



**SALESIAN  
COLLEGE**  
CHADSTONE EST.1957



# APPLICATION FOR ENROLMENT

## CONTACT

10 Bosco Street,  
Chadstone, VIC 3148  
Phone: (03) 9807 2644  
Email: [enrol@salesian.vic.edu.au](mailto:enrol@salesian.vic.edu.au)  
[www.salesian.vic.edu.au](http://www.salesian.vic.edu.au)

Student Surname: \_\_\_\_\_

Student Given Name: \_\_\_\_\_

Applying to Enrol in Year Level: \_\_\_\_\_

Commencing in Year: \_\_\_\_\_

# PARENT INFORMATION

	Father / Guardian	Mother / Guardian
Title:	<hr/>	<hr/>
Surname:	<hr/>	<hr/>
Given:	<hr/>	<hr/>
Preferred:	<hr/>	<hr/>
Residential Address:	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Residential Phone:	<hr/>	<hr/>
Mobile:	<hr/>	<hr/>
Email:	<hr/>	<hr/>
Religion:	<hr/>	<hr/>

## PLEASE NOTE

In the case of separated families the following details must be provided. If the student does not live with both parents, please attach relevant information (court orders, parental agreements etc)

Parents are:  Married  Separated  Divorced  Other

Name of parent with whom the child resides:

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Residential Address:

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Other parent to receive all school correspondence including school reports

Yes  No

# STUDENT INFORMATION

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name  
(if different from above): \_\_\_\_\_

Other Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Lives with Mother  Lives with Father

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

\* Please attach a copy of the student's Baptismal Certificate if he is Catholic, Orthodox or Christian

Same as Father  Same as Mother

Current School: \_\_\_\_\_

Does the student suffer from any medical conditions? \_\_\_\_\_

\* Eg: Sight / Hearing, Speech, Asthma etc

Does the student have any learning needs? \_\_\_\_\_

\* Eg: Integration, EAL

Country of Birth: \_\_\_\_\_

\* If Australia, please provide proof of Australian residency

Visa Type and Sub-Class Number  
(if applicable): \_\_\_\_\_

Is the Student of Aboriginal or Torres Strait Islander descent?  Yes  No \_\_\_\_\_

\* If yes please specify

Does the student have a relative who is currently attending the College or has attended the College in the past?  Parent  Brother  Uncle  Cousin

Name: \_\_\_\_\_ Years in Attendance: \_\_\_\_\_

Name: \_\_\_\_\_ Years in Attendance: \_\_\_\_\_



# AGREEMENT

Signatures are required from both parents / guardians except where there is sole custody of the applicant. Withholding relevant information regarding your son's needs (learning, behaviour and/or wellbeing) may impact on his enrolment being successful.

If this application is successful, I / we accept for our son a Christian, Catholic and Salesian education and agree to co-operate with the rules and expectations of the College community. Offers of enrolment will only be made after an interview with the Principal (or delegate).

**Mother Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Copies of the College policies, fee schedules and expectations are available on request from the College office or on the College Website.

(This application is not to be taken as a guarantee of enrolment. The following documentation must accompany the application):

- A non-refundable application fee of \$50.00
- A copy of the student's latest school report
- A copy of the student's most recent NAPLAN results
- A copy of the student's Baptismal Certificate (if Catholic, Orthodox or Christian)
- Proof of Australian Residency (Australian Birth Certificate, Passport, Visa)

Please return the completed application (including supporting documentation) to enrol@salesian.vic.edu.au or by mail to 10 Bosco St Chadstone 3148.

## PRIVACY / COLLECTION STATEMENT

The information provided in this application is collected within the guidelines of the National Privacy Act. A standard Collection Notice and a full copy of the College Privacy policy are available from the College Office or the College Website.

I accept

## OFFICE USE ONLY

**Received** \_\_\_\_\_

**Receipt No** \_\_\_\_\_

**Family Code** \_\_\_\_\_

**Student Code** \_\_\_\_\_