

**OFFICE USE ONLY**

STUDENT NAME: \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_ CALENDAR YEAR: \_\_\_\_\_

CRITERIA CODE: \_\_\_\_\_ SIBLING: Y / N

RECEIPT No: \_\_\_\_\_ DATE PAID: \_\_ / \_\_ / \_\_

PAYMENT MADE: \$ \_\_\_\_\_



**URSULA FRAYNE**  
CATHOLIC COLLEGE

**International Student  
Enrolment Application**

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

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

Email: [enrolments@ufcc.wa.edu.au](mailto:enrolments@ufcc.wa.edu.au) | Web: [www.ufcc.wa.edu.au](http://www.ufcc.wa.edu.au)

## STUDENT INFORMATION

ACADEMIC YEAR FOR ENTRY: \_\_\_\_\_ CALENDAR YEAR FOR ENTRY: \_\_\_\_\_  
FAMILY NAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_  
PREFERRED NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_ GENDER: M / F  
PLACE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_  
COUNTRY OF CITIZENSHIP: \_\_\_\_\_ DATE OF ARRIVAL IN AUSTRALIA: \_\_\_ / \_\_\_ / \_\_\_  
VISA NUMBER: \_\_\_\_\_ VISA EXPIRY: \_\_\_ / \_\_\_ / \_\_\_ PASSPORT NO: \_\_\_\_\_  
LANGUAGE/S SPOKEN AT HOME: \_\_\_\_\_  
ADDRESS (HOME COUNTRY): \_\_\_\_\_  
CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
HOME COUNTRY PHONE NO: \_\_\_\_\_  
IF CURRENTLY ENROLLED – PRESENT SCHOOL NAME: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_  
HOW DID YOU HEAR ABOUT THE COLLEGE?: \_\_\_\_\_

## FEMALE LEGAL GUARDIAN INFORMATION

RELATION TO STUDENT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
FAMILY NAME: \_\_\_\_\_ GIVEN NAME/S: \_\_\_\_\_  
ADDRESS (IN PERTH): \_\_\_\_\_  
SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
TELEPHONE (H): \_\_\_\_\_ TELEPHONE (W): \_\_\_\_\_  
MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
DO YOU SPEAK ENGLISH: Y / N LANGUAGE/S SPOKEN AT HOME: \_\_\_\_\_  
RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

## MALE LEGAL GUARDIAN INFORMATION

RELATION TO STUDENT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
FAMILY NAME: \_\_\_\_\_ GIVEN NAME/S: \_\_\_\_\_  
ADDRESS (IN PERTH): \_\_\_\_\_  
SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
TELEPHONE (H): \_\_\_\_\_ TELEPHONE (W): \_\_\_\_\_  
MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
DO YOU SPEAK ENGLISH: Y / N LANGUAGE/S SPOKEN AT HOME: \_\_\_\_\_  
RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EX-STUDENT OF THE COLLEGE:  MOTHER  FATHER  GUARDIAN  NOT APPLICABLE  
ACCOUNT TO BE PAID BY:  MOTHER  FATHER  GUARDIAN

PLEASE NOTE: If the guardian is not the student's parent you must provide additional documentation. Please refer to the Document Checklist.

## RELIGIOUS INFORMATION

RELIGIOUS DENOMINATION: \_\_\_\_\_

PARISH PRIEST: \_\_\_\_\_

PARISH: \_\_\_\_\_

SUBURB: \_\_\_\_\_

DATES OF RECEPTION OF SACRAMENTS:

BAPTISM: \_\_\_ / \_\_\_ / \_\_\_

RECONCILIATION: \_\_\_ / \_\_\_ / \_\_\_

EUCCHARIST: \_\_\_ / \_\_\_ / \_\_\_

CONFIRMATION: \_\_\_ / \_\_\_ / \_\_\_

## MEDICAL INFORMATION

IMMUNISATION RECORD: Please complete the 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

Diphtheria

Polio (OPV)

Hepatitis B

Pertussis (Whooping Cough)

If the student is **currently studying in Australia**, what Overseas Student Health Cover (OSHC) does he/she have?

MEDIBANK PRIVATE OSHC: Y / N

OTHER (WHICH INSURER): \_\_\_\_\_

OSHC CARD NUMBER:

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EXPIRY DATE: \_\_\_ / \_\_\_ / \_\_\_

MEDICAL EMERGENCY AUTHORISATION:

I authorise the College to seek medical attention, call an ambulance or hospitalise my son/daughter if considered necessary. I further authorise the College that if a medical emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or medication and I am unable to be contacted within a reasonable time, the College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

SIGNATURE OF FEMALE PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

SIGNATURE OF MALE PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

## EMERGENCY CONTACT INFORMATION

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

(1) NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ MOBILE: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ MOBILE: \_\_\_\_\_

## DISCLOSURE OF PERSONAL INFORMATION

Personal information collected and stored by the College is subject to the Privacy Act and the CECWA Privacy Policy Statement. A copy of the CAECWA Privacy Policy Statement can be obtained from the College, the Catholic Education Commission of Western Australia or the Catholic Education Office of WA website.

Personal information can also be shared with the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the AESOS Assurance Fund Manager. This would only be for the purposes of promoting compliance with the ESOS Act and the National Code, assisting with the regulation of providers and promoting compliant with the conditions of a particular student's visa or visas facilitating the monitoring and control of immigration.

# 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 with the schools 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	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I – IV (including trade certificates)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

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 option below.*

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

	FEMALE PARENT/GUARDIAN	MALE PARENT/GUARDIAN
Group 1	<input type="checkbox"/>	<input type="checkbox"/>
Group 2	<input type="checkbox"/>	<input type="checkbox"/>
Group 3	<input type="checkbox"/>	<input type="checkbox"/>
Group 4	<input type="checkbox"/>	<input type="checkbox"/>
No paid work within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>

# 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 accept that 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 process, especially in relation to this student's medical conditions, healthcare requirements, Parenting Order/s or individual needs, then the enrolment may be refused or terminated on these grounds.

I/we agree that the College may obtain copies of the student's educational, medical, and psychological and other relevant records held by previous schools. I understand that personal information can be shared with the Australian Government and its designated authorities in order to demonstrate compliance with the conditions of my visa/s.

I have received and signed a copy of the College Refund and Fees and Charges Policy.

I/we agree that the College may transfer copies of the student's educational records, and any other relevant reports of medical information given to the present College, to any receiving school to which the student may transfer in the future.

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.

I/we agree to notify the College immediately of any change of address.

This agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws.

SIGNATURE OF MOTHER/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

SIGNATURE OF FATHER/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.

If the documents are written in a language other than English, a translation by a qualified translator is required.

- Copy of Birth Certificate
- Copy of Passport / Visa Grant Notice
- Copy of Immunisation Record
- Copy of most recent School Semester Report
- Parish Priest Reference
- Copy of Sacramental Certificates

If the guardian is not the student's parent you must also provide the following documents:

- Current Federal Police Clearance or Working With Children Card
- Evidence of the Guardian's right to remain in Australia.

Acceptable documents to demonstrate this include:

- Australian Passport/Citizenship
- Overseas Passport and Visa Grant Notice

# ENROLMENT APPLICATION FEE PAYMENT

A non-refundable fee of AUD100 is payable on submission of the International Student Enrolment Application Form, which can be made using one of the following options:

- Cash
- Bank Transfer

REFERENCE: Student surname, first initial, academic year.

**BANK: NAB**

**BSB: 086-006**

**ACCOUNT: 5450 59969**

- Credit Card: Visa / Mastercard / Amex

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NAME ON CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_ / \_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_

CVV: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_