



# APPLICATION FOR ENROLMENT

**ANON-REFUNDABLE ENROLMENT FEE OF \$150 (INC GST) MUST ACCOMPANY THIS APPLICATION.  
A NON-REFUNDABLE ENROLMENT CONFIRMATION FEE OF \$120 (INC GST) IS PAYABLE ON CONFIRMATION OF ENROLMENT.**

**Name of Student:**

**Year Level:**

Year \_\_\_\_\_ in 20\_\_\_\_\_

How did you hear about St Mary's College?

Primary School

Word of Mouth

Family

Advertisement

Other (Please state): \_\_\_\_\_

## STUDENT INFORMATION

### Section 1: Student Personal Details

A legible copy of the student's **Birth Certificate** (and **Change of Name Certificate**, if applicable) must be attached.



**Legal Surname:**

**Preferred Surname:** (to be used only with Principal's approval)

**Legal First Name:**

**Preferred First Name:** (If different from Legal First Name)

**Other Given Name(s):**

**Date of Birth:**

DD / MM / YYYY

**BCE Student Id:** (If known):

S \_\_\_\_\_

### Section 2: Student Cultural Background

**Country of Birth\*:**

In which country was the student born?

Australia

Other (Please specify) \_\_\_\_\_

**First Language Spoken:**

What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

English

Other (Please specify) \_\_\_\_\_

**Indigenous Status\*:**

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Both Aboriginal and Torres Strait Islander

**Main Language Spoken at Home\*:**

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only

Yes, Other (Please specify) \_\_\_\_\_

**Other Language Spoken at Home:**

Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

No

Yes, Other (Please specify) \_\_\_\_\_

#### OFFICE USE ONLY

Date of Application \_\_\_\_\_

Family Key \_\_\_\_\_

Application Fee Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

### Section 3: Student Citizenship

#### Country of Citizenship:

In which country does the student currently hold citizenship?

Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, **proof of Australian Citizenship documentation must be provided**)

**Proceed to Section 5: Current/Previous Schooling**

Other Country (Please specify) \_\_\_\_\_

**Proceed to Section 4: International Details**



### Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student's **Visa, Passport (including passport number)** and **Health Care** documentation must be attached.

#### Country of Passport Issue:

#### Date of Entry to Australia:

#### Visa Sub-Class Number:

#### Health Care Number:

#### Visa Expiry Date:

#### Health Care Expiry Date:

### Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any **Transfer Documentation** should be attached (if applicable).



School Name	Suburb/Town	State	Contact Number (if known)	Year Level(s)	Attended From (Date)	Attended To (Date)
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY

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

### Section 6: Student Religious Background

#### Has the student been baptised in the Catholic faith?

Yes. A legible copy of the student's **Baptismal Certificate** must be attached and details of any **Sacraments Received** should be provided below

No. Other Religion (Please specify)



#### Sacraments Received:

- Baptism      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Reconciliation      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Eucharist      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Confirmation      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_

# RELATED PERSONS' INFORMATION

## Section 7: Related Persons' Personal Details

### Parent/Legal Guardian/Caregiver 1

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: (If different from Legal Surname)

Preferred First Name: (If different from Legal First Name)

Title:

Mr  Mrs  Miss  Ms  Dr  
 Fr  Sr  Br  Rev  Prof

Gender:

Male  
 Female

Date of Birth:

### Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: (If different from Legal Surname)

Preferred First Name: (If different from Legal First Name)

Title:

Mr  Mrs  Miss  Ms  Dr  
 Fr  Sr  Br  Rev  Prof

Gender:

Male  
 Female

Date of Birth:

## Section 8: Related Persons' Cultural Background

### Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

Australia  
 Other (Please specify) \_\_\_\_\_

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home\*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only  
 Yes, Other (Please specify) \_\_\_\_\_

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

No  
 Yes, Other (Please specify) \_\_\_\_\_

Religion:

Parish of Worship: (If applicable)

### Parent/Legal Guardian/Caregiver 2

Country of Birth:

Where was this person born?

Australia  
 Other (Please specify) \_\_\_\_\_

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home\*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only  
 Yes, Other (Please specify) \_\_\_\_\_

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

No  
 Yes, Other (Please specify) \_\_\_\_\_

Religion:

Parish of Worship: (If applicable)

## Section 9: Related Persons' General Information

### Parent/Legal Guardian/Caregiver 1

#### Occupation Group\*: Office use only

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in

Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

#### Highest School Level\*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

#### Highest Qualification Level\*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

#### Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

#### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

#### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

#### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

### Parent/Legal Guardian/Caregiver 2

#### Occupation Group\*: Office use only

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in

Appendix 1 in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

#### Highest School Level\*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

#### Highest Qualification Level\*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

#### Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

#### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

#### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

#### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

## Section 10: Related Persons' Address Information

### Parent/Legal Guardian/Caregiver 1

#### Residential Address Details

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Postal/Correspondence Address Details

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

#### Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

### Parent/Legal Guardian/Caregiver 2

#### Residential Address Details

Same as Parent/Legal Guardian/Caregiver 1

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Postal/Correspondence Address Details

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (If not Australia):

#### Residential (Alternative) Address Details

(If required)

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

## Section 11: Related Persons' Contact Information

### Parent/Legal Guardian/Caregiver 1

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Comments:		
<input type="text"/>		

### Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Comments:		
<input type="text"/>		

## Section 12: Related Persons' Relationship to the Student

### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? (Tick one (1) only)

- |   |   |
|---|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister                               |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother                              |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew   |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin   |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Half Sister      | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Half Brother     | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Step Sister      | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Step Brother     | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Foster Sister    |   |
| <input type="checkbox"/> Foster Brother   |   |

### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? (Tick one (1) only)

- |   |   |
|---|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister                               |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother                              |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew   |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin   |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Half Sister      | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Half Brother     | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Step Sister      | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Step Brother     | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Foster Sister    |   |
| <input type="checkbox"/> Foster Brother   |   |

## Section 12: Related Persons' Relationship to the Student *(continued...)*

### Parent/Legal Guardian/Caregiver 1

Does this person perform any of the following roles in regards to the student?

