



# SETON CATHOLIC COLLEGE | every interaction matters

## ENROLMENT EXPRESSION OF INTEREST

Marchant Road Samson WA 6163  
PO Box 333 Hamilton Hill WA 6963

Phone: (08) 9331 9600  
Fax: (08) 9314 8440

Email: [admin@seton.wa.edu.au](mailto:admin@seton.wa.edu.au)  
[seton.wa.edu.au](http://seton.wa.edu.au)

### Applicant

Given Names:	Surname:
Academic and calendar year for which enrolment is sought (eg: Year 7 / 2024):	

### Enrolment Expression of Interest Application Checklist

This application will not be processed unless all sections are completed fully and the following documents are included:

- Copy of Birth Certificate
- Copy of Passport / Visa / Citizenship for students AND parents if born overseas
- Copy of latest two School Reports
- Copy of latest NAPLAN
- Copy of Baptism Certificate (if applicable)
- Copy of Custodial Court Orders (if applicable)
- Non-refundable Application fee of \$50.00

PLEASE NOTE: This form will not be accepted without both parent signatures (unless a Parenting Order is provided). Only originals of this form will be accepted so this form must be lodged in person or posted. Copies of supporting documents are acceptable.

**Please post to:**  
Enrolments Officer  
PO Box 333  
Hamilton Hill  
WA 6963

**Or deliver to College Reception at:**  
Marchant Road  
Samson  
WA 6163

PLEASE NOTE: Reception is open between 8am – 4pm, Monday – Friday during Term time. Hours may vary on School Holidays so please call ahead to check.

### Non-Refundable Application Fee - \$50 payment can be made by credit card or cash in person

Card No: _____ / _____ / _____ / _____	CSV Number:	Expiry Date: ____ / ____
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Cardholder Name:	Signature:	

### For Office Use Only

Student Code:	Date Received:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/> Signature check <input type="checkbox"/> Document check
Actioned by Enrolments:			

## Student Information

Academic and calendar year for which enrolment is sought (eg. Year 7 / 2024):			
Given Names:	Surname:	Preferred Name:	
Address:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Birthplace:	Nationality:
Australian Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Aboriginal/Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES to Aboriginal/Torres Strait Islander, then Group of Origin:			
<b>If born outside Australia:</b> Country of Citizenship:			
Date of arrival in Australia:		Number of years in Australia:	
Visa Category Number:		Language spoken at home:	
Religious Denomination:	Parish:	Parish Priest:	
Present School Name:		Suburb:	Current Year level:

## Siblings Currently Attending the College

Name	Year Level	Name	Year Level

## Siblings Currently Attending Other Schools

Name	Year Level	School Attending

## Family Information

Father/Guardian		Mother/Guardian	
Title:	First Name:	Title:	First Name:
Surname:		Surname:	
Address:		Address:	
Mobile Phone:		Mobile Phone:	
Email:		Email:	
Business Phone:		Business Phone:	
Country of Birth:		Country of Birth:	
Country of Citizenship:		Country of Citizenship:	
Religious Denomination:		Religious Denomination:	
Parish	Suburb:	Parish	Suburb:
Parish Priest:		Parish Priest:	
Occupation:		Occupation:	
Employer:		Employer:	
Contact Address:		Contact Address:	

Ex Student of the College?  Mother  Father  Guardian

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  N/A

## Custody/ Guardianship

Name of person(s) with legal guardianship of the student:
If applicable a copy of the Parenting or Restraint Order is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other conditions enforced at law:

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

## Acknowledgement

I/We understand and accept that the completion of this 'Expression of Interest' form and acceptance by the College does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the College's enrolment criteria. I/we:

1. understand that enrolment in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
2. 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 College's enrolment criteria.
3. understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
4. have completed this 'Expression of Interest' 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 Parenting Orders, then the enrolment may be refused or terminated on this ground.
5. have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in the required aspects of the educational program of the schooling including the Religious Education program of the school.
6. have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.
7. 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.

Please Note: This information may be disclosed by us for administrative and educational purposes to other personnel within the Catholic Education Office of Western Australia.

### **Signature of Parent(s) / Guardian(s):**

This form will not be accepted without both parent signatures (unless a Parenting Order is provided).

Parent/Carer or Guardian Name	Parent/Carer or Guardian Signature	Date:
Parent/Carer or Guardian Name	Parent/Carer or Guardian Signature	Date: