



# MARIST-SION COLLEGE

## ADDITIONAL ENROLMENT INFORMATION

### FAMILY DETAILS Note: Please complete ALL relevant fields.

<p><b>FATHER</b></p> <p>Title <input type="text"/> Surname <input type="text"/> Given Name/s <input type="text"/></p> <p>Residential Address <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Postal Address (If different from above) <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone number</p> <p>H <input type="text"/> W <input type="text"/></p> <p>M <input type="text"/></p> <p>Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Centrelink Pensioner Concession or Health Care Card</p> <p>Number <input type="text"/></p> <p>Expiry <input type="text"/></p>	<p><b>MOTHER</b></p> <p>Title <input type="text"/> Surname <input type="text"/> Given Name/s <input type="text"/></p> <p>Residential Address <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Postal Address (If different from above) <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone number</p> <p>H <input type="text"/> W <input type="text"/></p> <p>M <input type="text"/></p> <p>Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Centrelink Pensioner Concession or Health Care Card</p> <p>Number <input type="text"/></p> <p>Expiry <input type="text"/></p>
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### ADDITIONAL FAMILY DETAILS Note: Please complete ALL relevant fields.

<p>Relationship to child <input type="text"/></p> <p>Title <input type="text"/> Surname <input type="text"/> Given Name/s <input type="text"/></p> <p>Residential Address <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Postal Address (If different from above) <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone number</p> <p>H <input type="text"/> W <input type="text"/></p> <p>M <input type="text"/></p> <p>Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Centrelink Pensioner Concession or Health Care Card</p> <p>Number <input type="text"/></p> <p>Expiry <input type="text"/></p>	<p>Relationship to child <input type="text"/></p> <p>Title <input type="text"/> Surname <input type="text"/> Given Name/s <input type="text"/></p> <p>Residential Address <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Postal Address (If different from above) <input type="text"/></p> <p><input type="text"/> Post Code <input type="text"/></p> <p>Email <input type="text"/></p> <p>Telephone number</p> <p>H <input type="text"/> W <input type="text"/></p> <p>M <input type="text"/></p> <p>Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Centrelink Pensioner Concession or Health Care Card</p> <p>Number <input type="text"/></p> <p>Expiry <input type="text"/></p>
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### DOES YOUR CHILD RESIDE WITH

Both Parents  Father  Percentage of Care \_\_\_\_\_% Mother  Percentage of Care \_\_\_\_\_%

Other Please Specify

## ADDITIONAL INFORMATION (SEPARATED FAMILIES ONLY)

Tuition fee responsibility will be as indicated in Part H of the Enrolment Form.

Would you like separate invoices Y  N

**Non tuition fee responsibility (Laptop damages, sports, tours, buses and other charges)**

Father  Mother  50/50 Parent Split (e.g: Mr Smith 50% and Mrs Smith 50%)

### CORRESPONDENCE

Please indicate how correspondence should be addressed by selecting an option for each category

SMS messages <small>(one ONLY unless shared custody)</small>		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other please specify _____
Email Notifications	Both <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other please specify _____
General Correspondence	Both <input type="checkbox"/>	Mother <input type="checkbox"/>	OR Father <input type="checkbox"/>	Other please specify _____
Reports	Both <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other please specify _____

### OFFICE USE ONLY

Student Name  Student ID

Year Level  Start Date

House  Tutor

### APPLICATION CHECKLIST (Application cannot be processed until all boxes have been ticked)

- Part A (Page 3)** Consent provided regarding previous school contact
- Part D (Page 8)** *If applicable* - Court orders attached
- Part F (Page 13)** Signed by both parents
- Part H (Page 14)** Signed by both parents
- Part H (Page 14)** Witnessed by both parents
- Part H (Page 14)** First signature sighted on original documentation
- Part H (Page 14)** Second signature sighted on original documentation
- Part I (Page 15)** Questions 12 and 13 (consent) answered
- Part I (Page 16)** Questions 16 and 17 (consent) answered
- Part I (Page 16)** Signed by both parents
- Part J (Page 16)** Signed by both parents
- Copy of Birth Certificate attached
- Copy of Baptismal Certificate attached (if Catholic) or not required

<b>FOR OFFICE USE ONLY</b>	Initial	Date
Enrolment Officer		
Administration (Synergetic entry)		
Health Management		
Finance (Debtors)		
Scanned to FileDirector		

Return to Enrolments Coordinator upon completion