

MARCELLIN COLLEGE

Application for Enrolment

Please attach
a photo of
your son here

OFFICE USE ONLY

Date Rec: _____

Student ID: _____

For Enrolment into:

Year Level: _____

Year: _____

STUDENT DETAILS

Surname:		
Given Name(s):		Date of Birth: (DD/MM/YY)
Street Address:		
Suburb:	State:	Postcode:
Home Telephone:	Student Mobile: (if applicable)	
Current School:		Current Year Level:

FAITH & SACRAMENTS

Religion:	Current Parish:
Baptism Date: (DD/MM/YY)	Communion Date: (DD/MM/YY)
Reconciliation Date: (DD/MM/YY)	Confirmation Date: (DD/MM/YY)

CITIZENSHIP

Country of Birth:	Nationality:
Main language spoken at home:	Other Languages:
Does the student study a language outside of their current school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate which language:	Language School:
Is the student an Australian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please specify Visa status:	Type of Visa: Sub Class:
Is the student of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FAMILY HISTORY

Is the student's father an Old Collegian of Marcellin College?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please indicate year left:	Which House:		
Would you like your son to be in the same House?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please list names of brothers who have attended or are currently attending Marcellin College:			
Name	Year Level	House	Year Commenced/Left
Please list names of brothers who may attend Marcellin College in the future:			
Name	Age	Current School	Current Year Level

FAMILY DETAILS

Parent/Guardian 1

Parent/Guardian 2

Title		
Surname		
Given Name(s)		
Relationship to Student		
Street Address		
Suburb, Postcode		
Telephone Numbers	(H) (W)	(H) (W)
	(M)	(M)
Preferred Email Address		
Marital Status		
Occupation		

Who should correspondence be sent to: Both Parent/Guardian 1 Parent/Guardian 2

ADDITIONAL INFORMATION

With whom does the student principally reside? Both Parent/Guardian 1 Parent/Guardian 2

If the student resides elsewhere, please provide Full Name/s: (if applicable)

Relationship to Student: (if applicable)

Are there any Court Orders or other Legal Agreements in place that the College should be aware of? Yes No
(If your application is successful, the College will require copies of all Court Orders or other Legal Agreements)

Who is the Student's Legal Guardian? Full Name/s: (if applicable)

Relationship to Student: (if applicable)

INDIVIDUAL NEEDS

Information provided on this form will, in no way, influence the Student's potential enrolment in our inclusive, open entry school.

Does the student have any Individual Needs the College should be aware of to help support him? Yes No

Details: (if applicable)

Please indicate below and provide supporting documentation if applicable:

Gifted/Extension Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Literacy Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ESL/New Arrival	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Numeracy Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health/Medical/Physical Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If yes, please provide details:

SWD Funding (for a disability or impairment) Yes No

If yes, please provide category (eg Social Emotional, Severe Language, Chronic Health, Hearing/Vision Impairment, Other)

ADDITIONAL INFORMATION: YEARS 8-12 APPLICATIONS ONLY

Current Year Level:	Proposed commencement Date: (DD/MM/YY)
Current School:	School Telephone No:
Current School Contact and Title:	
Previous VCE Years: (if applicable)	VCAA No: (if applicable)
Reason for Leaving:	

ORDER OF PREFERENCE FOR OTHER SCHOOLS

Please indicate order of preference by placing an appropriate number (1, 2, 3 etc.) in the square.

- | | | |
|---|--|--|
| <input type="checkbox"/> Marcellin College | <input type="checkbox"/> Aquinas College | <input type="checkbox"/> De La Salle College |
| <input type="checkbox"/> Emmaus College | <input type="checkbox"/> Loyola College | <input type="checkbox"/> Parade College |
| <input type="checkbox"/> St Kevin's College | <input type="checkbox"/> Whitefriars College | <input type="checkbox"/> Xavier College |

PRIVACY STATEMENT

Marcellin College is collecting this information to facilitate the enrolment and transition of your son. The information is used for general educational purposes and development initiatives within the College community, during and subsequent to the period of enrolment. The information will only be used for the purposes for which it has been provided. The College's Privacy Policy may be viewed in full on our website.

- Please tick to indicate you have read and agree to the College's Privacy Policy

APPLICATION FOR ENROLMENT CHECKLIST

Please provide copies of the following documents together with the Application for Enrolment form. A separate application form must be lodged for each student.

- Birth Certificate
- Baptism Certificate
- Individual Needs Supporting Documentation (if applicable)

If the Student is not an Australian Citizen, please also provide:

- Copy of Passport/Australian Residency

SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)

Please note all parties listed on this form must sign below.

	Parent/Guardian 1	Parent/Guardian 2
Full Name (please print)		
Signature		
Date		

FEEDBACK

How did you hear about Marcellin College?

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Feeder Parish | <input type="checkbox"/> Website | <input type="checkbox"/> Relation attended/attending College |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Open Day/School Tour | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ |

What influenced you to seek enrolment at Marcellin College for your son:

	Strong Influence	Moderate Influence	No Influence
Catholic School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering for Individual Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Connection with College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Sex Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Diversity (Pathway choices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Curricular Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify			

Please return the completed Application for Enrolment form together with requested documentation to:

The Registrar
 Marcellin College
 160 Bulleen Road
 BULLEEN VIC 3105

For further enquiries, please contact the Registrar on +61 3 9851 1589 or email registrar@marcellin.vic.edu.au



THROUGH VIRTUE AND COURAGE
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