APPLICATION FOR ENROLMENT

MARYMOUNT COLLEGE
Colton Avenue Hove SA 5048

Ph: 08 8298 2388
Fax: 08 8298 8891
Registrar: 08 8179 4420
Email: secretary@mc.catholic.edu.au
Website: www.mc.catholic.edu.au
Student Details

Student's Surname.............................................................................................................. First Name .................................................................................................
Date of Birth.............................................................................................................. Preferred Name ..........................................................................................
Language Spoken at Home ........................................................................................ Country of Birth ..........................................................................................
Other Languages ...................................................................................................... Date Arrived in Aust. If applicable ............................................................
Residency Status □ Permanent or □ Temporary Resident □ Australian Citizen □ International Student
Visa Information (if applicable) □ Visa Type.............................. Visa Number.......................... Date Granted.................................
Is the student of Aboriginal or Torres Strait Islander origin? □ No □ Yes (please ✓ below)
 □ Aboriginal □ Torres Strait Islander □ Both Aboriginal & Torres Strait Islander

Education

Current School.............................................................................................................. Started on ...............................................................................................
Previous Schools (include Kindergarten)
1............................................................................................................................ From .................................................. To ..................................................
2............................................................................................................................ From .................................................. To ..................................................
Present Year Level.............................................. Intended Calendar Year of Commencement...................... at Year Level .........

Religion

Religion of Student ........................................................................................................
Sacraments □ Baptism Date Received ............................................................ Parish Received .................................................................
□ Reconciliation Date Received ............................................................ Parish Received .................................................................
□ Confirmation Date Received ............................................................ Parish Received .................................................................
□ Eucharist Date Received ............................................................ Parish Received .................................................................

Siblings

Please give details regarding children in the family (eldest to youngest), including past students and students already at Marymount.

Other Children in the Family M/F Date of Birth School Attending Year Level
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Family Circumstances

□ Student lives in a two parent family
□ Student lives in a single parent or separated family □ with Mother ...............% □ with Father ...............%
□ Family Court or other relevant Court Order □ No □ Yes (please provide a copy to the College)
□ With Other - please complete the following:
Title........................................ Surname........................................................................ First Name ........................................................................
Address...................................................................................................................... Post Code ....................... Phone Numbers – Home............................................................. Work ...........................................................
Mobile ..................................................................................................................... Email Address ............................................................
Relationship to Child .................................................................................................

Association with Marymount

Mother is an Old Scholar □ No □ Yes Years attended................................. House (if known) .................................................................
Other Association (Aunties/Grandmothers etc.) ........................................................................
Family Details

Mother/Guardian 1

Title.......................................................... Surname........................................ First Name..........................................................

Residential Address.......................................................... Post Code ........

Postal Address.............................................................................................................. Post Code........

Phone Numbers – Home......................................................... Work ..........................................................

Mobile.............................................................................................................................. Email Address ..........................................................

Occupation.................................................................................................................. Employer ..........................................................

If not employed, do you receive a government benefit?  ☐ No  ☐ Yes  Type? ..........................................................................

Language Spoken at Home......................................................... Religion ..........................................................

Country of Birth............................................................................................................. Cultural Background ..........................................................

Visa Information (if applicable)  Visa Type........ Visa No......... Date Granted.......................... Length of stay..........................

Parent Background

☐ Year 12 or equivalent  ☐ Year 11 or equivalent  ☐ Year 10 or equivalent  ☐ Year 9 or equivalent or below

☐ Bachelor degree or above  ☐ Advanced Diploma/Diploma  ☐ Certificate I to IV (incl. trade)  ☐ No other qualifications

Occupation Group

☐ Group 1: Senior Management in large business organisation, government administration and defence, and qualified professionals

☐ Group 2: Other business manager, arts/media/sportspersons and associate professionals

☐ Group 3: Tradesmen/women, clerks and skilled offices, sales and service staff

☐ Group 4: Machine Operators, hospitality staff, assistants, labourers and related workers

Father/Guardian 2

Title.......................................................... Surname........................................ First Name..........................................................

Residential Address.......................................................... Post Code ........

Postal Address.............................................................................................................. Post Code........

Phone Numbers – Home......................................................... Work ..........................................................

Mobile.............................................................................................................................. Email Address ..........................................................

Occupation.................................................................................................................. Employer ..........................................................

If not employed, do you receive a government benefit?  ☐ No  ☐ Yes  Type? ..........................................................................

Language Spoken at Home......................................................... Religion ..........................................................

Country of Birth............................................................................................................. Cultural Background ..........................................................

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Student’s Needs

To best serve the needs of students the College should be made aware of any conditions that could impact on your daughters learning. Please be assured that this will not affect or in any way influence your daughter’s prospects for enrolment. It is simply required so that the best possible education can be offered to your daughter.

Does your daughter have any special achievements or talents? □ Yes □ No
   If yes, please provide further information .................................................................

Does your daughter have any of the following?

