



# DOMINIC COLLEGE

## Enrolment Application

204 Tolosa Street | PO Box 256 | Glenorchy, Tas, 7010

T: 03 6274 6000 | E: enrol@dominic.tas.edu.au | W: www.dominic.tas.edu.au

Grade you are seeking enrolment for (e.g. 7) \_\_\_\_\_ Year (e.g. 2026) \_\_\_\_\_ Total children in family \_\_\_\_\_

Current School/Child Care Centre \_\_\_\_\_

Have you applied to any other school?  No  Yes If yes, please specify school(s) \_\_\_\_\_

### Student Details

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel \_\_\_\_\_ Student Mobile \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Is the student of Indigenous or Torres Strait Islander descent?  No  Indigenous  Torres Strait Islander

**Residential Status:** Indicate student's residential status (tick ✓).

Australian citizen (provide certified copy of Birth Certificate, Citizenship Certificate or Australian passport)

Permanent resident (provide certified copy of visa and either passport or ImmiCard)

Temporary resident (provide certified copy of passport and visa)

Other (provide certified copy of passport and visa)

You must advise the College of any change in the student's visa or residency status within 14 days of the change occurring and provide the College with a copy of the relevant documentation. Parents must also advise of any change in their visa or residency status.

Date of entry to Australia (if student not born in Australia) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does the student speak a language other than English at home?  No  Yes Language \_\_\_\_\_

If yes, how many years has the student been speaking English? \_\_\_\_\_ Is an Interpreter required?  No  Yes

Religion \_\_\_\_\_ Parish Name (e.g. St Johns) \_\_\_\_\_ Parish Location (e.g. Glenorchy) \_\_\_\_\_

Catholic Sacraments Received (if applicable):  Baptism Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Communion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reconciliation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Confirmation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Children in Family (List all dependent children in the family, including the applicant and those not yet at school, from eldest to youngest.)

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

### Family Association with Dominic College (List any members of your family who have previously attended Dominic College.)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Year left \_\_\_\_\_ House Colour \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Year left \_\_\_\_\_ House Colour \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Year left \_\_\_\_\_ House Colour \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Year left \_\_\_\_\_ House Colour \_\_\_\_\_

Other connections with the College \_\_\_\_\_

## Father/Guardian

Title (e.g. Mr/Dr) \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to student \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Date of entry to Australia (if not born in Australia) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does the Father/Guardian speak a language other than English at home?  No  Yes Language \_\_\_\_\_

If yes, is an Interpreter required?  No  Yes Religion \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Postal Address (if different from above) \_\_\_\_\_

Postcode \_\_\_\_\_

Personal Mobile (required) \_\_\_\_\_ Business Mobile \_\_\_\_\_

Home Tel \_\_\_\_\_ Business Tel \_\_\_\_\_

Personal Email (required) \_\_\_\_\_

Business Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

The fields below refer to the MCEETYA Data Collection, which is a Commonwealth government requirement for assessment, reporting and funding purposes and is mandatory.

### School education - Father/Guardian

Select the highest level of schooling completed.  
If the Father/Guardian has never attended school,  
select 'Year 9 or equivalent or below'.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

### Further education - Father/Guardian

Select the highest qualification completed.

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

### Occupational group - Father/Guardian

Select the occupational group. If not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use last occupation. For more information on the occupational groups go to: <http://bit.ly/DCOccGroups>

- Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.
- Group 2: Other business managers, arts/media/sportspersons and associate professionals.
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers.
- Group 8: Not in paid work in last 12 months.

## Mother/Guardian

Title (e.g. Mrs/Dr) \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Former Name/Maiden Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to student \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Date of entry to Australia (if not born in Australia) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does the Mother/Guardian speak a language other than English at home?  No  Yes Language \_\_\_\_\_

If yes, is an Interpreter required?  No  Yes Religion \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Postal Address (if different from above) \_\_\_\_\_

Postcode \_\_\_\_\_

Personal Mobile (required) \_\_\_\_\_ Business Mobile \_\_\_\_\_

Home Tel \_\_\_\_\_ Business Tel \_\_\_\_\_

Personal Email (required) \_\_\_\_\_

Business Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

The fields below refer to the MCEETYA Data Collection, which is a Commonwealth government requirement for assessment, reporting and funding purposes and is mandatory.

