



# Macleay Vocational College

P.O. Box 3063

West Kempsey NSW 2440

## STUDENT ENROLMENT EXPRESSION OF INTEREST

### STUDENT DETAILS

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Student Mobile Number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Medicare Card Number: \_\_\_\_\_ Position on Card: \_\_\_\_\_ Exp: \_\_\_\_\_

Origin:  Indigenous  Torres Strait Islander  Neither

Country of birth:  Australia  Other \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Do you speak a language other than English at home:  No, English only  Yes, Other \_\_\_\_\_

Method of travel to College: \_\_\_\_\_

Transport Provider: Busways / Cavanaghs / MVC Bus

### ENROLMENT DETAILS

Scholastic Year to be Enrolled: 8 9 10 11 12

Previous School: \_\_\_\_\_

Highest Level Achieved: \_\_\_\_\_ Last Date Of Attendance: \_\_\_\_\_

### PERSON ENROLLING STUDENT (if student is under 18 years of age)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_