APPLICATION FOR ENROLMENT
Thank you for considering Siena Catholic College for the secondary education of your child.
This form is to be completed in conjunction with the Notes Booklet.
When completing this form, please PRINT CLEARLY in blue or black pen.

Student’s current Year Level is - Yr _____

Please circle the required Year Level -

Yr 7  Yr 8  Yr 9  Yr 10  Yr 11  Yr 12

and indicate the Year for which enrolment is requested - 20_____
Section 3: Student Citizenship

Country of Citizenship:
In which country does the student currently hold citizenship?

☐ Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided)

Proceed to Section 5: Current/Previous Schooling

☐ Other Country (Please specify) ___________________________

Proceed to Section 4: International Details

Section 4: Student International Details
Complete this section for students who are NOT Australian Citizens.

A legible copy of the student’s Visa, Passport (including passport number) and Health Care documentation must be attached.

Country of Passport Issue: ___________________________

Visa Sub-Class Number: ___________________________

Visa Expiry Date: D D / M M / Y Y Y Y

Date of Entry to Australia: D D / M M / Y Y Y Y

Visa Expiry Date: D D / M M / Y Y Y Y

Health Care Number: ___________________________

Health Care Expiry Date: D D / M M / Y Y Y Y

Section 5: Student Current/Previous Schooling
Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any Transfer Documentation should be attached (if applicable).

<table>
<thead>
<tr>
<th>School Name</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Contact Number (if known)</th>
<th>Year Level(s)</th>
<th>Attended From (Date)</th>
<th>Attended To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>

If more space is required, please attach a separate page.

Section 6: Student Religious Background

Has the student been baptised in the Catholic faith?

☐ Yes. A legible copy of the student’s Baptismal Certificate must be attached and details of any Sacraments Received should be provided below

☐ No. Other Religion (Please specify) ___________________________

Sacraments Received:

☐ Baptism Date Received DD / MM / YY Parish ___________________ Suburb __________________

☐ Reconciliation Date Received DD / MM / YY Parish ___________________ Suburb __________________

☐ Eucharist Date Received DD / MM / YY Parish ___________________ Suburb __________________

☐ Confirmation Date Received DD / MM / YY Parish ___________________ Suburb __________________
### Section 7: Related Persons’ Personal Details

#### Parent/Legal Guardian/Caregiver 1

**Legal Surname:**

**Legal First Name:**

**Other Given Name(s):**

**Preferred Surname: (If different from Legal Surname)**

**Preferred First Name: (If different from Legal First Name)**

**Title:**
- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms
- [ ] Dr
- [ ] Fr
- [ ] Sr
- [ ] Br
- [ ] Rev
- [ ] Prof

**Gender:**
- [ ] Male
- [ ] Female

**Date of Birth:** D D / M M / Y Y Y Y

#### Parent/Legal Guardian/Caregiver 2

**Legal Surname:**

**Legal First Name:**

**Other Given Name(s):**

**Preferred Surname: (If different from Legal Surname)**

**Preferred First Name: (If different from Legal First Name)**

**Title:**
- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms
- [ ] Dr
- [ ] Fr
- [ ] Sr
- [ ] Br
- [ ] Rev
- [ ] Prof

**Gender:**
- [ ] Male
- [ ] Female

**Date of Birth:** D D / M M / Y Y Y Y

### Section 8: Related Persons’ Cultural Background

#### Parent/Legal Guardian/Caregiver 1

**Country of Birth:**
- [ ] Australia
- [ ] Other (Please specify)

**Country of Passport Issue:**
- [ ] Australia
- [ ] Other (Please specify)

**Main Language Spoken at Home**: Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
- [ ] No, English Only
- [ ] Yes, Other (Please specify)

