

MELBOURNE GIRLS' COLLEGE

"where girls lead and achieve"



YEAR 7 ENROLMENT FORM (Grade 6 Independent School Students ONLY)

Proposed Enrolment Year	20	Proposed Year Level	Year _____
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Student's First Name	
Student's Last Name	
Student's Date of Birth	

Current School	
Current Year Level	

Student's Residential Address			
Suburb	State	Postcode	

Correspondence address (if different to above)			
Parent or Guardian Name	Mr/Ms/Mrs Please circle		
Parent or Guardian Name	Mr/Ms/Mrs Please circle		
Parent Email address (please print clearly)			
Ph (AH)	Ph (BH)	Ph (Mob)	

Siblings of student:			
Name _____	Year ____	School _____	
Name _____	Year ____	School _____	

Languages spoken at home		
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Is the student an Australian Resident?	YES		NO	
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If NO, please include Visa Details	
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Special Programs Required	
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Signatures of Parents/Guardians
I certify that the above information is correct. If applicable, signatures of both parents/guardians are required.
Parent/Guardian _____ Date _____
_____ Date _____

Please submit this form to:

The Admissions Officer, Melbourne Girls' College, Yarra Boulevard, Richmond, Victoria, 3121 by the beginning of May.

An offer of a position at MGC will be made subject to the available of places.