



2018 APPLICATION FORM

Completing this Application Form is the first step in your journey at Marist College Bendigo. We look forward to working closely with your family to support this important decision making process.

Please complete all pages and return to the College along with a copy (if applicable) of your child's Catholic baptism certificate, birth certificate, health care card, immunisation certificate, court orders and NAPLAN to:

The Principal
 Marist College Bendigo
 39 Pata's Road, Maiden Gully VIC 3551

Phone: (03) 5400 1252
 Email: principal@marist.vic.edu.au
 Website: www.marist.vic.edu.au

Please attach a recent photo of the student

Photocopies will be accepted

Please set out below reasons supporting your application and how you believe your child would benefit from attending Marist College Bendigo. Please provide any material that will indicate your child's faith commitment.

Dear Principal,

STUDENT DETAILS		PLEASE USE CLEAR BLOCK LETTERS	
Surname:		Entry Year Level:	
Given Name/s:		Male:	Female:
Preferred First Name:	Language spoken at home:		
Date of Birth:	Religion:		
Current School / Kinder:		Current Year Level:	
HOME ADDRESS OF STUDENT			
Address:			
Home phone:			
EMERGENCY CONTACTS – OTHER THAN PARENTS (preferably local)			
1. Name:		2. Name:	
Relationship to child:		Relationship to child:	
Mobile:		Mobile:	
Home phone:		Home phone:	
SACRAMENTAL INFORMATION (please provide a copy of certificates)			
Catholic Baptism Date:	Parish:	Confirmation Date:	Parish:
Reconciliation Date:	Parish:	Communion Date:	Parish:
Current Parish:			

FAMILY DETAILS			
	Parent/Guardian (1) residing with the child	Parent/Guardian (2) residing with the child	Parent not residing with the child
Title			
Surname			
First Name			
Relationship to Child			
Residential Address			
Mailing Address			
Mobile Phone			
Home Phone			
Work Phone			
Email Address			
Religion			
Workplace			
Occupation			
Country of Birth/Citizenship			
Highest level of primary or secondary school completed			
Highest tertiary qualification			
Language spoken at home other than English			

PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT:				
Both Parents	Mother	Father	Other	
IS THERE A COURT ORDER OR PARENTING PLAN IN RELATION TO THIS CHILD?				
No	Yes <i>(please attach a copy)</i>			
IF PARENTS/LEGAL GUARDIANS LIVE AT SEPARATE ADDRESSES, PLEASE TICK WHERE CORRESPONDENCE INCLUDING REPORTS SHOULD BE SENT:				
Both Parents	Mother/Legal Guardian	Father/Legal Guardian		
WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF THE SCHOOL FEES AND LEVIES? PLEASE TICK A BOX				
Both Parents	Mother Only	Father Only	Guardian	Other:
Address for accounts:				

SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL			
List all children in your family attending school or preschool (oldest to youngest) – include applicant			
Name	School/Pre-school	2018 Year Level	Date of Birth

NATIONALITY		
In which country was the student born:	Australia	Other – please specify:
Is the student of Aboriginal or Torres Strait Islander origin? (For both Aboriginal & Torres Strait Islander origin mark 'Yes' to both)		
No	Yes, Aboriginal	Yes, Torres Strait Islander

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement (original documents of citizenship or passport showing relevant visa to be sighted by the College and copies retained)			
Date of Arrival into Australia:		First date of initial schooling in Australia:	

MEDICAL INFORMATION			
Medicare No.:		Ref No:	Expiry:
Medical Condition:	<i>Please specify any medical conditions the student suffers from e.g. asthma, diabetes and/or any prescribed medications taken by the student. A Medication Action Plan will be sent home for you to complete.</i>		
Allergies:	<i>Please list any known allergies the student has e.g. allergy to nuts, penicillin, bee stings including specific details.</i>		
Has the student been diagnosed as being at risk of anaphylaxis?		Yes	No
If yes, does the student have an EpiPen or Anapen?		Yes	No

IMMUNISATION			
Immunisation Certificate can be downloaded or obtained via Medicare - https://www1.medicareaustralia.gov.au/ssl/acircircert			
Copy of Immunisation Record attached?		Yes	No
If no, do you have a copy of Exemption Certificate from your GP?		Yes	No

