



# RIVERMOUNT COLLEGE

Rivermount Drive, Yatala Qld 4207. Ph: 07 3287 0000 Fax: 07 3807 4670

Email: [info@rivermount.net](mailto:info@rivermount.net) Website: [www.rivermount.net](http://www.rivermount.net)

**RIVERMOUNT**  
*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