



# MARIAN CATHOLIC COLLEGE, GRIFFITH

## APPLICATION TO ENROL

YEAR \_\_\_\_ 20 \_\_\_\_

### STUDENT DETAILS

<b>First Name:</b>		<b>Surname:</b>		<b>Preferred Name:</b>	
<b>Gender:</b> <input type="checkbox"/> Male OR <input type="checkbox"/> Female		<b>Religion:</b>		<b>Parish:</b>	
<b>Date of Birth:</b>		<b>School attending at time of application:</b>			
<b>Country of Birth:</b>			<b>Place of Birth:</b>		
<b>Citizenship:</b> <input type="checkbox"/> Australian <input type="checkbox"/> NZ <input type="checkbox"/> Other _____		<b>VISA type:</b> <input type="checkbox"/> Temp <input type="checkbox"/> Bridging <input type="checkbox"/> Perm Class: _____ Sub Class: _____ ** Please attach copy of Visa Grant Notice & present Passport.			
<b>Language Spoken at Home:</b> <input type="checkbox"/> English only		If language other than English please specify below:			
First Language:		Second Language:			
<b>Is your child receiving Learning Support at his/her present school:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please specify type of support.				Type of Support:	
<b>Does Your Child Suffer from:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Other _____					
<b>Does Your Child Require Medication:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

### PARENT DETAILS (ie Birth Parents of Student)

Residential Guardian?

<b>Mother: First Name:</b>		<b>Mother: Surname:</b>		YES / NO
<b>Father: First Name:</b>		<b>Father: Surname:</b>		YES / NO
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other				
<b>Other Residential Guardian:</b> (ie step mother/father, grandparent, foster parent)				
First Name:		Surname:		Relationship to Student:

### FAMILY CONTACT DETAILS

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

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  
Fax: 02 6962 5597  
Email: [mcc-admin@ww.catholic.edu.au](mailto: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: