



RIVERMOUNT COLLEGE

RIVERMOUNT DRIVE, YATALA PH: (07) 3287 0000 FAX: (07) 3807 4670
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*Realising the
Potential Within*

APPLICATION FOR ENROLMENT

OFFICE USE

PC

SC1

SC2

SC3

SC4

CHILD DETAILS	EXISTING FAMILY			
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student's Name	DOB	Year of Entry	Year Level of Entry	Name of Present School

(Please include all children so that the College can book places for them)

PARENT/GUARDIAN DETAILS

Name: Title:

Occupation:

Home Address:

Post Code: Telephone: Mobile:

Business Address:

Post Code: Telephone: Fax:

Postal Address:
(If different from above)

Post Code:

Partner's Name: Title:

Occupation:

Home Address:
(If different from above)

Post Code: Telephone: Mobile:

Business Address:

Post Code: Telephone: Fax:

I/We hereby apply to have the above named student/s enrolled at Rivermount College. I/We understand that this application is an expression of interest only and that admission to the College is subject to the College's enrolment procedures and criteria, including parent/student interviews.

Parent / Guardian Signature: _____ Date: _____

Please send to: The Registrar
 Rivermount College
 PO Box 693
 BEENLEIGH QLD 4207

An application Fee of \$20.00 must accompany this form.