



SPINIFEX STATE COLLEGE RESIDENTIAL CAMPUS MOUNT ISA

PHONE 4745 4333 FAX 4743 5066

REGISTER EXPRESSION OF INTEREST

This expression of interest form is a requirement of Spinifex State College Residential Campus Mount Isa for information purposes only. The information will not be disclosed for any other purpose. The parent/caregiver listed below is lodging an expression of interest only and understands that formal registration procedures may follow from this expression of interest.

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STUDENT INFORMATION

Name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Year Level in 2015			
Previous School			
Principal or Community Referee	Name	Phone Number:	Fax Number:

PARENT/CAREGIVER INFORMATION

Name			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____		
Relationship to Student			
Occupation			
Work Phone			
Home Phone			
Mobile			
Home Address		State	Postcode
Mailing Address		State	Postcode
Does the student reside with you	<input type="checkbox"/> Yes <input type="checkbox"/> No		

In which country was the student born?

<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)
Cultural Background	
Religion	

Is the student an Australian Citizen, Permanent Resident or holding an International Visa?

<input type="checkbox"/> Australian Citizen/Permanent Resident	<input type="checkbox"/> International Student – Date Of Arrival / /
Parent/Caregiver's Signature	Date: / /

