

OUNT CARMEL COLLE

A Catholic Co-educational Years R-12 School in the Josephite Tradition

	MOUNT	CARMEL	
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STUDENT'S N	NAME:			. CLASS:	AS ET DIGN	
Mailing Do	etails (to whom cor elephone Details	oe changed: (tick more than one respondence is addressed)	Address (student's primary residential address) Emergency Contact Telephone Details			
0	NLY COMPLET	E THOSE SECTIONS WHE	RE THERE IS A C	HANGE OF STUDENT	DETAILS	
MAILING DETA	AILS: (to whom corr	espondence is addressed)				
General Corre	spondence (e.g. le	tters, reports, newsletters, notice	es etc.)			
Mr	Mrs	☐ Mr & Mrs	Ms	Miss		
Surname			Given Name			
Address						
Email						
Relationship to		/Uncle/Sister/Brother/Caregiver/	 Guardian/Foster Pari	ents etc)		
-		sidential address?	YES	□ NO		
	Enrolment Acceptar	y if different to 'General Corresponce contract. Only the address of				
ADDRESS: /stu	dent's primary resid	 Iential address)				
TELEPHONE C	ONTACT DETAILS:					
Mother:	Home	Work		Mobile		
Father:	Home	Work		Mobile		
Guardian(1):	Home	Work		Mobile		
Guardian(2):	Home	Work		Mobile		
EMERGENCY (CONTACT TELEPH	ONE DETAILS:				
Name		Ph.		Relationship to student		
Name		Ph.		Relationship to student		
Name		Ph.		Relationship to student		
1.			authorise these changes be made to the College records.			
Signature Pare	ent/Guardian 1:		Signature Paren	t/Guardian 2:		
FRONT OFFICE	NLY (Initial and pass	on. Completed forms to College PA (D/PRINCIPAL)	Registrar for filing.)	COLLEGE REGISTRAR	MCC Revised June 2022	
FRONT OFFICE		PA (D/PKINCIPAL)		COLLEGE REGISTRAR		
Date:		Date:		Date:		



Primary Campus
17 Pennington Terrace, Pennington
Phone: 8447 0500



7 12 Secondary Campus
33 Newcastle Street, Rosewater
Phone: 8447 0500

44 Russell Street, Rosewater Phone: 8447 0560 Email: info@wtc.sa.edu.au Website: www.wtc.sa.edu.au