



ENROLMENT APPLICATION

PLEASE RETURN YOUR COMPLETED APPLICATION TO registrar@olsh.vic.edu.au

COPIES OF FOLLOWING SUPPORTING DOCUMENTS ARE REQUIRED

- BAPTISMAL CERTIFICATE (IF BAPTISED)
- BIRTH CERTIFICATE
- LAST SCHOOL REPORT AND LAST NAPLAN RESULTS
- ALL VISA APPROVAL DOCUMENTATION FROM THE DEPARTMENT OF IMMIGRATION AND BORDER PROTECTION (PLEASE REFER TO APPLICATION INSTRUCTIONS)
- COMPLETED APPLICATION FEE FORM (\$100 NON-REFUNDABLE FEE)
- PHOTO OF STUDENT

IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? Yes No

ATTACH
PHOTO
HERE
Must be provided

ENROLMENT

YEAR _____

LEVEL _____

PERSONAL DETAILS OF STUDENT

SURNAME	
FIRST NAME	SECOND NAME
DATE OF BIRTH	VICTORIAN STUDENT NUMBER
NATIONALITY	COUNTRY OF BIRTH
CITIZENSHIP	IF NOT AN AUSTRALIAN CITIZEN DO YOU HAVE PERMANENT RESIDENCY? Yes <input type="checkbox"/> No <input type="checkbox"/>
RESIDENCY	IF NOT AN AUSTRALIAN CITIZEN AT BIRTH YOU MUST INCLUDE ALL IMMIGRATION APPROVAL DOCUMENTATION INCLUDING PASSPORT BIODATA PAGES AND THE DATES BELOW.
INITIAL SCHOOLING DATE _____ DATE OF ARRIVAL IN AUSTRALIA _____ DATE OF FIRST SCHOOLING IN AUSTRALIA _____	

HOME ADDRESS	POSTCODE
HOME TELEPHONE	

RELIGION	
YEAR OF BAPTISM	PARISH
YEAR OF COMMUNION	PARISH
YEAR OF CONFIRMATION	PARISH

SCHOOL PRESENTLY ATTENDING	
ADDRESS	
STATE	POSTCODE
YEAR LEVEL AT THAT SCHOOL	HOW MANY YEARS ENROLLED AT THAT SCHOOL
I/WE GIVE PERMISSION FOR OLSH COLLEGE BENTLEIGH TO CONTACT CURRENT SCHOOL: Yes <input type="checkbox"/> No <input type="checkbox"/>	

FAMILY CIRCUMSTANCES

PLEASE TICK AND IF REQUIRED CIRCLE THE APPROPRIATE FAMILY CIRCUMSTANCE FOR THE APPLICANT:

- LIVES WITH MOTHER AND FATHER OR CAREGIVER TOGETHER WITH THEIR NATURAL, ADOPTED OR FOSTERED CHILDREN
- PARENTS SEPARATED/DIVORCED AND LIVES PREDOMINATELY WITH MOTHER/FATHER/BOTH PARENTS SHARED, CAREGIVER
- MOTHER/FATHER DECEASED
- SINGLE PARENT: MOTHER/FATHER/CAREGIVER

COURT ORDERS OR LEGAL PARENTING AGREEMENTS MUST BE INCLUDED IN THIS APPLICATION IN A SEALED ENVELOPE ADDRESSED TO THE PRINCIPAL.

PERSONAL DETAILS OF PRIMARY CONTACT 1 (MOTHER OR FATHER OR CAREGIVER)

SURNAME											TITLE										
FIRST NAME																					
HOME ADDRESS																					
										STATE			POSTCODE								
HOME TELEPHONE											MOBILE										
EMAIL ADDRESS																					
NAME OF EMPLOYER																					
BUSINESS ADDRESS																					
BUSINESS TELEPHONE																					
OCCUPATION																					
RELIGION																					
COUNTRY OF BIRTH						NATIONALITY															
LANGUAGE SPOKEN AT HOME						OTHER															

HIGHEST YEAR OF SCHOOL

- YEAR 12 OR EQUIVALENT
 YEAR 11 OR EQUIVALENT
 YEAR 10 OR EQUIVALENT
 YEAR 9 OR BELOW

POST-SECONDARY QUALIFICATION

- CERTIFICATE I TO V INCLUDING TRADE CERT.
 DIPLOMA
 DEGREE/NAME
 OTHER

PERSONAL DETAILS OF PRIMARY CONTACT 2 (MOTHER OR FATHER OR CAREGIVER)

SURNAME											TITLE										
FIRST NAME																					
HOME ADDRESS																					
										STATE			POSTCODE								
HOME TELEPHONE											MOBILE										
EMAIL ADDRESS																					
NAME OF EMPLOYER																					
BUSINESS ADDRESS																					
BUSINESS TELEPHONE																					
OCCUPATION																					
RELIGION																					
COUNTRY OF BIRTH						NATIONALITY															
LANGUAGE SPOKEN AT HOME						OTHER															

HIGHEST YEAR OF SCHOOL

- YEAR 12 OR EQUIVALENT
 YEAR 11 OR EQUIVALENT
 YEAR 10 OR EQUIVALENT
 YEAR 9 OR BELOW

POST-SECONDARY QUALIFICATION (PLEASE SPECIFY)

