

Primary School: _____

Student Given Name: _____ Surname: _____

Date of Birth: _____ Gender: Male / Female (Circle)

Address : _____

Suburb: _____ Post Code: _____ Melway Ref: _____

Home Number/s: _____ Business / Mobile/s: _____

Parent / Guardian (A) Full Name: (Mr/Mrs/Ms/Miss/Dr):

Parent / Guardian (B) Full Name: (Mr/Mrs/Ms/Miss/Dr):

Email Address for contact: _____

If an older brother or sister currently attends Maribyrnong College please supply their name and Year Level.

Sibling Name(s): _____ Year Level(s): _____

Does your child require integration support? Yes / No (If yes, please attach relevant documents)

Has your child been accepted into a non government secondary school? Yes / No

Have you applied / are you waiting for enrolment into a non government secondary school? Yes / No

I am applying on a Curriculum Grounds basis (i.e I do not live within the designated neighbourhood boundary). I verify that the supplied information is current and correct and I understand that further information may be requested by the College at a later date.

I understand that, in the interests of fairness and justice, any enrolment offer based on false information will be withdrawn.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please return the completed form and all accompanying information to the College by 4pm Friday 9th May, 2014. NOTE: (You are still required to complete the official Application for Enrolment issued by DEECD through your primary school):

Enrolments
Maribyrnong College
River St, Maribyrnong 3032

OFFICE USE ONLY

Date received: _____