### School education - Mother/Guardian

Select the highest level of schooling completed.  
If the Mother/Guardian has never attended school,  
select 'Year 9 or equivalent or below'.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

### Further education - Mother/Guardian

Select the highest qualification completed.

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

### Occupational group - Mother/Guardian

Select the occupational group. If not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use last occupation. For more information on the occupational groups go to: <http://bit.ly/DCOccGroups>

- Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.
- Group 2: Other business managers, arts/media/sportspersons and associate professionals.
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers.
- Group 8: Not in paid work in last 12 months.

## Emergency Contacts

The Emergency Contacts listed below will only be called if parents/guardians cannot be contacted. At least two Emergency Contacts is preferred. Do not include the parents/guardians named in this application as Emergency Contacts.

### First Emergency Contact

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile \_\_\_\_\_ Alternate Tel \_\_\_\_\_

### Second Emergency Contact

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile \_\_\_\_\_ Alternate Tel \_\_\_\_\_

### Third Emergency Contact

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile \_\_\_\_\_ Alternate Tel \_\_\_\_\_

## Living Arrangements and Court Orders

Are the parents/guardians of the student separated?  Yes  No

If separated, please indicate who the student lives with (regardless of how much time is spent with each):

Father/guardian:  Yes  No, not at all      Mother/guardian:  Yes  No, not at all

Are there any current Court Orders, Parenting Plans, Family Violence Orders or other arrangements the College needs to be aware of that relate specifically to the student?  Yes  No

If you answered yes, please include a copy of the Order with this application. It is important to note the College cannot act on Orders that are in draft form, incomplete, unsigned or have expired.

Please detail below any living arrangements concerning the student that the College needs to be aware of:

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## Additional Needs

The information you provide here or in future is required to determine the availability of a place at the College during the enrolment process and continued availability of a place at the College for the Student. It will assist the College to develop appropriate strategies to meet the particular needs of the Student. We require full and accurate disclosure of this information and that you provide us with updates on an ongoing basis if circumstances change before or after enrolment. We require you to provide details of any medical condition, educational/learning difficulty/status and/or additional needs that may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided by the College for the Student, staff, other students, parents or visitors to the College. If the information provided is incomplete or misleading, or you fail to provide details of changed circumstances, any decision made regarding enrolment may be amended or (if this occurred post enrolment) the enrolment may be discontinued. Please indicate (tick) if your child has any of the following:

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Behavioural disorder  | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Physical disability  | <input type="checkbox"/> Mental health issues  |
| <input type="checkbox"/> ADD/ADHD              | <input type="checkbox"/> Hearing impairment    | <input type="checkbox"/> Speech impairment       | <input type="checkbox"/> Vision impairment  | <input type="checkbox"/> Acquired brain injury |
| <input type="checkbox"/> Anorexia              | <input type="checkbox"/> Anxiety/Panic attacks | <input type="checkbox"/> Giftedness              | <input type="checkbox"/> Autism Spectrum Disorder: Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |  |
| <input type="checkbox"/> Other                 |  |  |   |  |

Please provide full details here (attach a separate document if required) \_\_\_\_\_

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## Health Information

Please indicate if your child suffers from any medical conditions, allergies, phobias or has specific dietary requirements. Medical conditions which adversely impact on the College's ability to provide particular services or facilities to the Student or other students, and/or which may potentially put at risk the health, safety and well-being of the Student or others at the College may impact on the College's ability to offer enrolment, may result in the offer of enrolment being withdrawn or may result in enrolment being terminated. Please attach the necessary information.

### Medical Condition

A Management Plan from your GP or medical professional is mandatory for urgent and life threatening medical conditions. Please complete the relevant documents attached and submit with this application.

