



# MCC Family Details Update

MCC collects & stores personal information for College administration purposes. This information remains confidential & will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

	Guardian 1	Guardian 2		Guardian 1	Guardian 2
Title			DOB		
Surname			Mobile Ph		
First Name			Home Ph		
Middle Name			Email		
Marital Status			Home Address		
Relationship to child?			Postal Address		
Legal guardian?	Yes / No	Yes / No	Billing Address		
Child lives with me?	Full time / Shared Care	Full time / Shared Care	Responsible for fees?	Any changes to the Enrolment Contract for responsibility of fee payments must be discussed directly with the College Accounts Department.	
Court Orders?	Yes / No (Please supply a copy)	Yes / No (Please supply a copy)	Past Student	Yes / No	Yes / No
Contact in case of an emergency?	Yes / No	Yes / No	Occupation		
Birth Country			Workplace		
Nationality			Work Ph		
Ethnic Group			Denomination		
Home Language			Place of Worship		

MCEETYA – the following information is required by the Ministerial Council on Education, Employment, Training & Youth Affairs (MCEETYA) for Assessment & Reporting purposes.

Highest level of School completed (please tick)	Year 12 or equivalent	Year 12 or equivalent	Highest Qualification completed (please tick)	Bachelor degree or above	Bachelor degree or above
	Year 11 or equivalent	Year 11 or equivalent		Diploma	Diploma
	Year 10 or equivalent	Year 10 or equivalent		Certificate I to IV (including Trade Certificate)	Certificate I to IV (including Trade Certificate)
	Year 9 or below	Year 9 or below		No non-school qualifications	No non-school qualifications

	Student 1	Student 2		Student 1	Student 2
Surname			Mobile Number		
First Name			Denomination		
Middle Name			Place of Worship		
Sex	M / F	M / F	Medicare No.		
Date of Birth			Private Health Fund	Yes / No	Yes / No
Current Year Level			Name of Fund		
Birth Country			Fund Number		
Ethnic Group			Doctor Name		
Native Language			Doctor Phone		
Nationality			Emergency Contact - <b>OTHER THAN PARENTS</b>		
Aboriginal	Yes / No	Yes / No	Full Name		
Torres Strait Islander	Yes / No	Yes / No	Relationship		
English 2 <sup>nd</sup> Language	Yes / No	Yes / No	Home Phone		
Home Language			Work Phone		
Allergies			Mobile Phone		
Medical Conditions (Please list)					
Student 1 :					
Student 2 :					

I declare that all of the information provided is to the best of my knowledge true and correct.

Signature:

Date: / /

Signature:

Date: / /

Please turn over to provide details for all students & all parents/guardians involved in caring for your student.

	Guardian 3	Guardian 4		Guardian 3	Guardian 4
Title			DOB		
Surname			Mobile Ph		
First Name			Home Ph		
Middle Name			Email		
Marital Status			Home Address		
Relationship to child?			Postal Address		
Legal guardian?	Yes / No	Yes / No	Billing Address		
Child lives with me?	Full time / Shared Care	Full time / Shared Care	Responsible for fees?	Any changes to the Enrolment Contract for responsibility of fee payments must be discussed directly with the College Accounts Department.	
Court Orders?	Yes / No (Please supply a copy)	Yes / No (Please supply a copy)	Past Student	Yes / No	Yes / No
Contact in case of an emergency?	Yes / No	Yes / No	Occupation		
Birth Country			Workplace		
Nationality			Work Ph		
Ethnic Group			Denomination		
Home Language			Place of Worship		

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	Year 11 or equivalent	Year 11 or equivalent		Diploma	Diploma
	Year 10 or equivalent	Year 10 or equivalent		Certificate I to IV (including Trade Certificate)	Certificate I to IV (including Trade Certificate)
	Year 9 or below	Year 9 or below		No non-school qualifications	No non-school qualifications

	Student 3	Student 4		Student 4	Student 4
Surname			Mobile Number		
First Name			Denomination		
Middle Name			Place of Worship		
Sex	M / F	M / F	Medicare No.		
Date of Birth			Private Health Fund	Yes / No	Yes / No
Current Year Level			Name of Fund		
Birth Country			Fund Number		
Ethnic Group			Doctor Name		
Native Language			Doctor Phone		
Nationality			Emergency Contact - <b>OTHER THAN PARENTS</b>		
Aboriginal	Yes / No	Yes / No	Full Name		
Torres Strait Islander	Yes / No	Yes / No	Relationship		
English 2 <sup>nd</sup> Language	Yes / No	Yes / No	Home Phone		
Home Language			Work Phone		
Allergies			Mobile Phone		
Medical Conditions (Please list)					
<b>Student 3 :</b>					
<b>Student 4 :</b>					

I declare that all of the information provided is to the best of my knowledge true and correct.

Signature:

Date: / /

Signature:

Date: / /