

# Application for Enrolment

**Address:** PO Box 2004 CHURCHLANDS WA 6018  
(08) 9204 9405 | [registrar@newman.wa.edu.au](mailto:registrar@newman.wa.edu.au)

**Marian Campus (K-2)**  
49 Pebbles Road FLOREAT

**Lavalla and Marcellin Campus (3-12)**  
216 Empire Avenue CHURCHLANDS

<b>First Name/s</b>		<b>Surname</b>	
<b>Date of Birth</b>			
<b>Academic Year of Entry K-Yr 12</b>		<b>Calendar Year of Entry</b>	

**THIS FORM IS TO BE ACCOMPANIED BY THE FOLLOWING:**

- \$110.00** Non-refundable Application fee (Payment slip attached)
- Copy** of your child's full Birth Certificate
- Copy** of your Australian Citizenship Certificate or Residency Visa if both parents born overseas
- Copy** of your child's Immunisation Record
- Copy** of your child's Sacramental Certificates (if applicable)
- Copy** of your child's most recent School report (if applicable)
- Copy** of your child's last NAPLAN test results (if applicable)
- Completed Parish Priest Reference Form (if applicable)
- Copy** of any Allied Health Specialist Reports
  - Psychologist                       Pediatrician                       Doctor
  - Speech Pathologist                       Occupational Therapist                       WAIDE
  - Audiologist                       Visual Education Services                       Optometrist
  - Academic/Educational Assessment                       Other

**Completion of this form does not constitute an offer of enrolment.  
The student's name will be added to the Waiting List, along with other candidates**

**For this application to be accepted all sections are to be completed in full and *photocopies* of the above documentation (if applicable) must be returned with this form.**

<i>Date received</i>	<i>Form of payment</i>	<i>Date payment processed</i>	<i>Date entered into MAZE</i>

## STUDENT INFORMATION

Student Surname _____	
First Name _____	Other Name/s _____
Male or Female _____	
Address _____	
Date of Birth _____	Place and Country of Birth _____
Australian Permanent Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Citizenship	<input type="checkbox"/> <input type="checkbox"/>
Aboriginal and/or Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language spoken at home	<input type="checkbox"/> <input type="checkbox"/>
If born outside of Australia, Date of Arrival (Citizenship/visa needs to be sighted)	Visa category no. _____
Child resides with <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> shared arrangement	

## FAMILY INFORMATION

<b>Contact 1</b>			
Female Parent or Guardian - Relationship to student if other than parent _____			
Title _____	First Name _____	Surname _____	
Occupation _____	Country of Citizenship _____		
Country of Birth _____	Language _____		
Employer _____			
Religious Denomination _____		Parish _____	
Telephone - business _____		Telephone – mobile _____	
Email address _____			
Home Address _____			
Telephone - home _____			
Newman College past student	Yes / No _____		
If yes, Maiden name _____	Year Left _____	Grade _____	
<b>Contact 2</b>			
Male Parent or Guardian - Relationship to student if other than parent _____			
Title _____	First Name _____	Surname _____	
Occupation _____	Country of Citizenship _____		
Country of Birth _____	Language _____		
Employer _____			
Religious Denomination _____		Parish _____	
Telephone - business _____		Telephone – mobile _____	
Email address _____			
Home Address _____			
Telephone - home _____			
Newman College past student	Yes / No _____	Year Left _____	Grade _____
<b>Person/s responsible for payment of Fees &amp; Charges</b> <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father			
<b>Accounts will be split if mother and father are selected (for separated families)</b>			
First point of contact if shared arrangement _____			

## CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship _____		
Are there any conditions enforced at law regarding parental access?	YES	NO
<i>If applicable, a copy of any Parenting or Restraint Order is attached</i>		

### CURRENT SCHOOL INFORMATION

Present School \_\_\_\_\_ Suburb \_\_\_\_\_  
 Current year level \_\_\_\_\_  
 Curriculum Council number (Secondary students only) \_\_\_\_\_

Religious Denomination of student \_\_\_\_\_  
 Parish \_\_\_\_\_ Suburb \_\_\_\_\_  
 Parish Priest \_\_\_\_\_  
 Date of Sacraments \_\_\_\_\_  
 Baptism \_\_\_\_\_ First Communion \_\_\_\_\_  
 Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_

### MEDICAL INFORMATION

Family Doctor/Medical Clinic \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Medicare Number \_\_\_\_\_ Expiry \_\_\_\_\_  
 Blood group (if known) \_\_\_\_\_