<b>Condition</b> Please tick ( ✓ )	<b>Severity</b> Life Threatening / Urgent Attention / Non-Urgent Attention / Information Only	<b>Condition</b> Please tick ( ✓ )	<b>Severity</b> Life Threatening / Urgent Attention / Non-Urgent Attention / Information Only
<input type="checkbox"/> Anaphylaxis	_____	<input type="checkbox"/> Heart Condition	_____
<input type="checkbox"/> Asthma / Croup	_____	<input type="checkbox"/> Joint / Muscle / Bone Condition	_____
<input type="checkbox"/> Bed Wetting	_____	<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Blood / Bleeding Condition	_____	<input type="checkbox"/> Period Pain	_____
<input type="checkbox"/> Crohns / Colitis	_____	<input type="checkbox"/> Reflux / GERD	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Sinus / Hayfever	_____
<input type="checkbox"/> Dizziness / Vertigo / Fainting / Blackouts	_____	<input type="checkbox"/> Sleep Apnoea	_____
<input type="checkbox"/> Eczema	_____	<input type="checkbox"/> Sleep Walking	_____
<input type="checkbox"/> Epilepsy / Seizures	_____	<input type="checkbox"/> Travel Sickness	_____
<input type="checkbox"/> Other (please specify)	_____		

### Allergies

<b>Source of Allergy</b> e.g. nuts/medications	<b>Severity</b> Life Threatening / Anaphylactic / Urgent Attention / Non-Urgent Attention / Information Only	<b>Symptoms and Treatment</b> GP management plan is mandatory if allergy is life threatening, anaphylactic or requires urgent attention. Attach if applicable.
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Phobias

<b>Phobia</b>	<b>Severity</b> Life Threatening / Urgent Attention / Non-Urgent Attention / Information Only	<b>Suggested / Required Support</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Specific Dietary Requirements

e.g. vegetarian, lactose intolerant

\_\_\_\_\_  Medical  Non medical

\_\_\_\_\_  Medical  Non medical

\_\_\_\_\_  Medical  Non medical

### Swimming Ability

Cannot swim  Basic: less than 50m  Competent: 50m - 200m  Advanced: more than 200m

## Immunisation

As part of your Enrolment Application, you are required to provide documentary evidence if your child has been immunised against certain diseases. Following an offer of enrolment and during the period of the enrolment there is an ongoing requirement that you will advise the College of any changes to the Student's immunisation records. Students may be excluded from the College for a period of time at the College's discretion if there is an outbreak of a vaccine preventable disease at the College if the College does not have any evidence that the Student is immunised against that disease. Evidence of your child's immunisation can be obtained by:

- Contacting the Australian Childhood Immunisation Register (ACIR):  
[www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register](http://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register)
- Using your child's personal health record as proof of immunisation if the Doctor or Council staff member who administered each vaccine has clearly signed and printed their name;
- Asking your Doctor or Local Council for written documentation verifying which diseases your child has been immunised against and the date of immunisation;

If you believe your child has been immunised against certain diseases, but cannot obtain written evidence, or you conscientiously object to your child being immunised, you must complete the Statutory Declaration below, and have it witnessed and signed by a Justice of the Peace, Commissioner for Declarations or Authorised Person. If the Student is offered enrolment or becomes enrolled at the College you must advise the school of any changes to this information.

### Statutory Declaration

(to be completed only if immunisation evidence cannot be provided)

I, (full name) \_\_\_\_\_

Of (residential address) \_\_\_\_\_

Occupation \_\_\_\_\_

do solemnly and sincerely declare that:

1. I am the parent/guardian of (full name of child) \_\_\_\_\_

2. I believe that my said child's immunisation status in respect of each of the diseases listed below is as specified (please tick):

Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus influenza type B (Hib infection)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pertussis (whooping cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human papilloma virus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus (oral vaccine)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella (German Measles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal W	<input type="checkbox"/> Yes <input type="checkbox"/> No	Varicella (Chicken Pox)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. I conscientiously object to having my child immunised:  Yes  No

4. I acknowledge that in the event of my child becoming enrolled, the College may exercise its discretion and exclude my child from the College for a period at the College's discretion should an outbreak of a vaccine preventable disease occur at the College, if the College does not have any evidence that my child is immunised against that disease.

I make this solemn declaration under the *Oaths Act 2001*.

Declared at (place e.g. Glenorchy) \_\_\_\_\_

On (date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

before me (name) \_\_\_\_\_

*Justice of the Peace, Commissioner for Declarations or Authorised Person*

Signature \_\_\_\_\_

*Justice of the Peace, Commissioner for Declarations or Authorised Person*

## Acknowledgements, Privacy and Consent

Note: The singular includes the plural and the plural includes the singular.

