



MARIST-SION COLLEGE

ADDITIONAL ENROLMENT INFORMATION: SEPARATED FAMILIES ONLY

FAMILY DETAILS

Note: Please complete **ALL** relevant fields.

FATHER

Title	Surname	Given Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		
<input type="text"/>		
<input type="text"/>	Post Code	<input type="text"/>
Postal Address (If different from above)		
<input type="text"/>		
<input type="text"/>	Post Code	<input type="text"/>
Email <input type="text"/>		
Telephone number		
H <input type="text"/>	W <input type="text"/>	
	M <input type="text"/>	
Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/>		
Signature <input type="text"/>		
<small>By signing this form all signatures agree to and acknowledge all information to be true and correct</small>		
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"/>		

MOTHER

Title	Surname	Given Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		
<input type="text"/>		
<input type="text"/>	Post Code	<input type="text"/>
Postal Address (If different from above)		
<input type="text"/>		
<input type="text"/>	Post Code	<input type="text"/>
Email <input type="text"/>		
Telephone number		
H <input type="text"/>	W <input type="text"/>	
	M <input type="text"/>	
Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/>		
Signature <input type="text"/>		
<small>By signing this form all signatures agree to and acknowledge all information to be true and correct</small>		
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Number <input type="text"/>		
Expiry <input type="text"/>		

DOES YOUR CHILD RESIDE WITH

Both Parents <input type="checkbox"/>	Father <input type="checkbox"/>	Percentage of Care _____%	Mother <input type="checkbox"/>	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"/>	Step Mother <input type="checkbox"/>	Step Father <input type="checkbox"/>	Other <input type="checkbox"/>
Email Notifications	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Mother <input type="checkbox"/>	Step Father <input type="checkbox"/>	Other <input type="checkbox"/>
General Correspondence	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Mother <input type="checkbox"/>	Step Father <input type="checkbox"/>	Other <input type="checkbox"/>
Reports	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Mother <input type="checkbox"/>	Step Father <input type="checkbox"/>	Other <input type="checkbox"/>
Parent Access Module (PAM)	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Mother <input type="checkbox"/>	Step Father <input type="checkbox"/>	Other <input type="checkbox"/>

NON TUITION FEE RESPONSIBILITY

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

Father <input type="checkbox"/>	Mother <input type="checkbox"/>	50/50 Parent Split (e.g: Mr Smith 50% and Mrs Smith 50%) <input type="checkbox"/>
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ADDITIONAL FAMILY DETAILS

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

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

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

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

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

	Initial	Date
Enrolment Officer Audit		
Academic Officer Synergetic entry		
Health Management		
Finance (Debtors)		
Scanned to FileDirector		

Return to College Registrar and Bus Coordinator upon completion