



OUR LADY OF GOOD COUNSEL SCHOOL

117 Miles Street, Karrinyup WA 6024

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APPLICATION FOR ENROLMENT

ACADEMIC YEAR OF ENTRY: 3 YEAR OLDS _____ YEAR OF ADMISSION _____

(Kindy – Yr 6) _____ YEAR OF ADMISSION _____

Entry age for Pre-Kindy is when your child turns 3 prior to 1 July.

Entry age for Kindergarten is the year your child turns 4 if born prior to 1 July. Children turning 4 on 1 July or after enter the year they turn 5.

STUDENT INFORMATION

Surname: _____ Male/Female: _____

First Name: _____ Second Name: _____

Preferred Name: _____ Date of Birth: _____

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Religion: _____ Baptism Date: ____/____/____ PARISH: _____

Language at home: _____

If born outside Australia: Date of Arrival ____/____/____ Visa Code _____ Expiry Date ____/____/____

A copy must be included with this form.

Is your child of Aboriginal or Torres Strait Islander origin? Yes /No

Current School (if applicable): _____ Location _____ Year level _____

FAMILY INFORMATION

MOTHER/LEGAL GUARDIAN

TITLE: _____ FIRST NAME: _____ SURNAME: _____

NATIONALITY: _____ COUNTRY OR BIRTH: _____ MOBILE: _____

EMAIL: _____ HOME PH: _____ RELIGION: _____

ADDRESS: _____ SUBURB: _____ P/CODE _____

OCCUPATION: _____ WORK NO: _____

FATHER/LEGAL GUARDIAN

TITLE: _____ FIRST NAME: _____ SURNAME: _____

NATIONALITY: _____ COUNTRY OF BIRTH: _____ MOBILE: _____

EMAIL: _____ RELIGION: _____

ADDRESS: _____ SUBURB: _____ P/CODE _____

OCCUPATION: _____ WORK NO: _____

Siblings already at OLG

NAME: _____ Year Level _____ NAME: _____ Year Level _____

NAME: _____ Year Level _____ NAME: _____ Year Level _____

Siblings not at school

NAME: _____ Age: _____ NAME: _____ Age: _____

NAME: _____ Age: _____ NAME: _____ Age: _____

EMERGENCY CONTACT INFORMATION – *Other than parents*

Emergency contact name..... Tel No.....

Relation to Student:

Emergency contact name..... Tel No.....

Relation to Student:

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?

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If a Custody Settlement has been made with regard to your child where it might entail “reasonable access” or “access at specific times”, please forward a copy of this order to the school so that we are aware of our obligations to your child.

All custody matters must be brought to the attention of the Principal upon initial interview.

APPLICATION FEE

There is a **\$30.00** fee per application lodged.

FAMILY ENROLMENT FEE

If you are successful in enrolling at this school, you will be required to pay an Enrolment Fee of **\$200 per family**. This is to be forwarded to the school office **within one working week from acceptance** in order to hold the position for your child. This fee will then be deducted from your first semester fees.

DISCLOSURE

Do you agree that the information supplied on the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest? Yes/No

AGREEMENT

I/we understand that enrolment into the 3 Year Old program shall relate to participation in the program and not enrolment into the school. An additional Application for Enrolment Form is to be completed if seeking enrolment into Kindergarten or subsequent year levels.

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 school'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 of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

I/we have completed this 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 individual needs and/or Parenting Orders, 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 we and our child will participate fully in all required aspects of the educational program of OLGC school including the Religious Education program of our school.

I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

I/we agree to abide by the policies and directions of OLGC school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s):

Female Parent or Guardian

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Date.....

Male Parent or Guardian

.....

Date.....

Office Use Only:

Birth Certificate supplied Yes/No

Baptism Certificate supplied Yes/No

Immunisation Certificate supplied Yes /No

FAMILY CODE.....STUDENT CODE.....

Date entered FC..... ST.....

Date of Admission.....Year.....

Transfer Note sent.....date.....

OFFICE USE ONLY: APPLICATION FEE RECEIVED YES / NO DATE RECEIVED ____/____/____ Cash/EFT

ENROLMENT FEE RECEIVED YES / NO DATE RECEIVED ____/____/____ Cash/EFT

VISA/CITIZENSHIP YES/NO DATE RECEIVED ____/____/____

