



MARIST-SION COLLEGE

ADDITIONAL ENROLMENT INFORMATION SEPARATED FAMILIES ONLY

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 style="width: 100%;" type="text"/></p> <p><input style="width: 80%;" type="text"/> Post Code <input style="width: 20%;" type="text"/></p> <p>Postal Address (If different from above) <input style="width: 100%;" type="text"/></p> <p><input style="width: 80%;" type="text"/> Post Code <input style="width: 20%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Telephone number H <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> W <input style="width: 20%;" type="text"/></p> <p style="margin-left: 100px;">M <input style="width: 20%;" type="text"/></p> <p>Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Signature <input style="width: 100%; height: 40px;" type="text"/></p> <p style="font-size: small; margin-top: 5px;">By signing this form all signatures agree to and acknowledge all information to be true and correct</p> <p>Centrelink Pensioner Concession or Health Care Card <i>*Please provide a copy of your Pensioner/Concession/Health Care Card</i></p> <p>Number <input style="width: 100%;" type="text"/></p> <p>Expiry <input style="width: 20%;" 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 style="width: 100%;" type="text"/></p> <p><input style="width: 80%;" type="text"/> Post Code <input style="width: 20%;" type="text"/></p> <p>Postal Address (If different from above) <input style="width: 100%;" type="text"/></p> <p><input style="width: 80%;" type="text"/> Post Code <input style="width: 20%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Telephone number H <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> W <input style="width: 20%;" type="text"/></p> <p style="margin-left: 100px;">M <input style="width: 20%;" type="text"/></p> <p>Past Student of Marist-Sion College Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Signature <input style="width: 100%; height: 40px;" type="text"/></p> <p style="font-size: small; margin-top: 5px;">By signing this form all signatures agree to and acknowledge all information to be true and correct</p> <p>Centrelink Pensioner Concession or Health Care Card <i>*Please provide a copy of your Pensioner/Concession/Health Care Card</i></p> <p>Number <input style="width: 100%;" type="text"/></p> <p>Expiry <input style="width: 20%;" 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 _____

CORRESPONDENCE

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

SMS messages <i>(one ONLY unless shared custody)</i>	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 Mother 50/50 Parent Split (e.g: Mr Smith 50% and Mrs Smith 50%)

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

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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

	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