OFFICE USE ONLY

STUDENT NAME: _____

ACADEMIC YEAR:_____CALENDAR YEAR: _____

CRITERIA CODE:_____SIBLING: Y / N

RECEIPT No:_____DATE PAID: __ / __ / __

PAYMENT MADE: $_____

E: _____

URSULA FRAYNE
CATHOLIC COLLEGE

ENROLMENT APPLICATION

Xavier Campus (Years K – 6)
66 Balmoral Street, East Victoria Park, WA 6101
Phone: 08 9470 0400

Joachim Campus (Years 7 – 12)
15 Duncan Street, Victoria Park, WA 6100
Phone: 08 9470 0900

Email: enrolments@ufcc.wa.edu.au | Web: www.ufcc.wa.edu.au

URSULA FRAYNE
CATHOLIC COLLEGE

STUDENT INFORMATION

ACADEMIC YEAR FOR ENTRY: _____ **CALENDAR YEAR FOR ENTRY:** _____

SURNAME:_____ FIRST NAME: _____

OTHER NAMES: _____ PREFERRED NAME: _____

DATE OF BIRTH: _____ /_____ / _____ GENDER: M / F

ADDRESS: _____ SUBURB: _____ POSTCODE: _____

PLACE OF BIRTH: _____ COUNTRY OF BIRTH: _____

ABORIGINAL ORIGIN: Y / N TORRES STRAIT ISLANDER ORIGIN: Y / N

IF YES, TO ABORIGINAL/ TORRES STRAIT ISLANDER, THEN GROUP OF ORIGIN: _____

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: Y / N IF YES WHAT IS THE LANGUAGE SPOKEN MOST OFTEN: _____

AUSTRALIAN PERMANENT RESIDENT: Y / N

COUNTRY OF CITIZENSHIP: _____ IF NOT BORN IN AUSTRALIA, DATE OF ARRIVAL:___/___/_____

VISA CLASS/CATEGORY NUMBER: _____ TYPE OF VISA: _____

VISA EXPIRY:_____/_____/ _____

IF CURRENTLY ENROLLED – PRESENT SCHOOL NAME: _____

LOCATION:_____ YEAR LEVEL: _____

MOTHER / FEMALE LEGAL GUARDIAN INFORMATION

TITLE: _____ SURNAME:_____ FIRST NAME: _____

ADDRESS:_____ SUBURB: _____ POSTCODE: _____

MAILING ADDRESS:_____ SUBURB: _____ POSTCODE: _____

TELEPHONE (H): _____ TELEPHONE (W): _____

MOBILE:_____ EMAIL:_____

RELIGIOUS DENOMINATION:_____ PARISH:_____

OCCUPATION:_____ EMPLOYER:_____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: Y / N IF YES WHAT IS THE LANGUAGE SPOKEN MOST OFTEN: _____

FATHER / MALE LEGAL GUARDIAN INFORMATION

TITLE: _____ SURNAME: _____ FIRST NAME: _____

ADDRESS:_____SUBURB: _____ POSTCODE: _____

MAILING ADDRESS:_____SUBURB: _____ POSTCODE: _____

TELEPHONE (H): _____ TELEPHONE (W): _____

MOBILE:_____ EMAIL:_____

RELIGIOUS DENOMINATION:_____ PARISH:_____

OCCUPATION:_____ EMPLOYER:_____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: Y / N IF YES WHAT IS THE LANGUAGE SPOKEN MOST OFTEN: _____

RELIGIOUS INFORMATION OF STUDENT

RELIGIOUS DENOMINATION: _____ PARISH PRIEST: _____

PARISH: _____ SUBURB: _____

INFORMATION FOR RECEPTION OF SACRAMENTS:

BAPTISM DATE: ____/____/____ PARISH: _____

RECONCILIATION DATE: ____/____/____ PARISH: _____

EUCHARIST DATE: ____/____/____ PARISH: _____

CONFIRMATION: ____/____/____ PARISH: _____

FAMILY INFORMATION

Please list all siblings (Note: a separate application form is required for each child)

SIBLINGS ATTENDING THE COLLEGE:

NAME: _____ YEAR LEVEL: _____ NAME: _____ YEAR LEVEL: _____

NAME: _____ YEAR LEVEL: _____ NAME: _____ YEAR LEVEL: _____

SIBLINGS ATTENDING ANOTHER SCHOOL:

NAME: _____ YEAR LEVEL: _____ SCHOOL ATTENDING: _____

NAME: _____ YEAR LEVEL: _____ SCHOOL ATTENDING: _____

NAME: _____ YEAR LEVEL: _____ SCHOOL ATTENDING: _____

STUDENT RESIDES WITH: ☐ Mother ☐ Father ☐ Both ☐ Legal Guardian

If there are current custody or guardianship circumstances, please complete the following (Note: 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). If applicable, a copy of any Parenting or Restraint Order must be provided.

