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 | Web: 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: ___ / ___ / ___

EUCHARIST: ___ / ___ / ___ 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:

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	☐	☐
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 websiteunder 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	☐	☐

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 Immunisation Record
- ☐ Parish Priest Reference
- ☐ Copy of Passport / Visa Grant Notice
- ☐ Copy of most recent School Semester Report
- ☐ 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/Eftpos over the counter at Joachim Campus Reception
- ☐ Credit Card over the phone. Please call (08) 94700900
- ☐ Complete the below credit card details and we will process upon receipt of this form.

NAME ON CARD: _____ EXPIRY DATE: ___ / ___

PAYMENT AMOUNT: $ _____ CVV: _____

SIGNATURE: _____ DATE: ___ / ___ / ___