



**NEWMAN COLLEGE**  
*Educating in the Marist Tradition*

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# Application For Enrolment

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Christian or Given Name/s..... Surname.....

Preferred Name.....

**CALENDAR YEAR AND YEAR LEVEL FOR WHICH ENTRY IS SOUGHT**

Year of entry:..... Year level required:.....

(K – Yr 12)

**Please Note:**

**For this application to be accepted all sections are to be completed fully and the following documents (if applicable) must be included**

**\$110 Application Fee**  
*(incl GST)*

**Copy** of your child's most recent school report  
*(Semester 2 of the previous year where appropriate)*

**Copy** of your child's State/National Literacy and Numeracy testing results

**Copy** of your child's Birth Certificate

**Copy** of your child's Baptismal Certificate (if applicable)

**Subject Selection Form** (for Years 9-12 only)

<i>Date Stamp</i>
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**For  
Office  
Use  
Only**

Receipt.....

Data.....

Interview.....

Curr-C.....

Guild.....

P C G.....

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**Marian Campus (K – Yr 3)**

49 Peebles Road  
Floreat WA 6014

**Postal Address**

PO Box 2004 Churchlands WA 6018

**Tel:** (08) 9204 9444

**Fax:** (08) 9446 7842

Email: [newman@newman.wa.edu.au](mailto:newman@newman.wa.edu.au)

Website: [www.newman.wa.edu.au](http://www.newman.wa.edu.au)

**Lavalla Campus (Yrs 4-7)**

**Marcellin Campus (Yrs 8-12)**

216 Empire Avenue

Churchlands WA 6018





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**EMERGENCY CONTACT DETAILS**  
**(Other than Parent or Guardian)**

Name .....

Relation to Student.....

Address .....

Telephone: 1.....

                  2.....

Name .....

Relation to Student.....

Address .....

Telephone: 1.....

                  2.....

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**MEDICAL EMERGENCY AUTHORISATION**

I/we authorize the College to seek medical/dental attention, call an ambulance or to hospitalise my/our son/daughter when considered necessary. I/we further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and if I/we are unable to be contacted within a reasonable time, the College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

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

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Female Parent or Guardian

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Date

.....

Male Parent or Guardian

.....

Date

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**SIBLINGS**

*(Completing this section does not mean that younger siblings are automatically enrolled at Newman College.)*

Name.....Year Level.....School.....Guild (if Yrs 8-12) .....

Name.....Year Level.....School.....Guild (if Yrs 8-12).....

Name.....Year Level.....School.....Guild (if Yrs 8-12).....

Name.....Year Level.....School.....Guild, (if Yrs 8-12).....

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**Disclosure**

Do you agree that the information supplied on the Student Information and Family Information sections, can be provided to the relevant Parish Priest, if required?      YES / NO

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**AGREEMENT**

1. 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 criteria.
2. I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
3. 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.
4. 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 that 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 and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.
5. I/we confirm that the Data Collection Policy included in this Enrolment Prospectus has been read and understood.
6. 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.
7. I/we authorise the College to seek credit reference checks from commercial credit agencies and other appropriate sources including any schools that I/we have been associated with in recent years;
8. I/we agree to pay an enrolment deposit once a firm offer is made by the College. This amount will then be credited against the first term's fees. This amount is non-refundable if the place is subsequently cancelled.
9. I/we jointly and severally accept full responsibility for payment of all fee accounts issued to me pertaining to this enrolment application for the entire time that the student is enrolled at Newman College. Should this at any time present a difficulty, I/we agree to contact the College Business Manager within 14 days of the account being rendered, to make alternative arrangements.
10. I/we understand that a condition of enrolment is that one full term's notice of withdrawal of a student is given in writing. In the event that such notice is not given, a full term's fee may apply.

Signed (Female Parent or Guardian) ..... Date.....

Signed (Male Parent or Guardian) ..... Date.....