



# EXPRESSION OF INTEREST FOR ENROLMENT

Sacred Heart College

PMB 6

WANGARA WA 6947

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

Telephone: (08) 9246 8283

Facsimilie: (08) 9448 7994

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

## STUDENT DETAILS (please complete all boxes. If not applicable, then write N/A)

Surname:

First Name:  Second Name:

Preferred name:  Gender: Male / Female

Date of Birth:  /  /

Family email address:

Religion:  Academic Year of entry  Calendar Year       
ie: Yr 7, 8 etc

Current school:  Parish:

## Siblings at Sacred Heart (Past or present)

Name of student	Current Year or Year of Exit	Other children in family	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your child of Aboriginal or Torres Strait islander origin? Yes / No  
If Yes, would you like information on our Aboriginal Bursary? Yes / No

## FAMILY DETAILS

### Female Parent/Guardian

Surname:  Title: Mrs / Ms / Other

First Name:

Occupation:

Employer:

Religion:

Work Phone:

Mobile:

Are you a past student of the College? Yes / No From Year \_\_\_\_\_ to \_\_\_\_\_

Maiden Name \_\_\_\_\_

**Male Parent/Guardian**

Title: Mr / Other

Surname:

First Name:

Occupation:

Employer:

Religion:

Work Phone:

Mobile:

Are you a past student of the College? Yes / No From Year \_\_\_\_\_ to \_\_\_\_\_

**Family Address:**

State:  Postcode:

Home Phone:

Where did you hear about Sacred Heart College? \_\_\_\_\_

Why have you chosen to enrol your child at Sacred Heart College? \_\_\_\_\_

**I/we have read and understood the [Enrolment Policy](#) of Sacred Heart College. I/we understand that:**

- Completion of this Expression of Interest for Enrolment form does not guarantee an enrolment interview or offer.
- Attendance at an interview does not guarantee an enrolment offer being made.
- Enrolment in one Catholic school does not guarantee enrolment in any other Catholic school.
- Information provided on this form may be provided to the relevant Parish Priest.
- Any change of address must be conveyed to the College.
- Failure to notify change of address will render the application void.
- This Expression of Interest for Enrolment form has been completed to the best of my/our knowledge.
- I must inform the College if any of these details change at any time.

Signature of Female parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-refundable Application Fee \$55.00** (GST included)

To pay your non-refundable Expression of Interest Fee please logon as a guest user to the College [Online Store](#) and complete these details

Date paid \_\_\_\_\_ Payment reference number \_\_\_\_\_ (Payment needs to be received prior to acceptance of form)

Once payment has been made please return your completed Expression of Interest form via

Mail  
The Registrar  
PMB 6  
WANGARA WA 6947

Or  
Email  
[cole@sacredheart.wa.edu.au](mailto:cole@sacredheart.wa.edu.au)

**OFFICE USE ONLY**

Entered  Student Code  Family Code