



Year 7 2025 Transition

STUDENT DETAILS:

Surname _____ First Name(s) _____

Date of Birth _____ Religion _____

Student's Residential Address: _____

PARENT/CARER DETAILS:

Full Name _____

Address _____

Ph: Mobile _____ Work _____ Home _____

Email Address _____

PARENT/CARER DETAILS:

Name _____

Address _____

Ph: Mobile _____ Work _____ Home _____

Email Address _____

(If the same home address for both parents please write "as above")

UPDATED EMERGENCY CONTACTS (other than Parent/Carer)

Contact 1

Full Name _____

Relationship to Child _____

(eg. Grandmother, Aunt, Cousin)

Phone/Mobile number _____

Contact 2

Full Name _____

Relationship to Child _____

Ph/Mobile number _____

DECLARATION

As Parent(s)/Carer(s) we wish to continue our child's education at MacKillop Catholic College, Warnervale for Yr 7 to Yr 12 commencing in 2025.

Parent/Carer 1: _____

Parent/Carer 2: _____

Signature: _____

Signature: _____

Date: _____

Date: _____