



CAROLINE
CHISHOLM
CATHOLIC COLLEGE



APPLICATION FOR ENROLMENT

Please complete all sections using **BLOCK/CAPITAL** letters

Applicant name

Year of entry Year level Male Female

Office use only

Date received / / Payment received

Enrolment ID Family ID

Date / Paid Stamp

APPLICANT DETAILS

Given Name/s

Surname

Note: Students will be enrolled with their official name as it appears on their birth certificate, passport, citizenship or equivalent official document.

Gender Male

Female

Date of birth

/

/

Applicant's Religion

Catholic

Orthodox

No Religion

Other

If Catholic or Orthodox, has the Applicant been Baptised?

Yes

No

(If yes, a copy of their Baptism certificate is required.)

Current parish name

Current parish suburb

Sacraments Received

Baptism

Reconciliation

Communion

Confirmation

Country of birth

(If born overseas, please complete section below and provide copies of the Applicant's Australian Citizenship Certificate, passport, travel documents or ImmiCard.)

Date of arrival in Australia

Date Applicant started school in Australia

Is the Applicant now an Australian Citizen?

Yes

No

If yes, year obtained

If no, what is the visa status of the Applicant?

Type of visa

Subclass no:

FAMILY DETAILS

The Applicant resides with

Both parents

Mother

Father

Other

Main language spoken at home

Other language/s spoken at home

Do you wish to acknowledge the Applicant's Aboriginal or Torres Strait Islander background?

Yes

No

Does the Applicant have any brothers or sisters currently attending the College?

Yes

No

Name

Year level

Does the Applicant have any brothers or sisters currently on the waiting list at the College?

Yes

No

Name

Year level

Does the Applicant have any brothers/sisters who are past students of the College?

Yes

No

Name

Year exited

Does the Applicant have parents who are past students of the College?

Yes

No

Name

Year exited

Younger sibling details

Name

Date of birth

Gender

Current primary school
(if applicable)

Current grade

PRIMARY PARENT / CARER'S DETAILS

Please provide details (in block letters) of the primary parent/carer of the Applicant. If the Applicant lives with two parents/carers please provide details of the person who is to be the primary contact for the College.

Relationship to Applicant	Given Name/s	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home phone	Mobile	Work phone	Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Date of birth		
<input type="text"/>	<input type="text"/>		
Country of birth	Nationality (citizen of)		
<input type="text"/>	<input type="text"/>		
Ethnic origin	Preferred language		
<input type="text"/>	<input type="text"/>		
Highest Education			
<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
Highest Qualifications			
<input type="checkbox"/> No post school qualification	<input type="checkbox"/> Certificate I to IV	<input type="checkbox"/> Diploma/Advance Diploma	<input type="checkbox"/> Bachelor Degree or above
Employment	Occupation	Employer's Name	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="text"/>	<input type="text"/>	

SECONDARY PARENT / CARER'S DETAILS / EMERGENCY CONTACT DETAILS

Please provide details of the secondary parent/carer of the Applicant. If the Applicant does not have a second parent/carer, then please insert details of an emergency contact for the Applicant. This person will be contacted if contact with the primary contact is unsuccessful.

Relationship to Applicant	Given Name/s	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home phone	Mobile	Work phone	Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Date of birth		
<input type="text"/>	<input type="text"/>		
Country of birth	Nationality (citizen of)		
<input type="text"/>	<input type="text"/>		
Ethnic origin	Preferred language		
<input type="text"/>	<input type="text"/>		
Highest Education			
<input type="checkbox"/> Year 9 or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
Highest Qualifications			
<input type="checkbox"/> No post school qualification	<input type="checkbox"/> Certificate I to IV	<input type="checkbox"/> Diploma/Advance Diploma	<input type="checkbox"/> Bachelor Degree or above
Employment	Occupation	Employer's Name	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="text"/>	<input type="text"/>	

CURRENT SCHOOL INFORMATION

The Applicant is currently enrolled in Grade/Year at (School Name)
in (suburb) School phone

Does the Applicant have any physical, learning or other needs? Yes No (If yes, please tick appropriate needs below)

Social Emotional Hearing / Vision Impairment Severe Language
 Medical / Physical Condition Chronic Health Intellectual Disability

Please tick any programs that have been part of the Applicant's school education

English as Additional Language (EAL) New Arrivals Program Literacy/Numeracy Support Integration

PARENT'S/CARER'S DECLARATION

Both parents/carers are required to sign this Application for Enrolment. Please advise of circumstances if only one parent/carer is signing. Signatories should be aware that by signing this form they agree to be jointly and severally responsible for all the College's fees and charges.

I/We request that the Applicant be made an Offer of Enrolment by Caroline Chisholm Catholic College (the College).

I/We declare that the information provided on this application is true and correct.

I/We have completed this Application for Enrolment and I/we read, understood and jointly and severally agree to abide by the terms of the College's Conditions of Enrolment, Enrolment Policy and Fees as well as any rules, procedures and policies from time to time in force at the College.

In submitting this Application for Enrolment, I/we consent to the collection, use and disclosure of personal information and sensitive information as provided for by the Privacy Policy. I/We also give permission to the College to contact the before stated Current School to obtain information and documentation to aide in the planning and preparation of the Applicant's enrolment.

I/We jointly and severally agree to pay all tuition fees, charges and other monies owing for the duration of the Applicant's education at the College.

I/We will advise the College of any changes to the contact details or any other information contained within this Application for Enrolment, and also if my/our financial situation should change.

I/We understand that submitting this Application for Enrolment does not guarantee the Applicant enrolment at the College.

Signature of Father/Carer

Signature of Mother/Carer

Name (please print)

Name (please print)

Date

Date

PLEASE RETURN COMPLETED APPLICATION FOR ENROLMENT AND ALL REQUESTED DOCUMENTATION TO:

Caroline Chisholm Catholic College
204 Churchill Ave, Braybrook VIC 3019
T 9296 5311 | E registrar@cccc.vic.edu.au | www.cccc.vic.edu.au

CHECKLIST

Please provide copies of the following documents when submitting this application:

- Birth certificate (English translation is required)
- Australian citizenship certificate, passport, travel documents or ImmiCard (for Applicants born overseas)
- Baptism or other Sacrament Certificate (for Applicants who are Catholic or Orthodox)
- Last two school reports
- Most recent NAPLAN testing results (Grade 5, 7 or 9)
- Non-refundable application fee payable upon submission (please see our College Fees and Charges Schedule for relevant application fee). This fee can be paid in person by cash, cheque or card or over the phone by credit card.