**Other Language Spoken at Home:**
- [ ] No
- [ ] Yes, Other (Please specify)

**Religion:**

**Parish of Worship:** (If applicable)

#### Parent/Legal Guardian/Caregiver 2

**Country of Birth:**
- [ ] Australia
- [ ] Other (Please specify)

**Country of Passport Issue:**
- [ ] Australia
- [ ] Other (Please specify)

**Main Language Spoken at Home**: Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
- [ ] No, English Only
- [ ] Yes, Other (Please specify)

**Other Language Spoken at Home:**
- [ ] No
- [ ] Yes, Other (Please specify)

**Religion:**

**Parish of Worship:** (If applicable)
## Section 9: Related Persons’ General Information

### Parent/Legal Guardian/Caregiver 1

**Occupation Group**: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

**Highest School Level**: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

- [ ] Year 12 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 9 or equivalent or below

**Highest Qualification Level**: What is the level of the highest qualification the parent/caregiver has completed?

- [ ] Bachelor degree or above
- [ ] Advanced diploma/Diploma
- [ ] Certificate I to IV (including trade certificate)
- [ ] No non-school qualification

**Occupation**: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

- 

**Workplace**: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

- 

**Talents**: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

- 

**Interests**: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

- 

### Parent/Legal Guardian/Caregiver 2

**Occupation Group**: What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

**Highest School Level**: What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark “Year 9 or equivalent or below”.

- [ ] Year 12 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 9 or equivalent or below

**Highest Qualification Level**: What is the level of the highest qualification the parent/caregiver has completed?

- [ ] Bachelor degree or above
- [ ] Advanced diploma/Diploma
- [ ] Certificate I to IV (including trade certificate)
- [ ] No non-school qualification

**Occupation**: Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

- 

**Workplace**: Provide the name of the parent/caregiver’s workplace. (eg Brisbane City Council, Mater Hospital, Coles)

- 

**Talents**: Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

- 

**Interests**: Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

- 

### Parent/Legal Guardian/Caregiver 1

**Residential Address Details**
- Street Address:
- Suburb/Town:
- State: [ ] Postcode: [ ]
- **Country** (if not Australia):

**Postal/Correspondence Address Details**
- Same as Residential address
- Postal Address:
- Suburb/Town:
- State: [ ] Postcode: [ ]
- **Country** (If not Australia):

**Residential (Alternative) Address Details**
(If required)
- Street Address:
- Suburb/Town:
- State: [ ] Postcode: [ ]
- **Country** (if not Australia):

### Parent/Legal Guardian/Caregiver 2

**Residential Address Details**
- Street Address:
- Suburb/Town:
- State: [ ] Postcode: [ ]
- **Country** (if not Australia):

**Postal/Correspondence Address Details**
- Same as Residential address
- Postal Address:
- Suburb/Town:
- State: [ ] Postcode: [ ]
- **Country** (If not Australia):

**Residential (Alternative) Address Details**
(If required)
- Street Address:
- Suburb/Town:
- State: [ ] Postcode: [ ]
- **Country** (if not Australia):
### Section 11: Related Persons’ Contact Information

#### Parent/Legal Guardian/Caregiver 1

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Mobile Telephone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 12: Related Persons’ Relationship to the Student

#### Parent/Legal Guardian/Caregiver 1

**What is the relationship of this person to the student?** *(Tick one (1) only)*

- Mother
- Father
- Step Mother
- Step Father
- Foster Mother
- Foster Father
- Grandmother
- Grandfather
- Home Stay Parent
- Sister
- Brother
- Half Sister
- Half Brother
- Step Sister
- Step Brother
- Foster Sister
- Foster Brother
- Home Stay Sister
- Home Stay Brother
- Aunt
- Uncle
- Niece
- Nephew
- Cousin
- Friend
- Doctor
- Dentist
- Legal Guardian *(for Dept. of Communities only)*
- Care Provider
- Counsellor/Social Worker
- Agent
- Reg. Exchange Org

