



# Clontarf Aboriginal College

## ENROLMENT APPLICATION FORM - Part A

295 Manning Road  
 Waterford Western Australia 6152  
 Locked Bag 5 Bentley DC WA 6983  
 T: (08) 9251 0666  
 W: www.clontarf.wa.edu.au  
 E: enrolments@clontarf.wa.edu.au

Office use only

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Student @entfier

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House

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WASN

**Student Information**

Student Surname

First Name

Preferred Name

Gender Male  Female

Date of Birth Day  Month  Year

Residential Address (NOT PO BOX)

Lot/House/Unit Number  Street/Road Name

Community (if applicable)

Suburb  Postcode

Religious Denomination Catholic  Other - Please specify

Parish

Suburb  Parish Priest

Date of Reception of Sacraments

Baptism <input type="text"/>	Reconciliation <input type="text"/>
First Communion <input type="text"/>	Confirmation <input type="text"/>

Copy of Certificates of Sacraments Attached Yes  No

DAY  BOARDING

Calendar Year of Entry

Year Level of Entry:  Year 7  Year 8  Year 9  
 Year 10  Year 11  Year 12

Current School

Location

Current Year Level

Copy of most recent School Report Attached Yes  No

Country of Birth

Birth Certificate Attached Yes  No

Aboriginal Yes  No

Torres Strait Islander Yes  No

If yes to Aboriginal/Torres Strait Islander, which Mob/Language group(s):

**Family Information**

FEMALE PARENT  FEMALE GUARDIAN

(please select)  Miss  Ms  Mrs

Surname

First Name

Postal Address if different from Residential

Suburb  Postcode

Country of Citizenship

Email

Home No  Work No

Mobile No

Absentee SMS Alert. Please use this number as the preferred number to notify me of my child's absence from school.  
 Yes  No

Religious Denomination Catholic  Other  Please specify

Occupation

Employer

MALE PARENT  MALE GUARDIAN

Surname

First Name

Postal Address if different from Residential

Suburb  Postcode

Country of Citizenship

Email

Home No  Work No

Mobile No

Absentee SMS Alert. Please use this number as the preferred number to notify me of my child's absence from school.  
 Yes  No

Religious Denomination Catholic  Other  Please specify

Occupation

Employer

Name of person(s) with legal guardianship of the student

If applicable a copy of any parenting or restraining order is attached

Yes

No

Any other conditions enforced by law

*Under the provisions of the Family Law Reform Act 1995 biological parents are regarded as having full parental responsibility unless a Parenting Plan or Court Order is presented stating otherwise.*

**PARENT OR SIBLINGS OF NEW APPLICANT WHO ARE PAST OR PRESENT STUDENTS OF CLONTARF ABORIGINAL COLLEGE**

Name	House	Year Level/Year Graduated
1		
2		
3		
4		

**SIBLINGS WHO ARE CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Year Level	School
1		
2		
3		
4		

**EMERGENCY CONTACT DETAILS (other than a parent/guardian)**

Name

Home No

Address

<input type="text"/>	
Suburb	Postcode

Work No

Mobile

Relation to Student

Name

Home No

Address

<input type="text"/>	
Suburb	Postcode

Work No

Mobile

Relation to Student

**DISCLOSURE**Do you agree that the information supplied in the *Student Information* and *Family Information* sections can be provided to the relevant Parish Priest?

YES

NO

**AGREEMENT**

- I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.
- I/We understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- I/We understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
- I/We have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's Parenting Orders, then the enrolment may be refused or terminated on this ground.
- I/We have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education programme.
- I/We have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.
- I/We agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Parent/Guardian (Print Name)



Parent/Guardian Signature

Date

Parent/Guardian (Print Name)



Parent/Guardian Signature

Date

Please enclose:

- (i) Photocopy of Birth Certificate (not extract)
- (ii) Photocopy of Baptism, First Communion and Confirmation Certificates
- (iii) Photocopy of most recent school report