



ST. MICHAEL'S COLLEGE

WISDOM THROUGH GROWTH

OFFICE USE ONLY	
Student Code: _____	<input type="checkbox"/> Sibling
\$66 WL Fee:	<input type="checkbox"/> Cash
	<input type="checkbox"/> Eftpos
	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Direct Credit / Bank Transfer
Payment Date.....	
Birth Certificate:	

Waiting List Registration Form

STUDENT DETAILS

YEAR OF ENTRY (eg 2020):		YEAR LEVEL (Prep):	
SURNAME:			
GIVEN NAME:			
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	/ /
Is the student of Aboriginal or Torres Strait Island descent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Country of Birth:.....		Language/s spoken by child:.....	
If not Australian, does the student have Australian resident status?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please provide copy of student's passport).	

PARENT DETAILS

PARENT / CAREGIVER 1	PARENT / CAREGIVER 2
TITLE: MR, MRS, MS, MISS, DR (PLEASE CIRCLE)	TITLE: MR, MRS, MS, MISS, DR (PLEASE CIRCLE)
NAME: _____	NAME: _____
OCCUPATION: _____	OCCUPATION: _____
HOME PH: _____	HOME PH: _____
MOBILE: _____	MOBILE: _____
WORK PH: _____	WORK PH: _____
EMAIL: _____	
ADDRESS: _____	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	

Where does your child mainly reside: (This information is important when contacting parents for enrolment)

With Both Parents Shared 50/50 Custody With Mother With Father With a Carer

EMERGENCY CONTACT: _____ PHONE: _____

FEEDBACK

How did you hear about St. Michael's College? (This information is helpful for future marketing and promotional purposes)

Internet Search College Website Word of Mouth I am a Past Parent I am a Past Student

Billboard Newspaper/Flyer Abbey Church/Museum Other.....

EDUCATION HISTORY

PREVIOUS SCHOOLS ATTENDED: *(Please list educational institutions such as previous Preschool, Childcare, Kindergarten or other Primary Schools)*

NAME	GRADE <small>(Years completed Eg. Yr 2)</small>	CLASS REPORTS ATTACHED
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child ever been expelled, suspended or refused admission to another school? Yes No
 Has your child ever received Learning Support? Yes No
 Has your child ever repeated a year? If Yes, please provide details: _____ Yes No

EXTRA-CURRICULAR

Does your child play a musical instrument? Yes No
 Is your child interested in joining the College Choir? Yes No
 If Yes, please provide details: _____

MEDICAL DETAILS

Does your child have any serious illness, medical condition or disability that is likely to affect their ability to participate in School activities (eg sports, camps, excursions)? Yes No
 If Yes, please provide details: _____

Does your child have any learning difficulties previously diagnosed or which you have concerns about or you would like investigated? Yes No
 If Yes, please provide details: _____

Has your child been diagnosed with an Attention Deficit Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ADD <input type="checkbox"/> ADHD	
Has your child been ascertained with a Special Need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	
Has your child been assessed as Gifted and Talented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Areas:	

SIBLING DETAILS

Please list the details of all other children in your family
(Qld children need to turn 5 by June 30 for Prep entry – special Principal approval is required for children who meet the early entry cut-off of July 31)

NAME	DATE OF BIRTH	Proposed Enrolments at St. Michael's College <small>(All children must complete a separate waiting list form)</small>	
		YEAR OF ENTRY	GRADE OF ENTRY

COMPLETION OF THIS FORM DOES NOT GUARANTEE A PLACEMENT AT ST. MICHAEL'S COLLEGE

- I hereby certify that the information contained on this form is correct to my knowledge.
- I hereby consent to the sharing of information between St. Michael's College and other educational institutions nominated on this form.

Parent / Caregiver 1 Signature: _____ Date: _____

Parent / Caregiver 2 Signature: _____ Date: _____

PAYMENT DETAILS

The Waiting List registration fee (per family) is inclusive of GST and covers the administration cost of processing Waiting List applications; it will not be refunded and does not imply an offer or confirmation of enrolment. **There is NO fee for younger siblings of currently enrolled students.** For internet banking payments (the College banks with Westpac):

BSB: 034 611 ACCOUNT: 860 830 AMOUNT: \$66.00 REF: Child's Surname

St Michael's College collects and uses personal information in accordance with the **Privacy Act 1988**. Personal information collected on enrolment forms is used for student enrolment purposes and for purposes related to ongoing student involvement at the College. Unless parental consent is obtained, personal information collected on enrolment forms will be used only for those purposes. In the event of unlawful activity, a serious and imminent threat to an individual's life, health or safety, or a serious threat to public health or safety, the College may disclose personal information without parental consent. St Michael's College is bound by the **National Privacy Principles** which can be found in **Schedule 3 of the Privacy Act (Cth) 1993** or on-line at www.privacy.gov.au/publications. The College can provide a copy of these Principles upon request.