

Father

Mother

MARIST-SION COLLEGE

ADDITIONAL ENROLMENT INFORMATION SEPARATED FAMILIES ONLY

FAMILY DETAILS Note: Please complete ALL relevant fields.		
Student Name	Year Level	
FATHER	MOTHER	
Title Surname Given Name/s	Title Surname Given Name/s	
Residential Address	Residential Address	
Post Code	Post Code	
Postal Address (If different from above)	Postal Address (If different from above)	
Post Code	Post Code	
Email	Email	
Telephone number	Telephone number	
H W	н w	
М	М	
Past Student of Marist-Sion College Y N	Past Student of Marist-Sion College Y N	
Signature	Signature Signature	
	Signature	
By signing this form all signaturies agree to and acknowledge all information	By signing this form all signaturies agree to and acknowledge all information	
to be true and correct Centrelink Pensioner Concession or Health Care Card	to be true and correct Centrelink Pensioner Concession or Health Care Card	
*Please provide a copy of your Pensioner/Concession/Health Care Card	*Please provide a copy of your Pensioner/Concession/Health Care Card	
Number	Number	
Expiry	Expiry	
DOES YOUR CHILD RESIDE WITH		
	Mother Percentage of Care 0/	
	Mother Percentage of Care%	
Other Please Specify		
CORRESPONDENCE		
Please indicate how correspondence should be addressed by selecting an option	n for each category	
SMS messages (one ONLY unless shared custody) Mother Father	Step Mother Step Father Other	
Email Notifications Mother Father	Step Mother Step Father Other	
General Correspondence Mother Father	Step Mother Step Father Other	
Reports Mother Father	Step Mother Step Father Other	
Parent Access Module (PAM) Mother Father	Step Mother Step Father Other	
NON-EDUCATION FEE RESPONSIBILITY		
Non tuition fee responsibility (Lanton damages sports tours huses	and other charges)	

50/50 Parent Split (e.g: Mr Smith 50% and Mrs Smith 50%)

ADDITIONAL FAMILY	DETAILS	Note: Please complete <u>ALL</u> relevant fields.
STEP FATHER		STEP MOTHER
Title Surname	Given Name/s	Title Surname Given Name/s
Residential Address		Residential Address
Postal Address (If different from abo	Post Code	Post Code Postal Address (If different from above)
	Post Code	Post Code
Email		Email
Telephone number		Telephone number
H	W	H W
	M	М
Past Student of Marist-Sion Colle	ge Y N	Past Student of Marist-Sion College Y N
Signature		Signature
By signing this form all signaturies ag to be true and correct	aree to and acknowledge all information	By signing this form all signaturies agree to and acknowledge all information to be true and correct
Centrelink Pensioner Concession *Please provide a copy of your Pensioner/Conces	or Health Care Card sion/Health Care Card	Centrelink Pensioner Concession or Health Care Card *Please provide a copy of your Pensioner/Concession/Health Care Card
Number		Number
Expiry		Expiry