

# REGISTRATION FORM

To register your child/children for the College please complete the following details and send to:

The Principal: Mandurah Baptist College,  
PO Box 4116, Mandurah North, WA 6210

## NAME OF STUDENT

1.

Date of Birth:

   .    .  

## NAME OF STUDENT

2.

Date of Birth:

   .    .  

## NAME OF STUDENT

3.

Date of Birth:

   .    .  

## NAME OF STUDENT

4.

Date of Birth:

   .    .  

## ENTRY YEAR LEVEL

## PARENT/GUARDIAN

Address:

Postcode:

Tel (H):

Tel (W):

Mobile:

The registration of interest will place your child/children on a preliminary list, but enrolment will only be confirmed after satisfactory interviews have been conducted. Please include a \$50.00 family registration fee (non-refundable) to cover the administration costs of processing your application.

OFFICE  
USE ONLY

RECEIPT  
NO.:

DATE:

LETTER SENT

REGISTRATION LIST

COMPUTER-MAZE