



Application to Register for Enrolment

This form, together with requested birth certificate or passport, latest 2 school reports and NAPLAN, if applicable, should be returned with the appropriate application fee to:

Enrolments Manager, St Catherine's School
26 Albion Street, Waverley NSW 2024 Australia
Tel: (02) 8305 6200
ABN 98 012 260 068 CRICOS Provider No: 02322K

STUDENT DETAILS				
Family name				
Given name/s		Preferred name <i>This will be the name that will be used on all school correspondence and reports</i>		
Date of birth		Religion		
<input type="checkbox"/> Please attach a certified copy of the birth certificate or an official proof of identity if the birth certificate is not available.				
Proposed calendar year of entry		Proposed school year of entry (K – 12)		
20 ____				
Day student or boarding student		<input type="checkbox"/> Day		<input type="checkbox"/> Boarding
In which country was the student born		<input type="checkbox"/> Australia		<input type="checkbox"/> Other <i>Please specify</i>
Is the student of Aboriginal or Torres Strait Islander origin? *		<input type="checkbox"/> No		<input type="checkbox"/> Yes Aboriginal
				<input type="checkbox"/> Yes Torres Strait Islander
* For students of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes Yes, Aboriginal and Yes, Torres Strait Islander				
Is the student a <i>(Please tick a box)</i>	<input type="checkbox"/> Australian citizen <i>If born overseas, please provide proof of citizenship</i>	<input type="checkbox"/> Australian permanent resident	<input type="checkbox"/> Temporary Resident <input type="checkbox"/> Overseas Student	
Will the student be an overseas full fee paying student?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
		Passport Number	Visa Class	
Does the student speak a language other than English at home?		<input type="checkbox"/> No <i>English only</i>		<input type="checkbox"/> Yes <i>Please specify</i>
Present school or pre-school <i>(If applicable)</i>				
Student lives with <i>(Please tick a box)</i>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian

DETAILS OF PARENT/GUARDIAN 1			
Title		Family name	
Given name/s			
Occupation			
Job title			
Employer			
Residential address			
Postcode			
Telephone	Home		
	Work		
	Mobile		
Email			
Relationship to student <i>Eg. Mother, father, guardian etc.</i>			
Relationship to parent/guardian 2 <i>Eg. Mother, father, guardian etc.</i>			

DETAILS OF PARENT/GUARDIAN 2			
Title		Family name	
Given name/s			
Occupation			
Job title			
Employer			
Residential address			
Postcode			
Telephone	Home		
	Work		
	Mobile		
Email			
Relationship to student <i>Eg. Mother, father, guardian etc.</i>			
Relationship to parent/guardian 1 <i>Eg. Mother, father, guardian etc.</i>			

Correspondence information

Please indicate the address/es for correspondence (if different from above)

Title/s		Family name		Initials	
Postal address					
				Postcode	

Title/s		Family name		Initials	
Postal address					
				Postcode	

INFORMATION ABOUT THE STUDENT - EDUCATION

It is important that the school collect information about the student and any special needs she may have which may impact on her education and/or participation in the programmes provided by the school. Please complete the following details in the spaces below. Should any information be highly confidential, please enclose the information in an envelope marked Confidential - Headmistress only. Please list all the schools the student has attended (if applicable).

SCHOOL	DATES

STUDENT'S LEARNING STRENGTHS

Has the student had any psychometric, psychological or other assessment in relation to her learning?

No Yes

If yes, please provide details, including the purpose of assessment and a summary of the results, and attach a copy of the report(s)/assessment.

Has the student received/is the student currently receiving any of the following? If yes, please give details.

YES	NO	DETAILS	
<input type="checkbox"/>	<input type="checkbox"/>	Speech therapy	
<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy	
<input type="checkbox"/>	<input type="checkbox"/>	Developmental physiotherapy	
<input type="checkbox"/>	<input type="checkbox"/>	English as a Second Language	
<input type="checkbox"/>	<input type="checkbox"/>	Individual teacher aide time	
<input type="checkbox"/>	<input type="checkbox"/>	Vision impairment support	
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment support	
<input type="checkbox"/>	<input type="checkbox"/>	Intervention for behaviour	
<input type="checkbox"/>	<input type="checkbox"/>	Other support	

INFORMATION ABOUT THE STUDENT – HEALTH AND WELLBEING

Has your daughter experienced or been diagnosed with any of the following:

YES	NO		DETAILS
<input type="checkbox"/>	<input type="checkbox"/>	Conditions relating to birth	
<input type="checkbox"/>	<input type="checkbox"/>	Conditions detected before or at birth	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma - <i>please specify whether mild or severe</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder	
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder	
<input type="checkbox"/>	<input type="checkbox"/>	Depression	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/hearing/auditory processing difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Eye/vision/visual processing difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Gross or fine motor skill difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition	
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory problems	
<input type="checkbox"/>	<input type="checkbox"/>	Other conditions	

In addition, please provide details of any other medical or other information of which the school should be aware including serious illnesses, accidents, operations, disabilities or disorders.

