



MARIST-SION COLLEGE

ADDITIONAL ENROLMENT INFORMATION

FAMILY DETAILS Note: Please complete ALL relevant fields.

FATHER		MOTHER	
Title	Surname	Given Name/s	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		Residential Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	Post Code	<input type="text"/>	Post Code <input type="text"/>
Postal Address (If different from above)		Postal Address (If different from above)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	Post Code	<input type="text"/>	Post Code <input type="text"/>
Email	<input type="text"/>		
Telephone number	<input type="text"/>		
H <input type="text"/>	W <input type="text"/>	H <input type="text"/>	W <input type="text"/>
	M <input type="text"/>		M <input type="text"/>
Past Student of Marist-Sion College	Y <input type="checkbox"/>	N <input type="checkbox"/>	Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/>
Signature	<input type="text"/>		
<small>By signing this form all signatories agree to and acknowledge all information to be true and correct</small>			
Centrelink Pensioner Concession or Health Care Card		Centrelink Pensioner Concession or Health Care Card	
<small>*Please provide a copy of your Pensioner/Concession/Health Care Card</small>			
Number	<input type="text"/>		
Expiry	<input type="text"/>		

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 (one ONLY unless shared custody)	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.

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%)

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

Signature

By signing this form all signatories agree to and acknowledge all information to be true and correct

Centrelink Pensioner Concession or Health Care Card

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Number

Expiry

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

Signature

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Centrelink Pensioner Concession or Health Care Card

*Please provide a copy of your Pensioner/Concession/Health Care Card

Number

Expiry

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