MARIAN CATHOLIC COLLEGE

185 Wakaden Street
GRIFFITH NSW 2680
Tel: 02 69692400
Email: mcc-admin@ww.catholic.edu.au
Web: www.mccww.catholic.edu.au

Parents of Year 7 2021

YEAR 7 2021 ENROLMENT PROCESS

RE: ENROLMENT APPLICATION and INTERVIEW PREPARATION

As an important part of the transition to high school process, and in light of the current COVID-19 pandemic, we have had to change the process of enrolment to cater for all of our needs in time frames available to us before your child commences school at Marian into Year 7 2021.

If you intend on submitting an application for your child to attend Year 7 2021 at our College, please complete the attached application and either submit by email to mcc-admin@ww.catholic.edu or return via mail to:

Attention: Enrolment Officer,
Marian Catholic College,
185 Wakaden Street,
Griffith NSW 2680.

Please remember to note your postal/mailing address on your application.

Once your application has been received, an enrolment pack will be mailed to you to complete and return within two weeks of receiving the package. This will enable us to process your child's details in preparation for an interview with the Principal. As soon as we are able to return to school, the Enrolment Officer will contact you to book a time for you and your child to meet with the Principal.

Julie O'Keeffe
Enrolment Officer
Marian Catholic College
Email: mcc-admin@ww.catholic.edu.au

MARIAN CATHOLIC COLLEGE, GRIFFITH

APPLICATION TO ENROL for YEAR 7 2021

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

First Name:	**Second Name:**	**Surname:**
Preferred Name:	**Gender:** ☐ **Male OR** ☐ **Female**	**Date of Birth:**
Religion:	**School your child is attending now:**	
Place of Birth:	**Country of Birth:**	
Citizenship: ☐ Australian ☐ NZ ☐ Other _____	**VISA type:** ☐ Temporary ☐ Bridging ☐ Permanent ** Please attach copies of Visa Grant Notice / Passport / Birth certificates for student and parents with this application – originals will need to be sighted at interview.	
Language Spoken at Home: ☐ English only OR If language other than English please specify below: First Language: _____ Second Language: _____		
Is your child receiving Learning Support at his/her present school: ☐ No ☐ Yes If yes please specify type of support.	Type of Support:	
Does Your Child Suffer from: ☐ Asthma ☐ Allergies ☐ Anaphylaxis ☐ Food or other allergies/intolerances ☐ N/A		
Does Your Child Require Medication: ☐ Yes ☐ 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 child's parents: ☐ Married ☐ Single ☐ Widowed ☐ Defacto ☐ Separated ☐ Divorced ☐ 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:
Mailing Address:	☐ 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:
Email: mcc-admin@ww.catholic.edu.au

PAYMENT DETAILS:

Please deduct from my Visa/Mastercard

Card Number: | | | | | | | | | | | | | | | | |

Exp Date: | | |

_____
Cardholders Signature

OFFICE USE ONLY:

Date received:	Interview Date:	Interview Time:	Interview With:
Application No:	Family Code:	Student Number:	Application Fee: EFTPOS Date paid: __ / __ / ___ Taken by:
SAS Enrolment Entered: ___ / ___ / ____ By (signature):	Interviewer Google Calendar Entered: YES / NO	Enrolment Package:- Collect from office: ☐ Mail to parent: ☐ Given to sibling at School: ☐	