

In the spirit of John XXIII, Mary Ward and Ignatius Loyola, our College seeks to develop people of competence, conscience and compassion who are committed to God and the service of others.



**JOHN XXIII  
COLLEGE**  
SEEK JUSTICE

## APPLICATION FOR ENROLMENT

**Enrolment Fee \$120 (inc gst) per child** (one enrolment must be completed for each child)

The information sought on this form is required by the College both for its own purposes and to answer questions from various Education and Government bodies.

Please find enclosed my payment of: \$ _____	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash
Receipt No. _____	
Credit Card Number: _____	
Expiry Date: _____ / _____ / _____	
Card Holders Name: _____	
Office Use: _____	Received on _____ / _____ / _____

John XXIII College Inc  
Mt Claremont  
Western Australia

PO Box 226 Claremont  
Western Australia 6910

Telephone (08) 9383 0400

Facsimile (08) 9385 2173

[jtc@johnxxiii.edu.au](mailto:jtc@johnxxiii.edu.au)

[www.johnxxiii.edu.au](http://www.johnxxiii.edu.au)

**Please return this enrolment form to:**  
**[enrolments@johnxxiii.edu.au](mailto:enrolments@johnxxiii.edu.au)**

Surname \_\_\_\_\_

Christian or Given Names \_\_\_\_\_

Commencement Year \_\_\_\_\_

for Kindy, PrePrimary, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 (Please Circle) \_\_\_\_\_

THIS FORM IS TO BE ACCOMPANIED BY COPIES OF	
(a) BAPTISM Certificate	<input type="checkbox"/> Date Sacrament received _____ Place and Name of Church _____
RECONCILIATION Certificate	<input type="checkbox"/> Date Sacrament received _____ Place and Name of Church _____
EUCCHARIST Certificate	<input type="checkbox"/> Date Sacrament received _____ Place and Name of Church _____
CONFIRMATION Certificate	<input type="checkbox"/> Date Sacrament received _____ Place and Name of Church _____
(b) BIRTH Certificate (Copy)	<input type="checkbox"/>
or PROOF OF RESIDENCE STATUS	
(c) Recent SCHOOL REPORT	<input type="checkbox"/>
(d) Latest NAPLAN REPORT	<input type="checkbox"/> (If applicable)
(e) PARISH PRIEST Reference	<input type="checkbox"/> (To be provided direct to the College by the Parish Priest)
(f) IMMUNISATION Form	<input type="checkbox"/>
ENROLMENT FEE	<input type="checkbox"/> (Non-refundable)

# STUDENT INFORMATION

OFFICE USE ONLY

F:
S:

Surname \_\_\_\_\_

Christian or Given Names \_\_\_\_\_

Commencement Year \_\_\_\_\_

for Kindy, PrePrimary, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 (Please Circle) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Male or Female \_\_\_\_\_

No. and Street \_\_\_\_\_

Suburb \_\_\_\_\_

State and Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Country of Birth \_\_\_\_\_

Parish \_\_\_\_\_

Nationality \_\_\_\_\_

Present School \_\_\_\_\_

Australian Permanent Resident YES/NO \_\_\_\_\_

Present Class / Year Level \_\_\_\_\_

Aboriginal/Torres Strait Islander YES/NO \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

If Born Outside of Australia - Date of Arrival / / \_\_\_\_\_

Language(s) Spoken at Home \_\_\_\_\_

If born outside of Australia, **Citizenship/Visa** need to be sighted.

## SIBLINGS

### BROTHER(S)

### SISTER(S)

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_

Past/Present Student(s): Years attended John XXIII College \_\_\_\_\_

Past/Present Student(s): Years attended John XXIII College \_\_\_\_\_

# FAMILY INFORMATION

## FEMALE PARENT (OR GUARDIAN)

Title Surname

Christian or Given Names

Address - Fee Account to this address? Yes  No

No. and Street

Suburb

State and Postcode

Home Email Address

Work Email Address

Occupation

Employer

Telephone - Home

Telephone - Business

Mobile

Religious Denomination

Nationality

Country of Birth

**Past Student** YES/NO

John XXIII College Year Left

Loreto YES/NO

Maiden Name

### Billing name and address if not shown above

Title Surname

Christian or Given Names

No. and Street

Suburb

State and Postcode

## MALE PARENT (OR GUARDIAN)

Title Surname

Christian or Given Names

Address - Fee Account to this address? Yes  No

No. and Street

Suburb

State and Postcode

Home Email Address

Work Email Address

Occupation

Employer

Telephone - Home

Telephone - Business

Mobile

Religious Denomination

Nationality

Country of Birth

**Past Student** YES/NO

John XXIII College Year Left

St Louis YES/NO

### Billing name and address if not shown above

Title Surname

Christian or Given Names

No. and Street

Suburb

State and Postcode

# MEDICAL INFORMATION

FAMILY DOCTOR Phone Number

Does your child suffer from any illness/allergy/medical condition (e.g. medications, orthopaedic appliances)?

Allergies YES/NO

Medical Condition YES/NO

IMMUNISATIONS

MMR (Measles, Mumps, Rubella) YES/NO DIPHTHERIA/TETANUS YES/NO POLIO YES/NO

## SPECIAL NEEDS

The School Education Act 1999 requires the provision of "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G). To assist the College to respond to individual requirements which may affect his or her learning, participation or welfare during school hours, please list any specific learning difficulties or any information which may assist us in caring for your child (Medical/Health Care; Physiological/Cognitive; Sensory (e.g. Vision/Hearing); Behavioural/Safety; Communication).

This information will be treated confidentially.

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If more space is required, please attach a separate sheet.

Does your child receive any form of special funding?  YES  NO

Does your child receive any services from an external agency which may affect educational arrangements?  YES  NO

Details

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## 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 College's enrolment priorities.

I/We understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

I/We understand and accept that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

I/We agree to abide by the policies and directions of the College and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We understand a full term's notice (**in writing**) must be given before removal of a student, or a term's fees are payable.

I/We agree to pay all fees within 14 days of receipt of account(s) or promptly make a suitable alternative arrangement with the College.

I/We understand parents are responsible for payment of breakages or damage to College property by their children.

I/We understand the College reserves the right to suspend or exclude a pupil from the College.

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 I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements or Parenting and Restraint Orders, then the enrolment may be refused or terminated on this ground.

Signed (Female Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Male Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_