

Application for Enrolment



WHITEFRIARS
CATHOLIC COLLEGE FOR BOYS

Student Details

Victorian Student Number (VSN)

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Family Name _____

Given Names _____

Preferred Name _____

Date of Birth _____

Country of Birth _____

Nationality _____

Year Level Applied for (eg Year 7) _____

Year of Entry (eg 2028) _____

Present School _____

Any Previous Schools _____

Student's Citizenship

Australian Citizen

Yes

Temporary Resident of Australia

If yes, please provide supporting documentation

Yes

Permanent Resident of Australia

Yes

Indigenous/Torres Strait Islander

If yes, please provide supporting documentation

Yes

Does the student have any medical conditions or special educational needs we should be aware of? Yes No

If yes, please give details or attach the necessary documentation. _____

Student's Religion

Is the student a baptised Catholic? Yes

No (If no, please state Religion) _____

Sacraments received to date

Baptism

Yes

Date / /

First Communion

Yes

Date / /

Confirmation

Yes

Date / /

Connections with Whitefriars College

Current family connections with Whitefriars College (eg brother, cousin, etc) _____

Name, relationship, Year Level and House _____

Past family connections with Whitefriars College (eg father, uncle, etc) _____

Name, relationship and House _____

Final year at Whitefriars College (eg 1990) _____ Year Level (eg Year 12) _____

*Please note: any medical conditions or special educational needs must be known to the Principal prior to enrolment in order to ensure that an appropriate program can be offered. This may include access to recent school reports and any professional assessments relevant to the planning and resourcing of an appropriate education program. Reports and assessments will be treated confidentially by staff and according to the College's Privacy Policy.

Belong. Believe. Become.

Applicant (Parent/Guardian) Details

Is there a court order in relation to the student?
If yes, please attach a copy

Yes

No

Student resides with

Both Parents

Mother

Father

Guardian/s

Address

Postcode

Home Telephone

Mobile

Parent/Guardian 1

Family Name

Title (Mr, Dr, Prof, etc)

Given Name

Preferred Name

Relationship to student

Address (if different from student)

Postcode

Home Telephone (if different from student)

Mobile

Email

Employer/Company

Business Address

Business Telephone

Occupation

Parent/Guardian 2

Family Name

Title (Ms, Dr, Prof, etc)

Given Name

Preferred Name

Relationship to student

Address (if different from student)

Postcode

Home Telephone (if different from student)

Mobile

Email

Employer/Company

Business Address

Business Telephone

Occupation

How did you hear about Whitefriars College?

- Reputation
 Feeder School
 Advertising
 Relation attended/is attending College
 Local resident
 Open Day/College Tour
 Website
 Social Media
 Other

Whitefriars College is a Catholic school in the Carmelite tradition.
 What influenced you to seek enrolment at the College?

	Strong Influence	Moderate Influence	No Influence
Academic Excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering for Individual Learning Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Connection with College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Entry Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Sex School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject Diversity/Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please specify	<input type="text"/>		

Declaration by Applicant (Parents/Guardians)

We request that the above-named student be registered for admission to Whitefriars College. We have read and noted the Student Enrolment Policy and, Terms and Conditions of Enrolment.

Signature of Applicants (both Parents/Guardians)

This application requires the signature of both parents/guardians. If both signatures are not appended, the reasons why should be indicated below or on a separate attachment.

Parent/Guardian 1

Name

Signature

Date

Parent/Guardian 2

Name

Signature

Date

Whitefriars College is a Child Safe School



Application for Enrolment - Checklist

Please provide copies of the following documents together with this Application for Enrolment form. A separate Application for Enrolment form must be lodged for each applicant.

- Application for Enrolment and the non-refundable \$50 fee (GST inclusive)
- Birth Certificate
- Baptism Certificate (if applicable)

If entering the College from overseas, please provide

- Copy of Passport/Australian Residency Visa details

Please return the completed Application for Enrolment form, together with the \$50 application fee and all requested documentation to:

Whitefriars College
Development and Enrolment Office
156 Park Road
Donvale Vic 3111

Payment Details

This Application for Enrolment form will only be accepted if accompanied by payment of the \$50 (non-refundable) fee.

Method of payment Cheque (please make payable to Whitefriars College Inc)

Credit Card

Other

Credit Card Payment Authorisation

I authorise Whitefriars College to charge the \$50 application fee to my credit card account.

Name of Cardholder

Signature

Date

Please debit my

Master Card

Visa

(below perforation for office use only)

Card Number

Expiry Date

CCV Number

Office Use Only