



MARIST-SION COLLEGE

ADDITIONAL ENROLMENT INFORMATION

FAMILY DETAILS Note: Please complete ALL relevant fields.

<p>FATHER</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>MOTHER</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 (SEPARATED FAMILIES ONLY) 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 _____

TUITION FEE RESPONSIBILITY FOR 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 *(one ONLY unless shared custody)* Mother Father Other *please specify* _____
 Email Notifications Both Mother OR Father Other *please specify* _____
 General Correspondence Both Mother Father Other *please specify* _____
 Reports Both Mother Father 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)** Both parent signatures witnessed
- 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

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

Return to Enrolments Coordinator upon completion