



SACRED HEART COLLEGE

REGISTRAR

Mrs Julie Cole

TEL: (08) 9246 8283

FAX: (08) 9448 7994

EMAIL: registrar@sacredheart.wa.edu.au

EXPRESSION OF INTEREST FOR ENROLMENT

(Please complete all boxes. If not applicable, then write N/A)

STUDENT DETAILS

Surname: First name: Second name: Preferred name: Gender: Male / FemaleDate of birth: / / Family email:
Religion: _____ Academic Year of entry: in: 20

i.e: 7, 8 etc

Current school: _____ Parish: _____

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

Siblings:

Name of student at Sacred Heart	Current Year or Year of Exit

Other children in family	Age

Parent/Guardian 1:

Title: Mrs / Ms / Mr / Dr / Other _____

Surname: First name: Occupation: Employer: Religion: Work phone: Mobile: Are you a past student of the College? Yes / No From (calendar year) to If 'Yes', what is your maiden name?

Parent/Guardian 2:

Title: Mrs / Ms / Mr / Dr / Other _____

Surname:

First name:

Occupation:

Employer:

Religion:

Work phone:

Mobile:

Are you a past student of the College? Yes / No From (calendar year) to

If 'Yes', what is your maiden name?

Family residential 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 Parent/Guardian 1: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian 2: _____ Date: ____ / ____ / ____

Non-refundable Application Fee: \$65.00 (GST included)

To pay your non-refundable Expression of Interest Fee, please log on as a guest user to the [College Online Store](#) and complete the details below. Please note that payment needs to be received prior to acceptance of form.

Date paid: ____ / ____ / ____ Payment reference number: _____

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

OFFICE USE ONLY

Entered Student Code Family Code