#### Emergency Contact:

Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.

1<sup>st</sup> 2<sup>nd</sup>

No

#### Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.

Yes

No



#### Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

Yes

No

#### Main Contact:

A student must have one (1) main contact.

Yes

No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:  Yes  No

Newsletters:  Yes  No

Invitations:  Yes  No

School Portal Access:  Yes  No

Does this person reside with the student?

Yes

No

Does this person require the assistance of an interpreter?

Yes

No

### Parent/Legal Guardian/Caregiver 2

Does this person perform any of the following roles in regards to the student?

#### Emergency Contact:

Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.

1<sup>st</sup> 2<sup>nd</sup>

No

#### Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.

Yes

No



#### Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

Yes

No

#### Main Contact:

A student must have one (1) main contact.

Yes

No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:  Yes  No

Newsletters:  Yes  No

Invitations:  Yes  No

School Portal Access:  Yes  No

Does this person reside with the student?

Yes

No

Does this person require the assistance of an interpreter?

Yes

No

# ADDITIONAL STUDENT INFORMATION

## Section 13: Student Address Information

### Residential Address Details

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country**(If not Australia):

### Residential (Alternative) Details *(If required)*

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country**(If not Australia):

## Section 14: Student Contact Information

### Contact Method Type

#### Order

Indicate best contact order for the student.

#### Silent

Is this number silent?

**Home Telephone Number:**




**Mobile Telephone Number:**




**Email Address:**



### Contact Method Type

*(If required)*

#### Order

Indicate best contact order for the student.

#### Silent

Is this number silent?

**Home (Alternative) Number:**



## Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

- Yes. Provide details below.
- No. **Proceed to Section 16: Student Specialist Assessments**

Condition	Requires Medication <sup>#</sup>	Has Medical Action Plan <sup>#</sup>	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other ( <i>Please specify</i> ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>#</sup>Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

## Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached.
- No. **Proceed to Section 17: Educational Support Information**




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## Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

- Yes. Respond to the questions below.
- No. **Proceed to Section 18: Legal Information**

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

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Has the student been diagnosed with a disability? If so, provide details.

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Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

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If the student is from interstate or overseas, describe the educational support provided.

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## Section 18: Legal Information

Is the student in Care of the State?

- Yes
- No

Are there any legal issues concerning the student of which the school should be aware?

- Yes. Provide details below and ensure a legible copy of any relevant legal document(s) is attached.
- No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
<input type="checkbox"/> Parenting Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Parenting Agreement		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Domestic Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Apprehended Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Child Protection Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Other Caring Arrangement (Please specify)		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Legal Guardianship Documentation		DD / MM / YY	DD / MM / YY

## Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

- Yes. Provide details below.  
 No. **Proceed to Section 20: Additional Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname				
Preferred Surname				
Legal First Name				
Relationship to Student				
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Name and Suburb (If applicable)				
Class (If applicable)				
House (If applicable)				
Resides with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

- Yes. Provide details below.  
 No. **Proceed to Check List**

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# CHECK LIST

Please complete before submitting the Application for Enrolment form

## THE APPLICATION FEE OF \$150 MUST ACCOMPANY THIS APPLICATION

- |  |  |   |
|--|--|---|
|  Birth Certificate *                      | <input type="checkbox"/> Yes   | <b>* MUST ACCOMPANY THE APPLICATION</b> |
|  Current NAPLAN results & School Report * | <input type="checkbox"/> Yes   |   |
|  Australian Citizenship Documentation     | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |
|  Current Visa                             | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |
|  Current Passport                         | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |
|  Health Care Documentation                | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |
|  Baptism Certificate                      | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |
|  Health or Medical Assessment Reports     | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |
|  Legal Documentation                      | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |   |

## Signatures (Signatures of both Applicants required)

### I declare that:

- I have completed this form fully and accurately in conjunction with the Notes Booklet.
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment.

### I understand that:

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment and should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school.
- Acceptance of a place for a child signifies agreement to support all Policies and Guildlines including a commitment to full and prompt payment of invoiced Fees and Levies.
- In the event of sudden illness or serious injury to my/our child, I/We authorise the Principal or her representative to seek, at her discretion, medical attention for my/our child when it is not expedient for the Principal or her representative to secure my/our verbal consent.

**SIGNATURE** of Parent or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED** D D / M M / Y Y Y Y

**SIGNATURE** of Parent or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED** D D / M M / Y Y Y Y

### ST MARY'S COLLEGE OPERATING A/C PAYMENT SLIP

Cash/Cheque

Credit Card

I hereby authorise St Mary's College to process the following payment from my Credit Card:-

Card Number \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Amount: \$150.00 Application Fee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: American Express cards are not accepted for payment at St Mary's College. Our apologies for this inconvenience.*