



St Marcellin

CATHOLIC COLLEGE

Application to Enrol

FORM

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STUDENT LEGAL SURNAME (AS SHOWN ON BIRTH CERTIFICATE)

STUDENT LEGAL FIRST NAMES (AS SHOWN ON BIRTH CERTIFICATE)

	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Preferred Name *(if applicable)*

Date of Birth

Gender

Academic Year of Entry (circle)	K	PP	1	2	3	4	5	6	7	8	9	10	11	12	Calendar Year of Entry	20
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Address	State	Postcode	Does the student live in a shared family arrangement?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Birthplace	Nationality	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Australian Permanent Resident	Aboriginal	Torres Strait Islander	

<i>If not Australian born →</i>	Country of Citizenship	Date of arrival in Australia	Number of years in Australia	Visa type
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Current School	Suburb	Current Year
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Religious Denomination	Parish	Suburb	<input type="checkbox"/> YES <input type="checkbox"/> NO
			Baptised

OFFICE USE ONLY

RECEIPT:	DATE:	APPLICATION:
INTERVIEW DATE:	INTERVIEW TIME:	INTERVIEWER:

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2024.v5



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CATHOLIC COLLEGE

PARENT / GUARDIAN 1

Title		Surname		First Name	
Address*		(*only required if different from student)		State	Postcode
Birthplace*		Nationality*			
Religious Denomination*		Parish*		Suburb	
Contact Numbers		Home	Mobile	Business	Email

How often does the student live with this Parent?

ALWAYS
 SHARED
 NEVER

PARENT / GUARDIAN 2

Title		Surname		First Name	
Address*		(*only required if different from student)		State	Postcode
Birthplace*		Nationality*			
Religious Denomination*		Parish*		Suburb	
Contact Numbers		Home	Mobile	Business	Email

How often does the student live with this Parent?

ALWAYS
 SHARED
 NEVER

CUSTODY / GUARDIANSHIP

Name of person(s) with legal guardianship of the student

If applicable a copy of any Parenting or Restraint Order is attached YES NO

Any other conditions enforced at law?

SIBLINGS CURRENTLY ATTENDING A CATHOLIC SCHOOL

Name	Year Level	School

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School

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FURTHER INFORMATION

Please state the reason/s you have chosen to send your child to St Marcellin Catholic College?	
Is there anything you'd like to share at this stage about your child's journey?	
How did you first hear about the College?	<input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> ADVERTISING <input type="checkbox"/> OPEN DAY / INFORMATION EVENT <input type="checkbox"/> WEBSITE <input type="checkbox"/> SOCIAL MEDIA

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

ENROLMENT AGREEMENT

It is essential both parents/carers/guardians and students read and sign the following agreements prior to submitting this application for consideration.

<input type="checkbox"/> 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 College's enrolment criteria.	<input type="checkbox"/> I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
<input type="checkbox"/> 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.	<input type="checkbox"/> I/we have completed this application form fully and to the best of my/our knowledge.
<input type="checkbox"/> 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.	<input type="checkbox"/> I/we have read and fully understand and agree that enrolment in the College means that we and our child will participate fully in all required aspects of the educational program of the College including the Religious Education program of the College.
<input type="checkbox"/> I/we have read and fully understand and agree to the terms and conditions set out in the College fee collection policy.	<input type="checkbox"/> I/we agree to abide by the policies and directions of the College and the Catholic Education Commission of Western Australia as they are enacted from time to time.
<input type="checkbox"/> I/we understand a non-refundable Application Fee of \$55 will be collected at interview and understand if an enrolment place is offered, a deposit of \$200 needs to be paid with the return of the completed and signed Confirmation of Enrolment Form in order to secure a place for your child.	

SIGNATURE OF PARENT / GUARDIAN 1	DATE (DD/MM/YY)	SIGNATURE OF PARENT / GUARDIAN 2	DATE (DD/MM/YY)
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CHECKLIST FOR FAMILIES - APPLICATION STAGE

Submit the below to enrolment@stmarcellin.wa.edu.au:

Required	If applicable
<input type="checkbox"/> Application Form - ensure all parents / guardians have read and signed the Enrolment Agreement on page 3	<input type="checkbox"/> Parish Priest Reference Form
<input type="checkbox"/> Immunisation Records <i>(Australian Immunisation Register (AIR) History Statement - not more than 2 months old)</i>	

CHECKLIST FOR FAMILIES - ENROLMENT INTERVIEW

Originals of these documents should be presented at the enrolment interview:

Required	If applicable
<input type="checkbox"/> Original Birth Certificate	<input type="checkbox"/> Passport / Visa / Citizenship Certificate <i>(if born outside Australia) - including date of entry stamp</i>
	<input type="checkbox"/> Parents Citizenship or Visa documents <i>(if both parents were born overseas)</i>
	<input type="checkbox"/> Parenting, Restraint or Custodial Order <i>(if applicable)</i>
	<input type="checkbox"/> Most recent School Report
	<input type="checkbox"/> Catholic Baptism Certificate <i>(if Baptised Catholic)</i>

APPLICATION FEE

A non-refundable application fee of \$55 is to be paid with each application at interview.

STUDENT INDIVIDUAL NEEDS

The School Education Act 1999 requires the provision 'of details of any condition of the enrollee' that may call for special steps to be taken for the benefit of protection of the enrollee of other persons in the school (16G). To assist the College to respond to individual requirements please provide documentation, including any diagnosis at the interview. This information will assist with planning for his/her learning and welfare during school hours.

CEWA STANDARD COLLECTION NOTICE

The up to date version can be accessed at www.cewa.edu.au/publication/cewa-privacy-collection-notice/

SCHOOL AGE CALCULATOR

All children of compulsory school age must be enrolled at school and attend every day. Find the year your child can start school with the below School Age Calculator.

[Enrol at a Western Australian school - Department of Education](#)