



## Family Assistance Expression of Interest for Enrolment

Any Family Assistance offered will be re-assessed at the commencement of every school year.

### Family Information

Parent/Guardian Name:

Address:

Phone: Home:  Mobile:  Post Code:

### Student Information

#### Child 1:

Name:  DOB:  Current School:  Year Level:

I would like to enrol this child? Yes  No  I would like to be considered for Family Assistance for  months.

Special needs requirements:

I would like to start this child: As soon as possible  Start of next term  Next year  or Date

#### Child 2:

Name:  DOB:  Current School:  Year Level:

I would like to enrol this child? Yes  No  I would like to be considered for Family Assistance for  months.

Special needs requirements:

I would like to start this child: As soon as possible  Start of next term  Next year  or Date

#### Child 3:

Name:  DOB:  Current School:  Year Level:

I would like to enrol this child? Yes  No  I would like to be considered for Family Assistance for  months.

Special needs requirements:

I would like to start this child: As soon as possible  Start of next term  Next year  or Date

#### Child 4:

Name:  DOB:  Current School:  Year Level:

I would like to enrol this child? Yes  No  I would like to be considered for Family Assistance for  months.

Special needs requirements:

I would like to start this child: As soon as possible  Start of next term  Next year  or Date

### What happens next?

Once you have filled out this form, return it to Mackay Christian College. We will post you a Family Assistance Information Pack about enrolment at MCC.