

DIVINE MERCY COLLEGE

BACKGROUND CHECK

Please email completed form to: dmcadmin@arach.net.au

To:	Divine Mercy College	Date:		
Dear Pi	rincipal,			
We hav	ve had an application for enrolmer	nt from:		
Name:		Date of Birth _	Year:	
Could y	ou please briefly answer these qu	estions for enroln	nent purposes:	
•	When did the student enroll at y	our school?		
٠	Has the student left your school?)	Yes / No If so, when?	
•	Please list any achievements/awa		nas received?	
•	Does the student require assista	nce from Learning	Support ? Yes / No	
•	Has the student been suspended .When?		Yes / No	
٠	Has the student had a history of	violence?	Yes / No	
•	Are there any behavioural issues that you believe to be relevant to us?			Yes / No If Yes:
	▶			
•	Any other issues that you would	•		
٠	Has the student received any wa	rning letters?		Yes / No
٠	Has the student met all requirements for the WACE to date?		Yes / No /	
٠	Has the student a USI Number?		Yes / No USI No:	

Could you also send a copy of the **student's attendance record** and any other relevant information? Thank you for your assistance.

Enrolment Policy Written by: Leadership Executive Team Written: 2015 Reviewed: 2019 Next review date: 2021