



# SACRED HEART GIRLS' COLLEGE

## Application for Enrolment

113 Warrigal Road Hughesdale 3166 • PO Box 228 Oakleigh 3166

Enrolment enquiries: registrar@shgc.vic.edu.au • www.shgc.vic.edu.au • Ph: +61 3 9568 5488 • Fax: +61 3 9563 3047

Please return your completed form with \$220 application fee and all requested documentation to the College Registrar.

Parents/Guardians are advised to visit the Enrolments page of the College website prior to lodging an application. Details of the College Enrolment Policy, Priority Parishes and key dates for Year 7 applications can be found there. The Principals of Catholic secondary colleges in the region will exchange lists of applicants for Year 7 in the year prior to enrolment.

Are you applying to other Catholic secondary schools?  Yes  No

Are you applying to Government secondary schools?  Yes  No

If YES, please list the schools, including Sacred Heart Girls' College, in order of preference:

1st Preference:

2nd Preference:

3rd Preference:

### PRIVACY/COLLECTION STATEMENT

Sacred Heart Girls' College is bound by the National Privacy Principles contained in the Commonwealth Privacy Act. Please refer to our website for the Privacy Policy of Sacred Heart Girls' College at [www.shgc.vic.edu.au](http://www.shgc.vic.edu.au)

### STUDENT DETAILS

Entry year: \_\_\_\_\_ Year Level at commencement: \_\_\_\_\_

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

First (Given) name/s: \_\_\_\_\_

Preferred first name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

### HOME ADDRESS OF STUDENT

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

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_

### SACRAMENTS RECEIVED TO DATE

Baptism Date: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_

Communion Date: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Current Parish: \_\_\_\_\_

### CURRENT SCHOOL

Name of current school: \_\_\_\_\_

Start date at current school: \_\_\_\_\_

First year of schooling in Australia \_\_\_\_\_

I/We give permission for SHGC to contact current school:

Yes  No

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

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

### FAMILY MEMBERS WHO ARE PAST OR CURRENT STUDENTS OF THE COLLEGE

Name	Relationship	Year	House
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### STUDENT RESIDES WITH

Both parents  Mother  Father  Guardian

### OFFICE USE ONLY

Date received: \_\_\_\_\_

Student code: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

House: \_\_\_\_\_

English second language:  Yes  No

# Sacred Heart Girls' College **Application for Enrolment**

## FATHER OR GUARDIAN DETAILS

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

First (Given) name/s: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

SMS Messaging: (for emergency and reminder purposes)  
 Yes  No

Email address: \_\_\_\_\_

Is this your preferred email contact address for correspondence from the College?  Yes  No

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

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

Nationality: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Occupation/Industry: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to student: (if guardian) \_\_\_\_\_

## MOTHER OR GUARDIAN DETAILS

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

First (Given) name/s: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

SMS Messaging: (for emergency and reminder purposes)  
 Yes  No

Email address: \_\_\_\_\_

Is this your preferred email contact address for correspondence from the College?  Yes  No

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

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

Nationality: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Occupation/Industry: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to student: (if guardian) \_\_\_\_\_

## NATIONALITY

In which country was the student born:  Australia  
Other – please specify: \_\_\_\_\_


 Please attach a copy of Birth Certificate.

Nationality: \_\_\_\_\_

Australian Citizen not born in Australia  No  Yes  
If Yes, include Australian Passport Number: \_\_\_\_\_

 Please attach a copy of passport photo page or proof of Australian Citizenship.

Not currently an Australian Citizen please provide further details as appropriate below:  
 Permanent Resident  Temporary Resident  
Visa Subclass No.: \_\_\_\_\_

 Please attach a copy of Visa documents and Passport photo page.

Is the student of Aboriginal or Torres Strait Islander origin?  
 No  Yes

Does the student speak a language other than English at home?  
 No – English Only  
 Yes – Please specify

Does the father/guardian speak a language other than English at home?  
 No – English Only  
 Yes – Please specify

Does the mother/guardian speak a language other than English at home?  
 No – English Only  
 Yes – Please specify

# Sacred Heart Girls' College Application for Enrolment

## STUDENT EDUCATIONAL AND HEALTH INFORMATION

Please indicate if the student has any special needs and give details below, including information about support provided at the current school. If this enrolment is successful it is essential that the College be informed and made aware of any changes to these needs.

Does the student require any additional assistance with her learning?

No  Yes If YES please provide details:

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Does the student currently receive Government or Student With Disability (SWD) Funding?

No  Yes If YES please provide details:

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Please indicate if the student has any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Autism               | <input type="checkbox"/> ADD/ADHD               |
| <input type="checkbox"/> Behavioural Issues   | <input type="checkbox"/> Vision Impairment      |
| <input type="checkbox"/> Hearing Impairment   | <input type="checkbox"/> Special Needs          |
| <input type="checkbox"/> Language Disorder    | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Psychological Issues | <input type="checkbox"/> Other (please specify) |

 If YES to any please provide supporting documentation.

Has the student been assessed by a speech therapist, occupational therapist, psychologist or other health professional?

No  Yes

 If YES please provide details and attach the relevant report to this application

Does the student require any additional care due to health issues?

No  Yes If YES please provide details:

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Custodial Arrangements/Court Orders: Are there any current custodial arrangements/court orders relating to the student?

No  Yes If YES, copies of these, e.g. Parenting Order, Parenting Plan, IVO or other relevant court order must be provided.

## PAYMENT DETAILS

Payment can be made by cheque (payable to Sacred Heart Girls' College) or credit card. This application form will only be accepted if accompanied by payment of the \$220 (non-refundable) application fee.

Please debit my  Mastercard  Visa Card number:

Name on card: \_\_\_\_\_ Card expiry date / Signature: \_\_\_\_\_

## PARENTAL COMMITMENT

If the student is enrolled at Sacred Heart Girls' College, I/we:

- agree to adhere to all College Policies including regulations regarding uniform and behaviour
- will ensure student attendance and participation in compulsory College activities including sports days, outdoor education programmes and retreats
- will accept a personal commitment to attend the activities arranged by the College including parent/teacher contact
- agree to pay College fees and charges as each billing falls due and abide by variations to the fee structure adopted by the College Board until the student completes her education at the College and understand that failure to do so can jeopardise her ongoing enrolment at the College and may incur a late payment fee of up to \$200.00
- agree as parents/guardians, that each of us is 100% liable for the payment of fees and that the College may render invoices to either party or both parties, irrespective of who we nominate below, as the party responsible for the payment of fees
- acknowledge that the College may increase school fees each year due to anticipated changes in its underlying cost structure.

All parents/guardians must sign and date here unless one parent is sole custodian:

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT OF FEES

Who will be responsible for the payment of the school fees and levies? Please tick one box.

- Both Parents  Mother Only  Father Only  
 Guardian  Other :

## APPLICATION FOR ENROLMENT – CHECKLIST

Please provide copies of the following documents together with this Application for Enrolment form and the non-refundable fee of \$220.

- Birth Certificate  Baptism Certificate (if applicable)  
 Passport / Australian Residency / Visa details (if born overseas)

## HOW DID YOU HEAR ABOUT SACRED HEART GIRLS' COLLEGE?

- |  |   |
|--|---|
| <input type="checkbox"/> Reputation                                    | <input type="checkbox"/> Primary school         |
| <input type="checkbox"/> Past student                                  | <input type="checkbox"/> Advertising            |
| <input type="checkbox"/> Relation has attended or is attending College | <input type="checkbox"/> Local resident         |
|  | <input type="checkbox"/> Other (please specify) |



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