#### Parent/Legal Guardian/Caregiver 2

**What is the relationship of this person to the student?** *(Tick one (1) only)*

- Mother
- Father
- Step Mother
- Step Father
- Foster Mother
- Foster Father
- Grandmother
- Grandfather
- Home Stay Parent
- Sister
- Brother
- Half Sister
- Half Brother
- Step Sister
- Step Brother
- Foster Sister
- Foster Brother
- Home Stay Sister
- Home Stay Brother
- Aunt
- Uncle
- Niece
- Nephew
- Cousin
- Friend
- Doctor
- Dentist
- Legal Guardian *(for Dept. of Communities only)*
- Care Provider
- Counsellor/Social Worker
- Agent
- Reg. Exchange Org
### Section 12: Related Persons’ Relationship to the Student (continued...)

#### Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

- **Emergency Contact:**
  - Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
  - 1st 2nd  
  - No

- **Legal Guardian:**
  - If this person is not a birth or adoptive parent, then legal documentation must be attached.
  - Yes  
  - No

- **Caregiver:**
  - A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
  - Yes  
  - No

- **Main Contact:**
  - A student must have one (1) main contact.
  - Yes  
  - No

Is this person to receive any of the following forms of Communication?

- **Report Cards/Progress Reports:** Yes  No
- **Newsletters:** Yes  No
- **Invitations:** Yes  No
- **School Portal Access:** Yes  No

Does this person reside with the student?

- Yes  
- No

Does this person require the assistance of an interpreter?

- Yes  
- No

#### Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

- **Emergency Contact:**
  - Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
  - 1st 2nd  
  - No

- **Legal Guardian:**
  - If this person is not a birth or adoptive parent, then legal documentation must be attached.
  - Yes  
  - No

- **Caregiver:**
  - A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
  - Yes  
  - No

- **Main Contact:**
  - A student must have one (1) main contact.
  - Yes  
  - No

Is this person to receive any of the following forms of Communication?

- **Report Cards/Progress Reports:** Yes  No
- **Newsletters:** Yes  No
- **Invitations:** Yes  No
- **School Portal Access:** Yes  No

Does this person reside with the student?

- Yes  
- No

Does this person require the assistance of an interpreter?

- Yes  
- No

(Please attach a separate sheet of paper if this space is insufficient to detail all Parent/Legal Guardian information.)
## Section 13: Student Address Information

**Residential Address Details**
- [ ] Same as Parent/Legal Guardian/Caregiver 1
- [ ] Same as Parent/Legal Guardian/Caregiver 2

**Residential (Alternative) Details (If required)**
- [ ] Same as Parent/Legal Guardian/Caregiver 1
- [ ] Same as Parent/Legal Guardian/Caregiver 2

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburb/Town:</td>
<td>Suburb/Town:</td>
</tr>
<tr>
<td>State:</td>
<td>State:</td>
</tr>
<tr>
<td>Postcode:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Country (If not Australia):</td>
<td>Country (If not Australia):</td>
</tr>
</tbody>
</table>

## Section 14: Student Contact Information

**Contact Method Type**

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
<th>Indicate best contact order for the student.</th>
<th>Is this number silent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Method Type (If required)**

<table>
<thead>
<tr>
<th>Contact Method Type</th>
<th>Order</th>
<th>Silent</th>
<th>Indicate best contact order for the student.</th>
<th>Is this number silent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (Alternative) Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

☐ Yes. Provide details below.

☐ No. Proceed to Section 16: Student Specialist Assessments

<table>
<thead>
<tr>
<th>Condition</th>
<th>Requires Medication#</th>
<th>Has Medical Action Plan#</th>
<th>Brief Description of Condition and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus Type 1</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Febrile Convulsions</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

# Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student’s file.

Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

☐ Yes. Provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached.

☐ No. Proceed to Section 17: Educational Support Information
Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

☐ Yes. Respond to the questions below.
☐ No. Proceed to Section 18: Legal Information

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and/or participation in school.

________________________________________________________________________

________________________________________________________________________

Has the student been diagnosed with a disability? If so, provide details.

