

Mildura Christian College

Cnr Karadoc Ave & Jones Rd. Irymple VIC 3498

Ph: (03) 5024 5310 Fax: (03) 5024 6095 admin@milduracc.vic.edu.au



Family Registration Form

Please print clearly. Write N/A where appropriate.

SURNAME _____

HOME ADDRESS _____

HOME PHONE NUMBER _____

MAILING ADDRESS _____

	FATHER	MOTHER
PREFERRED TITLE (Please Circle)	Mr / Dr / Other _____	Miss / Mrs / Ms / Dr / Other _____
FIRST NAME		
SURNAME		
OCCUPATION		
NAME OF EMPLOYER		
MARITAL STATUS		
CURRENT CHURCH FELLOWSHIP		
NAME OF MINISTER / PASTOR		
MINISTER / PASTOR PHONE		
Do you consider yourself to be a Christian? (Please circle)	Yes / No	Yes / No
On what basis do you consider yourself a Christian?		
Why would you like your children to attend Mildura Christian College?		
Please list names of all your children followed by their dates of birth and current age		

Signed: _____
Father/Guardian

_____ (Date: ____/____/____)
Mother/Guardian