- CERTIFICATE I TO V INCLUDING TRADE CERT.
 DIPLOMA
 DEGREE/NAME
 OTHER

FAMILY INFORMATION

DO YOU HAVE A DAUGHTER WHO CURRENTLY ATTENDS OLSH? Yes No

IF YES, DAUGHTER'S NAME AND HOUSE _____

DO YOU HAVE ANY OTHER DAUGHTERS CURRENTLY ATTENDING PRIMARY SCHOOL? IF YES, WHAT GRADES ARE THEY IN AND WHICH SCHOOL DO THEY ATTEND? _____

IS THE APPLICANT'S MOTHER AN EX-STUDENT OF THE COLLEGE OR HAVE OTHER MEMBERS OF THE FAMILY ATTENDED OLSH COLLEGE? IF YES, LIST RELATIONSHIP TO STUDENT, GRADUATING YEAR AND MAIDEN NAME.

NAME	MAIDEN NAME	RELATIONSHIP	GRADUATING YEAR

NATIONALLY CONSISTENT COLLECTION OF DATA (NCCD) AND SPECIAL NEEDS

TO ENABLE THE COLLEGE TO PROVIDE SUITABLE ACADEMIC AND PASTORAL SUPPORT FOR ALL STUDENTS PLEASE PROVIDE THE FOLLOWING INFORMATION:

NCCD

HAS YOUR DAUGHTER BEEN INCLUDED IN THE LATEST NCCD COUNT? Yes No IF YES PLEASE INDICATE:

DISABILITY CATEGORY

- SENSORY
- PHYSICAL
- SOCIAL/EMOTIONAL
- COGNITIVE

ADJUSTMENT LEVEL

- QDTP
- SUPPLEMENTARY
- SUBSTANTIAL
- EXTENSIVE

DOES YOUR DAUGHTER CURRENTLY RECEIVE LEARNING SUPPORT AT SCHOOL? Yes No

IF YES PLEASE PROVIDE FURTHER DETAILS:



PLEASE ATTACH COPIES OF EDUCATIONAL ASSESSMENTS AND/OR MEDICAL REPORTS THAT WILL IDENTIFY YOUR DAUGHTER'S SOCIAL, EMOTIONAL AND ACADEMIC NEEDS.

PREFERENCES

IF YOU ARE ENROLLING YOUR DAUGHTER WITHIN THE CATHOLIC SECONDARY SCHOOL SECTOR IN VICTORIA PLEASE NOTE THAT ONLY ONE OFFER CAN BE MADE REGARDLESS OF THE NUMBER OF CATHOLIC SCHOOLS YOU CHOOSE TO SUBMIT AN APPLICATION TO. THEREFORE IN ORDER TO CO-ORDINATE ENROLMENTS WITH NEIGHBOURING SCHOOLS PRINCIPALS EXCHANGE LISTS TO AVOID OVERLAP.

SO THAT YOU MIGHT GAIN ENTRANCE TO THE SCHOOL OF YOUR FIRST CHOICE PLEASE INDICATE YOUR PREFERRED SCHOOL BY MARKING IT NUMBER 1, AND SUBSEQUENT CHOICES 2, 3 ETC. PLEASE NOTE THAT A NUMBER MUST BE LOGGED.

OLSH COLLEGE KILBREDA COLLEGE STAR OF THE SEA SACRED HEART, OAKLEIGH

KILLESTER COLLEGE AVILA OTHER

IS THERE A SPECIAL REASON WHY YOU WOULD LIKE YOUR DAUGHTER TO BE CONSIDERED FOR OLSH COLLEGE?
PLEASE FEEL FREE TO SUBMIT YOUR CONSIDERATION ON THIS PAGE, OR YOU CAN PROVIDE AN ADDITIONAL DOCUMENT
AND ATTACH TO THIS APPLICATION.

BOTH PARENTS' SIGNATURES ARE REQUIRED UNLESS FAMILY CIRCUMSTANCES HAVE BEEN PREVIOUSLY DISCUSSED WITH COLLEGE REGISTRAR.

SIGNATURE OF PARENT 1

SIGNATURE OF PARENT 2

DATE

DATE

OLSH College Commitment to Child Safety

We hold the care, safety and wellbeing of children and young adults as a central and fundamental responsibility of Catholic education. This commitment is drawn from and inherent to the teaching and mission of Jesus Christ, with love, justice, and the sanctity of each human person at the heart of the Gospel.

All students deserve, as a fundamental right, safety, and protection from all forms of abuse and neglect. We promote a culture of child safety through policies and practices that comply with legislative and government requirements, and guide our decision making to reduce the risk of harm in our school community.

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ENROLMENT APPLICATION FEE PAYMENT FORM

Student Name: _____

Year Commencing: _____

Year Level: _____

Enrolment Application Fee \$100.00

Payment Method

Cash Cheque Eftpos

Credit Card to be Debited

Name of Cardholder

Please Tick *MasterCard* *Visa* *American Express*

Card Number _____

Card Expiry Date ____/____ CCV _____

Signature of Card Holder _____

Direct Debit Request

Surname _____

Given Name _____

Daughter's Name _____

Financial Institution Name _____

Address _____

Name of Account _____

BSB ____ - ____ Account Number _____