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.