Details of any regular medication.

Details of any family arrangements, including Family Court Orders, of which the school should be aware.

DETAILS OF CONNECTIONS WITH ST CATHERINIE'S SCHOOL

	YES	NO	DETAILS
Is the student's mother an Old Girl of St Catherine's?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please give details</i>
			Maiden name
			Alumni year
			House
Have other family members who are not siblings attended St Catherine's?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please give relationship to the student and other details</i>
			Relationship
			Maiden name
			Alumni year
House			
Is either parent a staff member at St Catherine's?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other connections with St Catherine's?	<input type="checkbox"/>	<input type="checkbox"/>	

Siblings

Please list other children in the family in descending order of age.

NAME	DATE OF BIRTH	GENDER	Currently attending St Catherine's?	An old girls of St Catherine's?	Registered for enrolment at St Catherine's?
			<i>If yes, please give current school year.</i>	<i>If yes, please give alumni year.</i>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

Please tell us why you have chosen St Catherine's School for your daughter

Where did you hear about St Catherine's?

- Website Print advertisement Social Media Cinema advertisement
- Live locally Public transport advertisement Old Girl/Family Connection Word of mouth
- Schools guide/directory Other *please specify*

Consent for the school to send information electronically

This allows the school to send communications, publications and letters to your email address (as provided on Page 2 of the form).

PARENT/GUARDIAN 1

I agree to having my contact details included in my daughter's year group contact list Yes No

PARENT/GUARDIAN 2

I agree to having my contact details included in my daughter's year group contact list Yes No

Internet and email

St Catherine's provides students with secure internet and email facilities to enhance their learning opportunities in a safe environment. Your daughter will be given internet and email access (when appropriate) unless you request otherwise.

APPLICATION DECLARATION

- I/We understand that completion of the Application to Register for Enrolment form does not in itself constitute enrolment.
- I/We acknowledge receipt of the Statement of Conditions of Entry to St Catherine’s School and agree to be bound by the Conditions of Entry and accept the authority of the Headmistress and School Council as set out in those Conditions. Refer to the Conditions of Entry at www.stcatherines.nsw.edu.au
- I/We agree to be jointly and severally liable for the payment of school fees and other charges and undertake to pay each account when it is due and payable. We acknowledge that we shall remain jointly and severally liable for the payment of school accounts regardless of any separate agreement entered into between us at any time.
- I/We certify that the information provided in this document is true and correct.
- I/We agree to supply, when requested, any information regarding the education or medical history of your daughter.

STUDENT’S NAME (PLEASE PRINT)		PROPOSED YEAR GROUP AND YEAR OF ENTRY	
		/ 20 ____ ____	
Signature of parent/guardian 1			
Printed name of parent/guardian 1		Date	
Signature of parent/guardian 2			
Printed name of parent/guardian 2		Date	

NB Signatures of **both parents** (or the legal guardians) are required. If both parents’ signatures are not present, please indicate reason.

REGISTRATION FEE AND CHECKLIST

I/We enclose the non-refundable and non-transferable registration fee. Please tick the relevant box.

<input type="checkbox"/> \$100 for daughters of a St Catherine’s Old Girl	<table border="1"> <tr><td colspan="2">METHOD OF PAYMENT</td></tr> <tr><td>Cheque <input type="checkbox"/></td><td>Mastercard <input type="checkbox"/></td><td>Visa <input type="checkbox"/></td><td>Amex <input type="checkbox"/></td></tr> <tr><td colspan="4">Cheques made payable to ‘St Catherine’s School Waverley’</td></tr> <tr><td colspan="4">Card number</td></tr> <tr><td colspan="2">Expiry date</td><td colspan="2">Security code</td></tr> </table>	METHOD OF PAYMENT		Cheque <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>	Cheques made payable to ‘St Catherine’s School Waverley’				Card number				Expiry date		Security code	
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Cheques made payable to ‘St Catherine’s School Waverley’																			
Card number																			
Expiry date		Security code																	
<input type="checkbox"/> \$200 for Australian citizens and residents																			
<input type="checkbox"/> \$300 for Australian citizens and residents living overseas																			
<input type="checkbox"/> \$400 for Overseas Full Fee Paying Student																			

The school requires copies of the following. Please tick the relevant boxes.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Birth certificate or passport |
| <input type="checkbox"/> | A copy of your daughter’s passport, plus residency visa or proof of citizenship, <i>(if born overseas)</i> |
| <input type="checkbox"/> | A copy of the latest 2 school reports <i>(if applicable)</i> |
| <input type="checkbox"/> | A copy of NAPLAN results <i>(if applicable)</i> |
| <input type="checkbox"/> | A copy of AEAS test results <i>(applicable for students whose first language is not English)</i> |

OFFICE USE ONLY

Application Fee \$	Date	Student Code
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