#### IMMUNISATIONS

Hep B  13vPCV (pneumococcal)  ORV (rotavirus)   
 DTPa-IPV-Hep B-Hib  MMR  Hib   
 MenCCV  VZV (Varicella/chickenpox)   
 Immunisation record attached

#### EMERGENCY CONTACT DETAILS **(other than Parent or Guardian)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Telephone – home \_\_\_\_\_ Telephone – mobile \_\_\_\_\_

#### MEDICAL EMERGENCY AUTHORISATION

I/we authorize Newman College to seek medical/dental attention, call an ambulance or to hospitalize my/our son/daughter when considered necessary. I/we further authorize Newman College that if an emergency occurs requiring surgery, anesthesia, oxygen, blood transfusion, medication and if/we are unable to be contacted within a reasonable time, Newman College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

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

Female Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Male Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### SIBLINGS (please include current Newman students as well)

*(Completing this section does not mean that younger siblings are automatically enrolled at Newman College – a separate form needs to be submitted for each child)*

Name		Year Level		School		Guild (if Yrs 7-12)	
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### STUDENT'S INDIVIDUAL NEEDS

The School Education Act 1999 requires the provision of: "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G). To assist the College to respond to individual requirements, please detail any special needs your child has in the following areas(s) that may affect his/her learning, participation or welfare during school hours.

CONDITION	DETAILS
Does your child suffer from Allergies and/or Asthma	
Is your child at risk for Anaphylaxis	
Does your child have a Medical Action Plan	
Does your child wear a Medical Alert bracelet	
Physical	
Orthoses/Prostheses	
Psychological/Cognitive ie ADHD, Dyslexia	
Emotional ie anxiety, depression	
Sensory (visual/hearing)	
Behavioural or Safety	
Communication	
Does your child require special transport arrangements to/from school	
Does your child receive respite care on a regular basis	
Does your child receive any services from an external agency which may affect their educational arrangements. If so, please advise service provider and contact number	

**Disclosure** Do you agree that the information supplied on the Student Information and Family Information sections can be provided to the relevant Parish Priest if required?

### AGREEMENT

1. I/we understand and accept that the completion of this Application for Enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's enrolment criteria.
2. I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
3. 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.
4. 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 the College including the Religious Education program at the College.
5. 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, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.
6. I/we confirm that the Data Collection Policy included in this Enrolment Prospectus has been read and understood.
7. 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.
8. I/we agree to pay an enrolment deposit once a firm offer is made by the College and is accepted. This amount will be credited against the first fee account. This amount is non-refundable if the place is subsequently cancelled.
9. I/we jointly and severally accept full responsibility for payment of all College Tuition Fees, levies and other charges issued pertaining to this enrolment application for the entire time that the student is enrolled at Newman College. Should this at any time present a difficulty, I/we agree to contact the College Business Manager within 14 days of the account being rendered to make alternative arrangements.
10. I/we understand that a condition of enrolment is that one full term's notice of withdrawal of a student is given in writing. In the event that such notice is not given, a full term's fee may apply.
11. I/we agree that if we default in payment on any invoice due, Newman College will be indemnified against any costs and disbursement incurred by Newman College in pursuing the debt, including legal costs on an indemnity basis and Newman College's reasonable Collection Agency costs.

Signed Female Parent/Guardian \_\_\_\_\_

Dated \_\_\_\_\_

Signed Male Parent/Guardian \_\_\_\_\_

Dated \_\_\_\_\_

***Both parent signatures are required where applicable***

# Application Fee

Please complete payment details to process the non-refundable application fee of \$110.00 per student.

**Student Name:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_ **Calendar Year of entry:** \_\_\_\_\_

Cheque  Cash (to be paid in person)

Credit Card  Visa  Mastercard

Number:

Expiry:

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Electronic Funds Transfer

**Bank:** Commonwealth Bank of Australia

**BSB No:** 066 129

**Account No:** 10049097

In reference field, please enter – app fee/Surname/First Name ie app **fee Jones Sam** when completing transfer

Amount: \_\_\_\_\_ Signature \_\_\_\_\_

**Postal Address:** PO Box 2004 CHURCHLANDS WA 6018

**Tel:** (08) 9204 9405 | **Email:** [registrar@newman.wa.edu.au](mailto:registrar@newman.wa.edu.au) | **Website:** [www.newman.wa.edu.au](http://www.newman.wa.edu.au)