
| Signature (Parent/Guardian/Carer 1) | Signature (Parent/Guardian/Carer 2) |
| Date:                               | Date:                               |

**For Split Accounts**

Name (Parent/Guardian/Carer 1)

Name (Parent/Guardian/Carer 2)

Fee Allocation (Fee Payer 1) \_\_\_\_\_%

Fee Allocation (Fee Payer 2) \_\_\_\_\_%

Signature (Parent/Guardian/Carer 1)

Signature (Parent/Guardian/Carer 2)

Date:

Date:

**Note: Any changes to the designated fee payer/s listed on this enrolment application form must be submitted to the College in writing by BOTH parties.**

**Child Safe Statement**

Catholic school communities have a moral, legal and mission-driven responsibility to create nurturing school environments where children and students are respected, their voices are heard, and where they are safe and feel safe. Mercy Education has a zero tolerance to the abuse of children or students.

**Enrolment Preference**

Many parents apply for enrolment at more than one school. If you have applied at any other Catholic Secondary School, please indicate your preference below:

1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

**Conditions of Enrolment**

- I/we agree with and support the teachings of the Catholic Church and rules and regulations of the College.
- I/we agree that my child will participate fully in the Religious Education program and attend liturgies, days of reflection and renewals which form part of the life of the College.
- I/we understand the expectation that my Child is to take part in the year level activities and whole school activities and camps organised by the College as part of the compulsory curriculum.
- I/we will take every reasonable opportunity to involve myself in the education of my Child and the life of the College.
- I/we will support the College in its application of student welfare policies.
- I/we give permission for my Child to receive medical assistance if the school staff considers that this action is advisable and I agree to pay the expenses incurred.
- I/we agree to pay the fees and levies charged by the College and to give one term's notice or the payment of one term's fees if my Child is withdrawn from the College as set out in OLMC Tuition Fee and other Charges Policy.
- I/we will support and abide by School policies and rules, as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety and general operations of the school.
- I/we will build and maintain a Parent/Carer-School partnership and relationship that is respectful, supportive and constructive, particularly in instances where concerns, complaints and grievances need to be raised and resolved.
- I/we understand that if this application is successful, the consequence of not complying with the School's Policies may result in the termination of the enrolment.

## Agreement and Declaration

- I/we acknowledge that I/we have made numerous disclosures in this Enrolment Application Form which I/we warrant are true and accurate, and which will be relied upon by the School subject to the entering into an enrolment agreement to enroll the Child in a form specified by the School.
- I/we acknowledge, understand and accept that there are certain expectations, obligations and guarantees required of parents/carers/guardians of the School's students, so that a harmonious relationship may be established for the duration of my Child's enrolment at the School, as set out in the General Terms and Conditions and policy documents available on the Mercy Education website, which may be subject to change from time to time by the Mercy Education Ltd Board and advised in writing by the School to the Parents, and to which I/we have read and agree to abide by.
- I/we will ensure that the information I/we have provided is kept up to date throughout the period of enrolment and I/we will notify the School promptly of any changes to that information (e.g. change of residential address, changes to parenting orders, changes to Student medical details, learning needs, etc.)

## Authorisation/Signature

|  |                                     |
|--|-------------------------------------|
| Name (Parent/Guardian/Carer 1)             | Name (Parent/Guardian/Carer 2)      |
| Signature (Parent/Guardian/Carer 1)        | Signature (Parent/Guardian/Carer 2) |
| Date:                                      | Date:                               |
| Students Signature (If in Year 8 or above) | Date:                               |

## Application Fee \$80.00 (Non Refundable)

Please tick Method of Payment (inc GST)

Cheque  
  Cash  
  Visa  
  Mastercard

Card Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Expiry Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name on Card \_\_\_\_\_

Signature on Card \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Receipt No:

Received: