



# 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 contact details must be conveyed to the College.
- Failure to notify change of contact details 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: \$70.00 (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** or **EMAIL**  
The Registrar [cole@sacredheart.wa.edu.au](mailto:cole@sacredheart.wa.edu.au)  
PMB 6  
Wangara WA 6947

**OFFICE USE ONLY**

Entered  Student Code  Family Code