



Enrolment Form

Mazenod College

Mazenod College is a Catholic Boys' College served by the Oblates of Mary Immaculate in partnership with the Archdiocese of Melbourne. It is a Catholic College with a strong emphasis on community, faith development, mutual respect, self-worth, dignity and service.

Student Details

Surname: _____ Victorian Student Number (VSN)

Given Names: _____

Address: _____

Suburb: _____ Postcode: (Office use only)
Student ID: _____

Date of Birth: ___/___/___ Country of Birth: _____ Nationality: _____

Year Level to begin at Mazenod (Please circle): 7 8 9 10 11 12 Year to begin at Mazenod: 20 _____

Current School: _____ Current Year Level: _____

Catholic Parish of Residence: _____

(Please tick one) Australian Citizen Permanent Resident International Student Indigenous

If the student was born outside of Australia, please attach a copy of the student's passport and visa or proof of Australian Citizenship

Visa No: _____ Type of Visa: _____

Main language spoken at home: _____ Second language spoken at home: _____

First year attended a school in Australia (eg: 2000): _____

Student's Religion

Religion: _____ Parish: _____

Baptism (Year): _____ Place: _____

Confirmation (Year): _____ Place: _____

Is Father a Past Student? Yes No Is Brother a Past Student? Yes No

If yes, Father's Name and Graduation Year _____ If yes, Brother's Name and Graduation Year _____

Is Brother a Current Student? Yes No Please tick which House Father or Brother was/is in

If yes, please list the Brother/s Name and Year Level _____

Albini Anthony Grandin MacKillop
 Chisholm Gerard Cebula Charlebois

Is Mazenod College your first school of preference for your son's Secondary Education? Yes No

Please list any other school that has accepted your son's name on their application list, in order of preference.

1. _____ 2. _____

(Office use only)
Application Date Received: _____
Excel Entry: _____
Synergetic Entry: _____

Note: This Preference Information is exchanged with other Catholic Secondary Schools in the area.

Family Details

Office Use
Only: ID: _____

Mother Single Parent Yes No (Please Tick)

Surname: _____

First Name: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Occupation: _____

Religion: _____

Language Spoken: _____

Country of Birth: _____

Email: _____

Office Use
Only: ID: _____

Father Single Parent Yes No (Please Tick)

Surname: _____ ID: _____

First Name: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Occupation: _____

Religion: _____

Language Spoken: _____

Country of Birth: _____

Email: _____

Brothers and Sisters

Please list any brothers or sisters, their names, ages and current schools/past schools:

Brothers: _____

Sisters: _____

Emergency Contact

Name: _____ Telephone: _____

Emergency contact's relationship to student: _____

Please Note: Medical Forms will be forwarded for completion to acquire more detailed information at a later date.

Absentee SMS Contact

Name: _____ Mobile: _____

***Please Note:** This mobile number will be used to notify you that your son has an unexplained absence from school.

Payment of Fees - please refer to Fees and Charges

Please advise who is responsible for the payment of College fees for this student:

Name: (Mr/ Mrs/ Ms) _____ Telephone: _____

Address: _____

Suburb: _____ Postcode _____

General Information

Student Support

Is your son receiving additional support for Learning Difficulties?

Yes No

If yes, briefly outline the nature of this support:

Does your son receive funded Integration Support at his present school?

Yes No

If yes, briefly outline the nature of this support and funding category:

Is your son participating in any enrichment/extension programmes (school based or external)?

Yes No

If yes, briefly outline the nature of this work:

Catholic/Orthodox Parish Involvement

As connection with Parish Life is valued as essential by the Mazenod Community, please ask your Parish Priest or equivalent Religious Leader to sign the following section before submitting this Enrolment Form.

Parish: _____ Parish Priest: _____

What is your Parish Involvement? (Parish Priest or Family to complete):

Parish Priest's Signature: _____ Date: _____

College Rules

The College has established rules consistent with the Gospel Values and makes every effort to provide a community that offers an excellent and safe learning environment for your son. Your family's acceptance of these rules is an essential condition of his application.

Information we Collect

Our College collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a student's enrolment at our school.

Purpose of Collection

The primary purpose of collection and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school's legal obligations and Government requirements, particularly to enable the school to discharge its duty of care to students and parents/guardians.

Disclosure of Information

Mazenod College is bound by the Privacy Amendment (Private Sector) Act 2012, and has adopted the thirteen (13) National Privacy Principles. A privacy statement detailing Mazenod College's practice's and procedures for the use and management of personal, sensitive and health information it collects and records can be accessed on our website (www.mazenod.vic.edu.au).

Information Required

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol your son. By completing and submitting the school enrolment form, you have confirmed your understanding of and agreement with the above.

Declaration

On the enrolment of my son, _____ at Mazenod College, I accept all the rules and regulations made by the college and will assist in enforcing discipline. I acknowledge that Mazenod is a member of the Associated Catholic Colleges and accept that his attendance at the college requires him to give first priority to the ACC Sports and Music Programmes as required. I acknowledge he may be photographed for school information and publicity purposes. Furthermore, permission is given for such photographs to be used in school promotional material including articles in the media that mention Mazenod College, in school publications such as The Mazenodian, in the Prospectus or on the website and in other forms of advertising.

Mother's Signature: _____

Father's Signature: _____

Date: _____

Date: _____

Payment Details Application (Registration) Fee (\$50 non-refundable)

Cash (do not send by post)

Cheque (payable to Mazenod College)

Credit Card

VISA

Mastercard

Cardholder's Name: _____

Card Number: _____ Card Expiry Date: _____

Cardholder's Signature: _____

Fees are reviewed annually. Please refer to Mazenod College website (www.mazenod.vic.edu.au) for current fee structure.

Office Use Only:

Date:

Receipt No:

Reasons for selecting Mazenod:
