

# Loreto College Early Learning Centre

## Application for Admission



### CHILD DETAILS

Given name(s)	Surname	Preferred name
Date of birth	Gender   Female   Male	
Religion/Denomination	Residential address	
	Postcode	

Student lives with:

Both parents  Mother (permanently, balanced, occasionally) - please specify  
 Carers (permanently, balanced, occasionally) - please specify  Father (permanently, balanced, occasionally) - please specify

Nationality Country of birth Main language spoken at home

Is your child of Aboriginal or Torres Strait Islander origin? | Neither | Aboriginal | Torres Strait Islander

### CUSTODY INFORMATION

Are there any custody arrangements, orders, parenting orders or parenting plans in relation to your child? | No | Yes

Please provide details:

### MEDICAL INFORMATION

Is your child fully immunised according to their age and the National Immunisation Program? | Yes | No

Does your child have any additional needs that may require support within the ELC? | Physical | Social/Emotional | Medical | Academic

If yes, please give further details and/or attach relevant documentation.

### OTHER CHILDREN IN THE FAMILY

Full name	Male   Female	Date of birth
School attending		Current year level
Full name	Male   Female	Date of birth
School attending		Current year level

### RELATIVES

Are there close relatives who are past students of a Loreto school?

Full name	Maiden name	Relationship
If a Loreto College other than Loreto Marryatville, please specify	House name	Year left
Full name	Maiden name	Relationship
If a Loreto College other than Loreto Marryatville, please specify		Year left

### PARENT/CARER DETAILS

**MOTHER/CARER** | Miss | Ms | Mrs | Dr | Prof

Full name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(mobile) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer name and address \_\_\_\_\_

**FATHER/CARER** | Mr | Dr | Prof

Full name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(mobile) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer name and address \_\_\_\_\_

Parents' marital status \_\_\_\_\_

## ADMISSION DETAILS

Proposed calendar year of ELC entry: 20 \_\_\_\_\_ Month \_\_\_\_\_ Age of child on ELC commencement: \_\_\_\_\_  
Preferred days (tick all that apply) | Monday | Tuesday | Wednesday | Thursday | Friday | Number of days per week (min. 2 days): \_\_\_\_\_

## PROGRAM OF INTEREST

| **Gumnut** (6 weeks-20 months) | **Wattle** (20 months - 2.8 years) | **Banksia** (2.8-4 years) | **Preschool** (4-5 years)  
I would like to enrol my daughter for entry to Reception at Loreto College. She will commence in the year **20** \_\_\_\_\_ and in **Term** \_\_\_\_\_

## SIGNATURES

### APPLICATION CHECKLIST

- | A photocopy of my child's birth certificate is enclosed
- | A photocopy of my child's passport and Visa (if not an Australian citizen) is enclosed
- | A copy of my child's immunisation records is enclosed (Medicare Immunisation History Statement)
- | Copies of any relevant medical reports or assessments are enclosed
- | Payment of the non-refundable \$95 Application Fee is enclosed or has been made

**Both parents' signatures are required, unless one parent is sole custodian.**

**Mother/Carer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father/Carer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## APPLICATION FEE PAYMENT

Please return the completed Application Form, together with a non-refundable application fee of \$95.

Credit Card, Cheque (Payable to Loreto Marryatville Limited), Electronic Transfer

### Admissions Manager

Loreto College  
316 Portrush Road  
Marryatville SA 5068

### Electronic Transfer

Account Name Loreto College Marryatville  
BSB Number 015 310  
Account Number 777 010 398  
Reference Your name

**Please charge my credit card:** | Mastercard | Visa

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

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Email: [elcadministration@loreto.sa.edu.au](mailto:elcadministration@loreto.sa.edu.au)

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**We/I advise that the application fee of \$95 has been paid by**

| **Credit card** | **EFT** | **Cheque**

## FEEDBACK

To assist us with the development of future initiatives and to continue cultivating our environment of academic excellence for our students, we welcome your feedback below:

### How did you hear about Loreto College:

- | Current Loreto College parent
- | Parent or grandparent is a Loreto Old Scholar
- | Family/friends recommendation
- | Internet search/Loreto website
- | Reputation or community profile
- | Print advertisements
- | Radio
- | Social media (please specify): \_\_\_\_\_
- | Digital advertising
- | College signage
- | College tour
- | Other (please specify): \_\_\_\_\_

### Which factors influenced your decision to enrol your child at Loreto ELC?

- | Old Scholar or family connections to the College
- | Location or geographic convenience
- | Other (please specify): \_\_\_\_\_