



# DE LA SALLE COLLEGE

## APPLICATION FOR ENROLMENT

### OFFICE USE ONLY

Surname	<input type="text"/>	Preferred	<input type="text"/>
Level	<input type="text"/>	Enrol Year	<input type="text"/>
Received	<input type="text"/>	Entered	<input type="text"/>
Rec. No.	<input type="text"/>	Fee Paid	<input type="text"/>
ES Flag	<input type="checkbox"/> Funded/Not-funded	Letter sent	<input type="text"/>
SFID	<input type="text"/>	SC1	<input type="text"/>
Priority	<input type="text"/>	SC2	<input type="text"/>

Please complete the form in BLOCK LETTERS and attach the following:

- A copy of the applicant's birth certificate – government requirement
- A copy of the applicant's Baptism certificate and any other sacramental certificates received
- Completed payment form for application fee (\$250 + GST)

If applicant was not born in Australia, also attach:

- A copy of the child's Australian passport/Naturalisation certificate/Australian visa

Please submit this application to: Assistant Registrar, De La Salle College, 1318 High Street Malvern, Victoria, 3144 or by email to [enrolment@delasalle.vic.edu.au](mailto:enrolment@delasalle.vic.edu.au)

### PARENT/GUARDIAN DETAILS

#### PARENT/GUARDIAN 1

Relationship to applicant

Title Mr / Mrs / Ms / Miss / Dr / Other:

First name

Surname

Occupation

Religion

Nationality

Country of birth

Telephone (home)

(work)

(mobile)

Email

Residential address

same as residential address

different from residential address (please provide)

Postal address

same as residential address

different from residential address (please provide)

Does Parent/Guardian 1 hold a current Health Care Card?  Yes  No

If Yes: Card No.  Expiry Date

#### PARENT/GUARDIAN 2

Relationship to applicant

Title Mr / Mrs / Ms / Miss / Dr / Other:

First name

Surname

Occupation

Religion

Nationality

Country of birth

Telephone (home)

(work)

(mobile)

Email

Residential address  same as Parent/Guardian 1

different from Parent/Guardian 1 (please provide)

Postal address  same as residential address

different from residential address (please provide)

Does Parent/Guardian 2 hold a current Health Care Card?  Yes  No

If Yes: Card No.  Expiry Date

If parents are separated and there are formal court orders or access arrangements in place, a copy must be supplied with this application

Are there any court orders or formal access arrangements in place?  Yes (please supply a copy)  No

Address general mail to:  Both parents/guardians  Parent/Guardian 1 only  Parent/Guardian 2 only

## APPLICANT DETAILS

Commencement year level (e.g. Year 7)	<input type="text"/>	Year of commencement (e.g. 2025)	<input type="text"/>
Surname	<input type="text"/>	Given names	<input type="text"/>
Preferred name	<input type="text"/>	Date of birth	<input type="text"/>
Religious affiliation	<input type="text"/>	Current parish	<input type="text"/>

### LIVING ARRANGEMENTS

Resides with Parent/Guardian 1 and Parent/Guardian 2 at one home address
  Resides with Parent/Guardian 1 only
  Resides with Parent/Guardian 2 only  
 Resides with Parent/Guardian 1 and Parent/Guardian 2 in a shared arrangement. Please detail the arrangement below:


Country of birth	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify:	<input type="text"/>
Nationality	<input type="checkbox"/> Australian	<input type="checkbox"/> Other, please specify:	<input type="text"/>

### If the applicant was **not born in Australia**, citizenship status is required

Please tick the relevant category and supply a copy of the evidence

Australian Citizen  
Please complete one of the two options below, and provide a copy of the documentation

<input type="checkbox"/> Australian passport	Passport no.	<input type="text"/>
<input type="checkbox"/> Naturalisation certificate	Certificate no.	<input type="text"/>
	Citizenship date	<input type="text"/>

Not currently an Australian Citizen  
Please complete one of the two options below and supply a copy of the child's Australian visa/letter of notification

<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Temporary resident	<input type="checkbox"/> Other/visitor/overseas student
Visa sub-class no. <input type="text"/>	Visa sub-class no. <input type="text"/>	Visa sub-class no. <input type="text"/>

Eligibility is determined by the *Schedule of Visa Sub-classes and Conditions for Enrolments of Overseas Students* issued by the Catholic Education Commission of Victoria.

### SACRAMENTAL INFORMATION

Please note copies of certificates must be included as proof of sacraments received

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

### SIBLINGS

Please complete the following for siblings previously enrolled, currently enrolled, or intending to be enrolled at De La Salle College, Malvern:

Name of brother	Final year <i>(if previous student)</i>		OR	Current year <i>(if current student)</i>		Expected year <i>(if future student)</i>	
	House	House		House	House	OR	House
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### DE LA SALLE COLLEGE CONNECTIONS

Please provide the following information if the applicant has any family connections to De La Salle College, Malvern (grandfather, father, uncle or stepfather).

1. Name	<input type="text"/>	Final year	<input type="text"/>
Relationship to student	<input type="text"/>	House	<input type="text"/>
2. Name	<input type="text"/>	Final year	<input type="text"/>
Relationship to student	<input type="text"/>	House	<input type="text"/>
3. Name	<input type="text"/>	Final year	<input type="text"/>
Relationship to student	<input type="text"/>	House	<input type="text"/>

## SCHOOLING INFORMATION

Attending school  Yes  No (if no please proceed to next section)

Current school

School address

Does the applicant receive any additional program extension?  No  Yes; if yes, please provide details below

Does the applicant receive additional program support for educational needs?  No  Yes; if yes, please provide details below

Currently receiving funding from Catholic Education Melbourne

Currently receiving funding from the Australian Government for special needs in government schools

Under which category is funding received?

Cognitive

Social/Emotional

Sensory

Physical

Currently receiving support, but not receiving funding (please provide details)

### Additional schooling information

Please detail any information relevant to the applicant's schooling below

Please include a copy of the most recent specialist reports and/or PSG meeting minutes (as applicable).

## HOW DID YOU HEAR ABOUT US?

Please choose one option; the most influential source

Through my son's school

Name of school

De La Salle College staff member

I know someone currently attending De La Salle College

I know someone who went to De La Salle College

De La Salle College website

Employer

Name of employer

Advertising or promotional materials

Please name

Other

Please list

## RESPONSIBILITIES OF THE PARENT(S)/GUARDIAN(S)

De La Salle College is a Catholic College and expresses its freedom to live and teach the primacy of the value of Jesus Christ as expressed in the Gospels and in the teachings and traditions of the Roman Catholic Church. To ensure that the specific character is upheld, we require from parents/guardians of prospective students the commitment that enrolled students will participate in regular instruction and worship.

The undersigned accepts, as a condition of enrolment, that the enrolled student will participate in the general College program that gives the Catholic College its special character.

A condition of enrolment and attendance at the College is that all fees, as determined annually by the College, are to be paid in line with the **College Fee Policy**. It is a condition of enrolment that every family signs up to a regular instalment payment plan for all Annual Tuition Fees.

### PARENT/GUARDIAN 1 DECLARATION

- I declare that all information provided in this application for enrolment is correct at the date of application and I request that the aforementioned be registered as an applicant for a place at De La Salle College, Malvern.
- I give permission for De La Salle College to contact the current school.
- I acknowledge that I have read and understood the De La Salle College **Enrolment Explanatory Statement** and I agree to abide by the terms and conditions of enrolment at all times.
- I understand that the **College Fee Schedule** is published annually in November on the College website, and that Annual Tuition Fees payable for a student's education will vary each year.

Parent/Guardian 1 full name

Parent/Guardian 1 signature

Date

### PARENT/GUARDIAN 2 DECLARATION

- I declare that all information provided in this application for enrolment is correct at the date of application and I request that the aforementioned be registered as an applicant for a place at De La Salle College, Malvern.
- I give permission for De La Salle College to contact the current school.
- I acknowledge that I have read and understood the De La Salle College **Enrolment Explanatory Statement** and I agree to abide by the terms and conditions of enrolment at all times.
- I understand that the **College Fee Schedule** is published annually in November on the College website, and that Annual Tuition Fees payable for a student's education will vary each year.

Parent/Guardian 2 full name

Parent/Guardian 2 signature

Date

### PRIVACY INFORMATION

De La Salle College's **Privacy Policy** can be accessed in its entirety on the College website. All information collected in the application process will be handled in line with the College's **Privacy Policy**.

## PAYMENT DETAILS

An application fee of \$250 + GST is payable with an application for enrolment. This fee is neither refundable nor transferable. Please refer to the **College Fee Policy** for further details.

### CREDIT CARD PAYMENT AUTHORISATION

I authorise De La Salle College to charge \$275 (inc. GST) to my credit card account.

Name on card

Signature

Date

Card type (please tick)  Mastercard  Visa NB: No corporate cards can be accepted

Card number

Expiry

(perforation for office use only)