



APPLICATION FORM FOR YEAR ____ IN 20__

STUDENT'S SURNAME : _____ FIRST NAME/S: _____

Preferred Name: _____

SEX : M / F _____ Date of Birth: ___ / ___ / _____ Child's Religion: _____

Postal Address: _____

Residential Address: _____

Home Phone: _____ Mobile Phone: _____

Family Email Address: _____

PRESENT SCHOOL: _____

Birth Father's Surname: _____ Christian Name: _____

Birth Mother's Surname: _____ Christian Name: _____

Other residential guardian: _____ Relation to student: _____

Birth Parent's Marital Status: _____ PARISH: _____

NAME OF BROTHERS / SISTERS WHO HAVE ATTENDED OR ARE AT PRESENT
ATTENDING MARIAN CATHOLIC COLLEGE (if any): _____

DOES YOUR CHILD REQUIRE SPECIAL NEEDS SUPPORT: Yes / No _____

ADDITIONAL COMMENT: _____

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: _____

**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
Fax: 02 6962 5597
Email: mcc-admin@ww.catholic.edu.au

OFFICE USE ONLY:

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