



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

STUDENT DETAILS

Year of entry: _____ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT RESIDES WITH

Both parents Mother Father Guardian

OFFICE USE ONLY

Date received: _____

Student code: _____

Receipt No.: _____

House: _____

English second language: Yes No

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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: _____

Preferred email contact address for correspondence from the College? (One email contact address only)
Email: _____

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: _____


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: _____ Ethnicity: _____
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, Aboriginal Yes, Torres Strait Islander

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


SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant

Name	School/Preschool	Year/Grade

IMMUNISATION

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit: <https://my.gov.au>) and attach it to this application form.

 Please attach an immunisation history statement for your child

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STUDENT EDUCATIONAL AND HEALTH INFORMATION

It is vitally important that the College is made aware of a student's individual circumstances that may impact upon their physical, functional, emotional or educational needs, particularly where the College is required to provide additional support to the student. In addition, it is essential that the College be informed of any changes to these needs if this application for enrolment is successful.

Does the student require any additional assistance with her learning?


No Yes If YES please provide details:

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

No Yes If YES please provide details:


Please indicate if the student has any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Autism (ASD) | <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:

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)
 Immunisation history statement

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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