By signing this form you acknowledge and consent to the following:

1. We acknowledge that the information contained in this Enrolment Application is true and correct.
2. We acknowledge that completion of this Enrolment Application does not guarantee an enrolment interview.
3. We acknowledge that submitting an Enrolment Application or having an enrolment interview does not guarantee a place will be offered.
4. We acknowledge that acceptance or non-acceptance of our Enrolment Application is at the discretion of the College.
5. We acknowledge that the Enrolment Application Fee is non-refundable and will not be deducted from future College fees or charges.
6. We consent to the College obtaining information about our child from their previous and/or current school for the purposes of assessing this application and, if the application is accepted, at any time during the course of their enrolment at the College. This information may include, but is not limited to, fee payment arrangements, academic record, additional needs, pastoral care or health issues.
7. If accepted, we will agree to support and comply with the College's values, ethos, policies and General Terms and Conditions, and pay the non-refundable Enrolment Acceptance Fee.
8. We acknowledge that copies of the College's policies and the College's General Terms and Conditions are available from the College Website or from the College Business Office and that we have had the opportunity to read and consider those documents.
9. We have provided, and agree to continue to provide, accurate and relevant information to enable the College to safely, and consistent with the College's philosophy, provide educational services and facilities to our child.
10. We have provided, and agree to continue to provide, full and accurate details of any medical condition, educational/learning difficulty/status and/or additional needs of our child that may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided by the College for our child, staff, other students, parents or visitors to/at the College. We acknowledge the importance of providing up to date details where circumstances change to keep the College fully informed and we agree to provide that information.
11. We acknowledge that any of our child's medical conditions, educational/learning difficulty/status or additional need which adversely impact on the College's ability to provide particular services or facilities to our child or other students, and/or which may potentially put at risk the health, safety and well-being of our child or staff, other students, parents or visitors to/at the College may result in the offer of enrolment being withdrawn, or where our child is an existing student, in the amendment or discontinuation of the enrolment.
12. We have provided the College with full and accurate details of our child's immunisation records and agree to advise the College of any changes to our child's immunisation records as they occur. We acknowledge that our child may be excluded from the College for a period of time at the College's discretion if there is an outbreak of a vaccine preventable disease at the College if the College does not have any evidence that our child is immunised against that disease.
13. We acknowledge and agree that the College may need to obtain additional information (not already requested or provided) where the College has a reasonable suspicion or concern that our child may have a medical condition/learning difficulty/status or additional need that may impact on the granting/maintaining of enrolment particularly where it may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided to our child, other students, staff, parents and other visitors to the College. Where the additional information is reasonably required from a medical professional, allied health professional or academic/educational/learning professional we acknowledge that if we do not reasonably agree to provide our consent for that information to be obtained and reasonably co-operate with the College obtaining the information required, the offer of enrolment may be withdrawn, or where our child is an existing student, the enrolment may be amended or discontinued.
14. We acknowledge and agree that if we have provided, or provide in future, misleading information or if we have failed, or fail to provide in the future, any significant relevant information, that failure may result in the offer of enrolment being withdrawn, or where our child is an existing student, in the amendment or discontinuation of the enrolment.
15. We acknowledge and agree that the College may make whatever reasonable adjustments are reasonably necessary to the services and facilities it provides because of the particular needs of a particular student, including our child, particularly where it may impact on the student, staff, other students, parents or other visitors to the College and their health, safety, well-being and/or enjoyment of the services and facilities provided.
16. We acknowledge and agree that if the College is unable to reasonably make adjustments for our child's medical condition, educational/learning difficulty/status and /or additional needs, or where any reasonable adjustments would cause unjustifiable hardship to the College, the offer of enrolment may be withdrawn, or where your child is an existing student, may result in the amendment or discontinuation of the enrolment.
17. We acknowledge that in circumstances where the College is considering withdrawal of an offer of enrolment, or where our child is an existing student, the amendment or discontinuation of the enrolment, the College will reasonably consult with us before any decisions about that are made. We agree to reasonably participate in any reasonable consultation process. We acknowledge and agree that reasonable interim arrangements may need to be put in place by the College during consultation and that we and our child will comply with those arrangements.
18. We acknowledge that the College may collect Personal Information, Sensitive Information and Health Information about parents, guardians and students, which may be necessary for the College's functions and activities. This information may be obtained in writing or in the course of conversations. This information is used and managed in accordance with the Commonwealth Privacy Act and the College's Privacy Policy. We take your privacy seriously. To find out how we may use, disclose and manage your personal and sensitive information, please refer to our Privacy Policy which is available from the College Website or from the College Business Office.
19. We consent to the College using our and our child's Personal Information, Sensitive Information and Health Information for the College's functions and activities, as detailed in the College's Privacy Policy and General Terms and Conditions.
20. If accepted, we consent to the College storing photos and digital media of our child in the school archive for the purpose of using those photos and digital media in certain publications including, but not limited to, the Yearbook, newsletters, website and other promotional material for the College. We understand this consent will remain valid until such time as we revoke our consent in writing.
21. If our child is not an Australian Citizen, we consent to the College conducting Visa Entitlement Verification Online (VEVO) checks from time to time to ensure our child is eligible, and remains eligible, for enrolment and that appropriate fees are being charged. Further information about VEVO can be found at: [www.homeaffairs.gov.au/busi/visa](http://www.homeaffairs.gov.au/busi/visa). We also acknowledge and agree to advise the College of any change in our, or our child's, visa or residency status within 14 days of the change occurring and providing the College with a copy of the relevant documentation.