________________________________________________________________________

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

________________________________________________________________________

If the student is from interstate or overseas, describe the educational support provided.

________________________________________________________________________

Section 18: Legal Information

Is the student in Care of the State?

☐ Yes
☐ No

Are there any legal issues concerning the student of which the school should be aware?

☐ Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.
☐ No. Proceed to Section 19: Sibling Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal First Name and Surname of the person for whom the document is issued</th>
<th>Effective From (Date)</th>
<th>Effective To (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Parenting Agreement</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Domestic Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Apprehended Violence Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Child Protection Order</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Other Caring Arrangement (Please specify)</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
<tr>
<td>Legal Guardianship Documentation</td>
<td></td>
<td>DD / MM / YY</td>
<td>DD / MM / YY</td>
</tr>
</tbody>
</table>
Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

☐ Yes. Provide details below.
☐ No. Proceed to Section 20: Additional Information

<table>
<thead>
<tr>
<th>Sibling 1</th>
<th>Sibling 2</th>
<th>Sibling 3</th>
<th>Sibling 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Surname</td>
<td>Preferred Surname</td>
<td>Legal First Name</td>
<td>Relationship to Student</td>
</tr>
</tbody>
</table>

Date of Birth: DD / MM / YYYY

School Name and Suburb (If applicable)

Class (If applicable)

House (If applicable)

Resides with Student? ☐ Yes ☐ No

(Please attach a separate sheet of paper if this is insufficient to detail all sibling information.)

Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

☐ Yes. Provide details below.
☐ No. Proceed to Check List

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
### CHECK LIST

Please complete **before** submitting the Application for Enrolment form

Note that original documents may need to be sighted, on request, to finalise enrolment confirmation.

Documents provided:

- Birth Certificate  □ Yes □ No □ Not Applicable
- Baptism Certificate  □ Yes □ No □ Not Applicable
- Copy of most recent School Report  □ Yes □ No □ Not Applicable
- Copy of current Passport, Visa & Citizenship docs  □ Yes □ No □ Not Applicable
- Legal documentation  □ Yes □ No □ Not Applicable
- Current/Previous School Transfer form  □ Yes □ No □ Not Applicable
- Health or Medical Assessment Reports  □ Yes □ No □ Not Applicable
- Health Care Documentation (for international students)  □ Yes □ No □ Not Applicable

---

### Signature(s)

I/We declare that:

- I/we have completed this form in conjunction with the Notes Booklet
- the information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

I/We understand that:

- I/we have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- should this Application for Enrolment be successful, we have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

I/We have fully and accurately disclosed any information required by the school for its consideration in determining the enrolment of the student and understand that non-disclosure of relevant information will make the application, offer of enrolment and acceptance invalid.

I/We have submitted an application for enrolment at another BCE school for the same starting time

<table>
<thead>
<tr>
<th>School</th>
<th>Selected</th>
<th>Not Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Teresa’s</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>St John’s</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Unity College</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
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**SIGNATURE** of Parent or Legal Guardian

**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**

DD/MM/YYYY

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**PLEASE NOTE:**

It is College policy that **both** Parents/Legal Guardians must sign this form, acknowledging each one’s intention to apply to enrol the student. The application will not be further considered unless **both** Parents/Legal Guardians sign this form. If necessary, the form will be returned to enable a second Parent/Legal Guardian to sign before the application is further considered. The application will then be further considered, but only on the assumption that all information supplied by the enrolling parents is full and accurate and that copies of any and all Orders of a Court relating to the child(ren) have been supplied. Where the College later learns that the information supplied was not full and/or accurate or where the College later learns that copies of all Orders of a Court relating to your son/daughter were not supplied, the enrolment application process may cease and any Confirmation of Enrolment issued may be cancelled. Endorsement of this application and subsequent acceptance of this enrolment forms an agreement with the College and an undertaking of Parents/Legal Guardians to pay all fees and charges for the student being accepted unless other arrangements have been made, and confirmed in writing, with the Principal.