



MARIAN CATHOLIC COLLEGE, GRIFFITH

APPLICATION TO ENROL for YEAR 20

STUDENT DETAILS *(Please enter details as per birth certificate not preferred names unless requested)*

First Name:		Second Name:		Surname:	
Preferred Name:			Gender: <input type="checkbox"/> Male OR <input type="checkbox"/> Female		Date of Birth:
Religion:		School attending at time of application:			
Place of Birth:			Country of Birth:		
Citizenship: <input type="checkbox"/> Australian <input type="checkbox"/> NZ <input type="checkbox"/> Other _____		VISA type: <input type="checkbox"/> Temporary <input type="checkbox"/> Bridging <input type="checkbox"/> Permanent ** Please attach copies of Visa Grant Notice / Passport / Birth certificates for student and parents with this application – originals will need to be sighted.			
Language Spoken at Home: <input type="checkbox"/> English only If language other than English please specify below: First Language: _____ Second Language: _____					
Is your child receiving Learning Support at his/her present school: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please specify type of support.				Type of Support:	
Does Your Child Suffer from: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Food or other allergies/intolerances					
Does Your Child Require Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" type of medication: _____ Dosage: _____					

PARENT DETAILS *(ie Birth Parents of Student)*

Does this parent live with the student?

Parent 1: First Name:		Parent 1: Surname:		Dob:	YES / NO
Parent 2: First Name:		Parent 2: Surname:		Dob:	YES / NO
Marital Status of <u>birth</u> parents: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other					
Other Residential Guardian: (ie step mother/father, grandparent, uncle/aunt, foster parent)					
First Name:		Surname:		Dob:	Relationship to Student:

FAMILY CONTACT DETAILS *(Home address should be as indicated on your Council rates notice)*

Home Address: Street:		Town:		STATE:	PC:
Postal Address: <input type="checkbox"/> As above OR		Town:		STATE:	PC:
Family Phone Number:			Family mobile number/s:		
			Parent 1:		Parent 2:
Family Email Address (please print clearly):					
Name of brothers / sisters who have attended or are at present attending Marian Catholic College:					

Associated with this application is a fee of \$50 and no application for enrolment will be accepted unless the Enrolment Application Fee is paid. The Enrolment Application Fee covers registration and associated costs, and is **non-refundable**.

On receipt of this Application, the College will then contact you to arrange for an **interview with the Principal**.

PARENT'S SIGNATURE: _____ Date: _____

PLEASE RETURN THIS FORM WITH YOUR APPLICATION FEE OF \$50.00 -

TO: The Enrolment Secretary
Marian Catholic College
185 Wakaden Street,
GRIFFITH NSW 2680

Contact Details:
Phone: 02 6969 2400
Email: mcc-admin@ww.catholic.edu.au

PAYMENT DETAILS:

I enclose cash/cheque payable to Marian Catholic College for \$ _____ OR please deduct from my Visa/Mastercard

Card Number:																					Exp Date:			Cardholders Signature
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OFFICE USE ONLY:

Date received:	Interview Date:	Interview Time:	Interview With:
Application No:	Family Code:	Student Number:	Application Fee:
SAS Enrolment Entered: ___ / ___ / ___ By (signature):	Interviewer Google Calendar Entered: YES / NO	Enrolment Package:- Collect from office: <input type="checkbox"/> Mail to parent: <input type="checkbox"/> Given to sibling at School: <input type="checkbox"/>	Chq / Cash / EFTPOS Date paid: ___ / ___ / ___ Taken by: