



# EXPRESSION OF INTEREST PRE-KINDERGARTEN PROGRAMME

**Turns 3 years old on** ..... **Preferred Start Date:** .....

**Preferred day/s:** Monday  or Friday  or Monday & Friday

**STUDENT INFORMATION**

Surname: ..... Date of Birth: .....

Christian Names: ..... Birthplace: .....

*(Please note that names on all official school records e.g. school reports will appear as on the Birth Certificate)*

Preferred Name: ..... Birth Certificate Attached: Yes / No

Male / Female *(please indicate)* ..... Aboriginal/Torres Strait Islander: Yes / No

Nationality: ..... Country of Citizenship: *(attach copy)*

Born Outside Australia – Date of Arrival: ..... Number of Years in Australia: .....

Australian Permanent Resident: Yes / No ..... Visa Sub-Class Number: .....

Visa Expiry Date: ..... Language Spoken at Home: .....

Residential Address: .....

Town/Locality: ..... State: ..... Post Code: .....

Home Phone Number: .....

Religious Denomination: ..... *If Catholic,* Yes / No  
Baptism Certificate Attached: .....

Parish: .....

Suburb: .....

Parish Priest: .....

<b>For Office use only</b>						
<b>SUPPORTING DOCUMENTS</b>						
PRIORITY	DATA ENTERED	FAMILY CODE	BIRTH CERTIFICATE	BAPTISM	PARISH PREST REFERENCE	DATA COLLECTION

**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Town/Locality: \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Postal Address (if different to above): \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ State: \_\_\_\_\_ Post Code \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

**MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Town/Locality: \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Postal Address (if different to above): \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ State: \_\_\_\_\_ Post Code \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

**Please ensure you notify the College Office immediately if any of the above details change.**

Married / Separated / Divorced / Defacto / Widowed (please indicate) \_\_\_\_\_

**Person/s responsible for the payment of fees:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CUSTODY/GUARDIANSHIP**

Name of person(s) with legal guardianship of the student: \_\_\_\_\_

If applicable, a copy of any Parenting or Restraint Order is attached. **Yes / No**

Any other conditions enforced at law? \_\_\_\_\_

**SIBLINGS CURRENTLY ATTENDING HOLY CROSS COLLEGE, ELLENBROOK**

Name	Year Level	Name	Year Level

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Year Level	School

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

*(Preferably should be someone local)*

1. Name: ..... Relation to Student: .....  
Address: ..... Town/Locality: .....  
Contact Numbers:  
Home: ..... Work: ..... Mobile: .....

2. Name: ..... Relation to Student: .....  
Address: ..... Town/Locality: .....  
Contact Numbers:  
Home: ..... Work: ..... Mobile: .....

**AGREEMENT**

- I/We have read and understood the College Student Enrolment Policy
- I/We understand and accept that I/we have completed the Expression of Interest for Enrolment form to the best of my/our knowledge and that this completion does not guarantee an enrolment interview or offer. Successful applicants will be determined in accordance with the College’s Enrolment Policy.
- 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 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.
- Any change to information provided on this form must be notified to the College Office immediately.

**I have enclosed the \$55 non-refundable Application Fee.**

Signature of Parent(s)/Guardian(s): ..... Date: .....  
.....  
FEMALE PARENT OR GUARDIAN

Signature of Parent(s)/Guardian(s): ..... Date: .....  
.....  
MALE PARENT OR GUARDIAN

**THIS FORM MUST BE COMPLETED AS FULLY AS POSSIBLE AND SIGNED**

**A copy of each of the following details must be attached to this application, where applicable**

- 1) Birth Certificate
- 2) Passport and/or Visa *(if born outside Australia)*
- 3) Certificate of Baptism
- 4) Parish Priest Reference Form
- 5) Current Restraining Orders / Custody Orders
- 6) Data Collection Form