Learning Needs
- Dyslexia □ Yes □ No
- Asperger’s Syndrome or Autism □ Yes □ No
- Attention Deficit Disorder (with/without hyperactivity) ADD/ADDH □ Yes □ No
- Intellectual disability □ Yes □ No
- Language disorder □ Yes □ No
- Emotional or behavioural disturbances □ Yes □ No
- Borderline intellectual disability □ Yes □ No
   If yes, please provide further information .................................................................

Physical Impairments
- Physical disability □ Yes □ No
- Hearing impairment □ Yes □ No
- Vision impairment □ Yes □ No
   If yes, please provide further information .................................................................

Medical Conditions
- Epilepsy □ Yes □ No
- Diabetes □ Yes □ No
- Heart Condition □ Yes □ No
- Asthma □ Yes □ No
- Allergies □ Yes □ No
- Other (please specify) ...........................................................................................
   If yes, please provide further information .................................................................

Any infectious diseases – including AIDS, Hepatitis B □ Yes □ No

Are there any reports that provide further information? □ Yes □ No
(eg Medical report, speech pathology, medical etc - if yes, please provide a copy with this application)

Is there any other information that the school should be aware of in order to meet your child’s educational needs?
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Application Checklist

Please check that the following items are included when returning the Application Form along with the Application Fee of $70.

Once completed please mail to: Marymount College
                             Reply Paid 84411
                             HOVE SA 5048

☐ A copy of the birth certificate or extract from it
☐ Visa or Citizenship papers if born outside of Australia
☐ Latest school report and/or reference from previous schools
☐ Latest copy of the NAPLAN Results
☐ Baptismal certificate
☐ Any Court order or related information regarding custody of child (if applicable)
☐ Documentation relating to special needs (any reports, action plans, assessments etc)

I acknowledge and accept all of the terms and conditions (clauses 1-23) on the following page and declare that all of the information provided in this application is to the best of my knowledge, true.

Both Parents/Caregivers to sign
Mother/Guardian 1 (signature)........................................................................................................... Date..................................................
Father/Guardian 2 (signature)........................................................................................................... Date..................................................

Please state your reasons for choosing this Catholic school for your child’s education
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Person Responsible for School Fees
☐ Parent/Guardian 1  ☐ Parent/Guardian 2  ☐ Both  ☐ Other  Name.................................................................
Address ........................................................................................................................
Relationship to the Student ....................................................................................

Have you previously been entitled to School Card  ☐ No  ☐ Yes - Year of last approval..........................................................

I / We consent to my / our personal details (contact name, telephone number, address) being disclosed for pastoral support and Thanksgiving campaigns to the Parish in which I / we reside  ☐ No  ☐ Yes

How did you learn about Marymount?
☐ Family/Friends  ☐ Current Marymount Parent  ☐ Advertisements  ☐ Profile in the Community  ☐ Website
☐ Other (please specify)...........................................................................................................................

PLEASE NOTE
In due course applicants will be contacted regarding their application for enrolment. If applicants accept an offer of enrolment, the terms and conditions detailed in this Application for Enrolment are incorporated in the Enrolment Contract. Enrolment interviews commence approximately 2 years prior to commencement date and continue until year levels are full.
Privacy and Release of Information

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student’s enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.

2. Some of the information we collect is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.

3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.

4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, the Catholic Education Office, the South Australian Commission for Catholic Schools, the School’s local diocese and the parish, Schools within other Dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.

6. Personal information collected from students is regularly disclosed to their parents or guardians.

7. In situations where parents are separated, it is the policy of the School to release school reports to the mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interview upon request. However, the School will abide by any court orders which prevent the release of such information.

8. The School may store personal information in the ‘cloud’ which may mean that it resides on servers which are situated outside Australia.

9. In the event of default of payment of fees, the School may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.

10. The School’s Privacy Policy sets out how parents or students may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School’s duty of care to the pupil, or where students have provided information in confidence.

11. The School’s Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.

12. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

13. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines and on our website. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines and on our website. The School will obtain separate permissions from the students’ parent or guardian prior to publication. We may include students’ and students’ parents’ contact details in a class list and School directory (or Schools may wish to seek specific consent to publish contact details in class lists and School directories).

14. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.

Parent/Guardian Declaration

15. In applying to enrol my child at this school I/we accept that s/he will be educated in the Catholic faith within a Christian educational environment.

16. I/we accept that support of school staff and cooperation concerning school activities is essential.

17. I/we accept that we will abide by school policies as amended from time to time.

18. I/we accept that participation in camps is compulsory and that membership in school sporting teams takes priority over competing sporting interests.

19. I/we accept that the School/College reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the School/College.

20. I/we accept the standards the School/College sets regarding grooming, uniform and personal presentation.

21. I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the School/College (except where exemptions/remissions have been sought and granted).

22. I/we give consent for the School/College to contact any other Catholic school which my child has previously attended for the purpose of ascertaining my/our fee paying record.

23. I/we accept that the School/College does not accept liability for damage or loss of any personal possessions of students and that insurance for students’ personal possessions is my responsibility.
please attached the required documents here