NAME OF PERSON/S WITH LEGAL GUARDIANSHIP OF THE STUDENT: _____

ANY OTHER CONDITIONS ENFORCED AT LAW: _____

MEDICAL INFORMATION

IMMUNISATION RECORD: Please provide an up-to-date AIR Immunisation History Statement with your application. This can be accessed via MyGov Medicare accounts.

Please complete the following boxes using one of the corresponding letters as outlined below:

F = Fully Immunised N = Not Immunised I = Incomplete Immunisation P = Personal Objections

☐ MEASLES ☐ MUMPS ☐ RUBELLA ☐ TETANUS ☐ DIPTHERIA ☐ POLIO (OPV) ☐ HEPATITIS B ☐ PERTUSSIS (WHOOPING COUGH)

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL CLINIC NAME: _____

MEDICARE No: _____ (REF) _____

EMERGENCY CONTACT INFORMATION

Please provide emergency contact details for relatives/friends who are not the parent/guardian of the child.

SURNAME: _____ FIRST NAME: _____

RELATIONSHIP TO STUDENT: _____ CONTACT NUMBER: _____

ADDITIONAL DATA COLLECTION

The following information is being collected to enable nationally comparable reporting of students' outcomes against the *National Goals for Schooling in the Twenty First Century*. This information is collected in accordance withthe school's Privacy Policy. Information gathered in this section has no bearing on the application of the child.

1. What is the highest year of Primary or Secondary school the Parents/Guardians have completed?
For persons who have never attended school, please tick the box marked "Year 9 equivalent or below". Tick one box each only.

	FEMALE PARENT/GUARDIAN	MALE PARENT/GUARDIAN
Year 12 or equivalent	☐	☐
Year 11 or equivalent	☐	☐
Year 10 or equivalent	☐	☐
Year 9 or equivalent or below	☐	☐

2. What is the highest qualification level completed by the parents/guardians? *Tick one box each only.*

	FEMALE PARENT/GUARDIAN	MALE PARENT/GUARDIAN
Bachelor Degree or above	☐	☐
Advanced Diploma/Diploma	☐	☐
Certificate I – IV (including trade certificates)	☐	☐
No non-school qualification	☐	☐

To answer the following question please refer to the List of Parental Occupation Groups located on our website under Forms.

If you are not currently employed but have had a job in the last 12 months, or retired in the last 12 months, please use your last occupation. If you have not been in paid work within the last 12 months please choose the last optionbelow.

3. What is the Occupation Group of the Parents/Guardians?

	FEMALE PARENT/GUARDIAN	MALE PARENT/GUARDIAN
Group 1	☐	☐
Group 2	☐	☐
Group 3	☐	☐
Group 4	☐	☐
No paid work within the last 12 months	☐	☐

DISCLOSURE

PRIVACY

The information collected on this form; its use and disclosure are governed by Privacy Laws. Please refer to the College's Privacy Policy which can be viewed on the College website: www.ufcc.wa.edu.au

Do you agree that the information supplied in the Student Information and Family Information sections can be provided to the relevant Parish Priest?: Y / N

AGREEMENT

I/we understand and accept that the completion of this application for enrolment form and acceptance by the College does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's enrolment criteria. I/we understand and acceptthat attendance at an interview does not guarantee an enrolment offer being made. I/we understand that enrolment in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

I/we have completed this enrolment 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 Order/s, 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 I/we and our child will participate fully in the required aspects of the educational program of the school including the Religious Education program of the school.

I/we have read, fully understand and agree to the Terms and Conditions set out in the College Fees Policy.

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.

This document must be signed by all custodial parent(s) or guardian(s):

SIGNATURE OF PARENT/GUARDIAN:_____ DATE:_____/_____/_____

SIGNATURE OF PARENT/GUARDIAN:_____ DATE:_____/_____/_____

DOCUMENTATION CHECKLIST

Please ensure that **all** required documentation has been provided with your Enrolment Application. Failure to do so will delay or halt the application process.

- ☐ Copy of Birth Certificate
- ☐ Copy of Passport / Visa
- ☐ Copy of AIR Immunisation History Statement
- ☐ Parish Priest Reference
- ☐ Copy of Sacramental Certificates
- ☐ Copy of any relevant Health Plans / Specialist Reports
- ☐ Copy of any Educational Adjustment Plan
- ☐ Copy of most recent School Semester Report
- ☐ Copy of most recent NAPLAN Report
- ☐ Copy of any relevant Custodial Court Orders

ENROLMENT APPLICATION FEE PAYMENT

Please consult the website (www.ufcc.wa.edu.au) for information regarding the annual College Fees and other amounts payable.

An Application Fee of $40.00 is payable for each student application and can be made using one of the following options:

☐ Credit Card: Visa / Mastercard

Name on Card: _____ Expiry Date:_____/_____

Payment Amount: $ _____ CVV: _____

Signature: _____ Date:_____/_____/_____