



Registration for Waiting List

Year	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	Calendar Year of Entry	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
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Applicant

Surname							Date of Birth (dd/mm/yyyy)			
First Name										
Preferred Name							Nationality			
Address										
Suburb							Religion			
Post Code										
Current School							Parish			
Grade										
Applicant lives with	<input type="checkbox"/> Both Parents	<input type="checkbox"/>	<input type="checkbox"/> Mother	<input type="checkbox"/>	<input type="checkbox"/> Father	<input type="checkbox"/>	<input type="checkbox"/> Guardian	<input type="checkbox"/>		
Court Order or Parenting Plan, if any, relevant to the applicant								<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/>

Please tick ✓

Please attach a copy with this Admission

Mother / Guardian

Title	
First Name	
Surname	
Address	
Suburb	
Postcode	
Phone (H)	
(B)	
(M)	
Email	
Religion	

Father / Guardian

Title	
First Name	
Surname	
Address	
Suburb	
Postcode	
Phone (H)	
(B)	
(M)	
Email	
Religion	

How did you hear about Mount St Benedict College ?

Word of mouth / reputation	<input type="checkbox"/>	Media (advertising / editorial)	<input type="checkbox"/>
Open Day / College Tour	<input type="checkbox"/>	Website	<input type="checkbox"/>
Local Newspapers	<input type="checkbox"/>	Primary School	<input type="checkbox"/>
Live in local area	<input type="checkbox"/>	Local Parish	<input type="checkbox"/>
Sibling at MSB / other family connection	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		

You may tick more than one

OFFICE USE ONLY

Date Received

Association with Mount St Benedict College

Please provide details of any relations (sibling or parent) who are current or past students of Mount St Benedict College.

Name		Relationship	
Maiden Name		Class of (Year)	

Other Children

Name	Gender M / F	Date of Birth (dd/mm/yyyy)	Current School

Payment

I/We wish to place my/our daughter on the Waiting List for the year group listed above.
I understand this is a non-refundable fee.

Payment of \$110.00 is by **CHEQUE** **MONEY ORDER** *Please tick preferred payment method.*

If paying via our website www.msb.nsw.edu.au, choose the Online Payments link located in the top right hand corner of the screen. Please record your Online Receipt No. here for our records:

Online Receipt No.

If paying by cheque, please may cheques payable to 'Mount St Benedict College'.

This form can be lodged by:

POST Send this completed form with cheque or money order payment to The REGISTRAR Mount St Benedict College 449c Pennant Hills Road PENNANT HILLS 2120	FAX Send this completed form to 02 9484 4911	EMAIL Send this completed form to registrar@msben.nsw.edu.au
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Notes

1. Admission to the College's Waiting List does not guarantee enrolment. Offers of enrolment will be made by the Registrar approximately 18 months prior to commencement.
2. To process this registration, a non-refundable fee of \$110 is payable. This registration will not be processed until payment is received.