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

ADDITIONAL NEEDS [providing these details enables the appropriate support for your child, it doesn't affect your enrolment]				
Does your child have any of the following: [leave BLANK if no]				
autism		behaviour disorders		hearing impairment
intellectual disability		language disorder		mental health issues
ADD/ADHD		vision impairment		depression / anxiety
acquired brain injury		other (please specify)		

If your child does have a special need, please can you assist us by providing the following information:	Yes	N/A
Does your child currently receive funding for additional needs?		
Details of additional learning needs/additional needs (please provide all relevant information)		
Medical/allied health professional reports (please provide all relevant information)		

TERMS AND CONDITIONS OF ENROLMENT

1. ENROLMENT

A deposit of \$100 is to be paid upon acceptance of an offer of enrolment. The deposit will be credited to the fee account the next year. If the student does not commence after accepting offer of enrolment the deposit is forfeited and non-transferable.

2. TUITION FEES AND ACCOUNTS

Full year's fee are charged in Term 1 to a fee account conducted in each family's name. Fees are subject to annual review by the School Advisory Council and, where possible, notice of any alteration will be given in advance. School fees may be paid fortnightly or monthly but it is expected that all fees would be paid in full by the end of Term 4 each year. Non-payment of any account within the required timeframe may result in the charging of a late fee, with the amount of such being fixed by the College from time to time.

The Business Manager is authorised by the Principal to take such actions as deemed necessary to recover fees or charges, including interest and recovery costs.

The College does provide fee assistance to families that can demonstrate severe financial difficulties. Applications can be made to the Business Manager or Principal.

3. WITHDRAWAL OF A STUDENT

If a student leaves during a term, no refund will be made for the remainder of the term. No reduction in fees can be made due to temporary absence from the College.

4. MEDICAL

In the event of an accident or illness when it is impractical to communicate with a parent or guardian, the Principal or representative may authorise medical, surgical or other treatment considered necessary.

5. DISCIPLINE OF STUDENTS

The School reserves the right to exclude any student permanently or temporarily, at the sole discretion of the Principal, if this action is in the interest of the student or for the good of the College.

6. CURRICULUM

Camps and excursions are an integral part of the school curriculum and attendance is compulsory.

DECLARATION BY PARENTS / GUARDIANS

I/We request that my/our child be registered for enrolment at Marist College Bendigo. We have read the Terms and Conditions of Enrolment and noted the contents. We jointly and severally agree to abide by these and any regulations from time to time in force at the school and to pay all fees and other monies falling due to the school in respect of the child enrolled.

I/We give an undertaking that I/We support the values of the College.

I/We understand that my/our child is expected to act at all times in accordance with the values of the College and that serious breaches in this regard could lead to a review of the enrolment.

I/We understand that my/our child will be bound by the directions of the College staff and will participate in the total College program, except where special circumstances apply.

I/We undertake to actively support my/our child by attending necessary interviews, parent information sessions and where possible other activities.

I/We understand that the College will only formally communicate with those who have signed this enrolment application.

I/We agree to supply copies of parenting/court orders or parental agreement form if appropriate.

I/We acknowledge that the details supplied on this form are complete and accurate.

I/We authorise the Principal or nominee to receive NAPLAN and other primary school diagnostic testing.

I/We authorise the Principal to share details of this application with the Principals of the other Bendigo Catholic schools as required.

Signature of both parents / guardians

This application requires the signature of **BOTH** parents. If both signatures are not appended, the circumstances should be stated.

PARENT / GUARDIAN 1		PARENT / GUARDIAN 2	
Signature:		Signature:	
Print Name:		Print Name:	
Date:		Date:	
Have you applied at any other schools? If yes, please specify:			

APPLICANT CHECKLIST

Please submit this form together with:

- Copy of Catholic Baptism Certificate
- Copy of Birth Certificate
- Copy of Immunisation Statement
- Copy of Health Care Card
- Copy of action plans for asthma, allergies, diabetes etc
- Copy of last NAPLAN
- Copy of court orders
- Copy of Visa or Citizenship documents

All information collected on this form will be used and stored in accordance with the College's Privacy Policy and the Privacy Act.

OFFICE USE ONLY

Date received

Entered on System

Interview Date

Offer Made

Deposit Paid

Student ID