## Signatures and Required Documentation

We have included the following with this application (please tick appropriate boxes):

- \$50 Enrolment application fee, per child (required)
- Recent photograph (required)
- Birth certificate (required)
- Most recent school report (required unless applying for Kindergarten)
- Most recent NAPLAN report, NAPLAN testing occurs in Years 3, 5, 7 and 9 (required unless applying for K-3)
- Immunisation record or Statutory Declaration (required)
- Catholic baptism certificate (if applicable)
- Passport (or ImmiCard), visa, residency, citizenship documentation - student and parents (if applicable)
- Current court orders regarding your child (if applicable)
- Management plans for serious medical conditions and other relevant medical documentation (if applicable)
- Reports on any Additional Needs assessments your child has undertaken (if applicable)

Failure to provide the required documentation or pay the enrolment application fee, may delay assessment of your application.

We have read and understand the information and requirements contained in this Enrolment Application and our obligations. We confirm that we have all necessary permission and authority to lodge this Enrolment Application. We understand that if any misleading information has been provided, or any significant, relevant information has been omitted, or we fail to advise of changes to the information provided, acceptance may not be granted or enrolment may be withdrawn or terminated if discovered after acceptance.

Signature Father/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature Mother/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### OFFICE USE ONLY

Enrolment Application Fee – Amount Paid:

Date Paid:

Student ID:

Staff Signature:

Date Application Processed:

Comments \_\_\_\_\_



# ENROLMENT APPLICATION FEE

\$50.00 per child – non-refundable

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## Payment Methods

Credit Card  Mastercard  Visa

Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry \_\_\_\_\_ / \_\_\_\_\_ CCV \_\_\_\_\_

Amount \_\_\_\_\_

**BPOINT**  
Secure online payment using your credit or debit card. Mastercard or Visa only.  
Go to [www.dominic.tas.edu.au](http://www.dominic.tas.edu.au) - Our Families - Payments

**Electronic Funds Transfer**  
  
Bank: Commonwealth Bank  
Account Name: Dominic College  
BSB: 067 000  
Account: 10114391  
Reference: ENR FEE plus child's surname

**Cheque** - Made payable to Dominic College.

**In Person** - Cash, Cheque or EFTPOS at the College Business Office.

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### OFFICE USE ONLY

Student ID \_\_\_\_\_ Student Name \_\_\_\_\_

Student ID \_\_\_\_\_ Student Name \_\_\_\_\_

Student ID \_\_\_\_\_ Student Name \_\_\_\_\_

Student ID \_\_\_\_\_ Student Name \_\_\_\_\_