



RIVERMOUNT COLLEGE

Rivermount Drive, Yatala Qld 4207. Ph: 07 3287 0000 Fax: 07 3807 4670
 Email: enrolments@rivermount.qld.edu.au Website: www.rivermount.net

Realising the Potential Within

Application for Enrolment

Student Details

Existing Rivermount College Family Yes No

Office Use Only	
PC	<input type="text"/>
SC1	<input type="text"/>
SC2	<input type="text"/>
SC3	<input type="text"/>
SC4	<input type="text"/>

Student Name	DOB	Gender	Entry Year	Entry Level	Current School/Kindy

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

Parent / Guardian Details:

Parent / Guardian Name: _____ Title: _____

Residential Address: _____

Postal Address: _____
If different to above

Occupation: _____ Employer: _____

Telephone (Hm): _____ Telephone (Wk): _____ Mobile: _____

Email Address: _____ Fax: _____

Parent / Guardian Name: _____ Title: _____

Residential Address: _____

Postal Address: _____
If different to above

Occupation: _____ Employer: _____

Telephone (Hm): _____ Telephone (Wk): _____ Mobile: _____

Email Address: _____ 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. To enable the College to process your application, **a fee of \$20 must accompany this form.**

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____ Date: _____

Please send completed application to:

The Principal, Rivermount College, PO Box 693, Beenleigh Qld 4207 or email enrolments@rivermount.qld.edu.au

**Rivermount Education Limited, PO Box 693, Beenleigh Qld 4207. ACN 011 048 981 ABN 94 011 048 981
 CRICOS Provider No: 01248A**