



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 H <input type="text"/> W <input type="text"/> 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 <small>*Please provide a copy of your Pensioner/Concession/Health Care Card</small></p> <p>Number <input type="text"/></p> <p>Expiry <input type="text"/></p> <p>Signature <input type="text"/></p> <p><small>By signing this form, all signatories agree to and acknowledge all information to be true and correct</small></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 H <input type="text"/> W <input type="text"/> 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 <small>*Please provide a copy of your Pensioner/Concession/Health Care Card</small></p> <p>Number <input type="text"/></p> <p>Expiry <input type="text"/></p> <p>Signature <input type="text"/></p> <p><small>By signing this form, all signatories agree to and acknowledge all information to be true and correct</small></p>
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DOES YOUR CHILD RESIDE WITH

Both Parents Father Percentage of Care _____% Mother Percentage of Care _____%

Other Please Specify _____

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"/> OR Father <input type="checkbox"/>	Other please specify _____
General Correspondence	Both <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/>	Other please specify _____
Reports	Both <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/>	Other please specify _____
Parent Access Module (PAM)	Both <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/>	Other please specify _____

TUITION FEE RESPONSIBILITY (SEPARATED FAMILIES ONLY)

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

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%)

ADDITIONAL FAMILY DETAILS (SEPARATED FAMILIES ONLY)

Note: Please complete ALL relevant fields.

STEP FATHER

Title Surname Given Name/s

Residential Address

Post Code

Postal Address (If different from above)

Post Code

Email

Telephone number

H W

M

Past Student of Marist-Sion College Y N

Singature

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STEP MOTHER

Title Surname Given Name/s

Residential Address

Post Code

Postal Address (If different from above)

Post Code

Email

Telephone number

H W

M

Past Student of Marist-Sion College Y N

Singature

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OFFICE USE ONLY

Student Name Student ID

Year Level Start Date

House Tutor

<i>Please initial and date</i>	Initial	Date
Enrolment Officer		
Administration (Synergetic entry)		
Health Management		
Finance (Debtors)		
Scanned to FileDirector		

Return to Enrolments Coordinator upon completion