

EXPRESSION OF INTEREST

Form amended January 2024

STUDENT INFORMATION

First Name: _____ Surname: _____

Other Given Name(s): _____ Date of Birth: _____

Gender Male Female Country of Birth: Australia Other
(Please specify): _____

Do you identify as an Aboriginal or Torres Strait Islander person? Yes No

Current School: _____ Religion: _____

Please indicate the Year Level and indicate the year for which the enrolment is required:

Prep Yr 1 Yr 2 Yr 3 Yr 4 Yr 5 Yr 6 Yr 7 Yr 8 Yr 9 Yr 10 Yr 11 Yr 12 Year: 20 _____

PARENT/LEGAL GUARDIAN/CAREGIVER INFORMATION

Parent/Legal Guardian/Caregiver 1

Parent/Legal Guardian/Caregiver 2

First Name: _____ First Name: _____

Other Given Name(s): _____ Other Given Name(s): _____

Surname: _____ Surname: _____

Gender Male Female

Gender Male Female

Ages of other siblings: _____

Country of Birth: Australia
 Other
(Please specify): _____

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 Other
(Please specify): _____

Occupation:
Describe the type of work, if any, which the parent/caregiver undertakes.

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Religion: _____ Religion: _____

Are you a member of a particular parish or worshipping community

Name of Community: _____ Yes No

Please note: Mary MacKillop Bursary applications are only open to enrolments for Brisbane Catholic Education schools. A full list of BCE schools is available here:
www.bne.catholic.edu.au/schoolscurriculum/find-a-school



FAMILY INFORMATION

Street Address: _____ Suburb/Town: _____

State: _____ Postcode: _____ Email address: _____

Gender Male Female Country of Birth: Australia Other
(Please specify): _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Please provide a brief description of your current family circumstances and financial situation:

Are you an Aust Govt Health Care or Pension Concession Card Holder? YES (You may be asked to provide a copy)

Type of card: _____ Cardholders Name: _____

Number: _____ Expiry Date: _____

NO (further financial details may be requested)

Please provide a brief comment on your child and your hopes for their education and their future.
(You are welcome to attach a separate statement if more space needed):

FAMILY INFORMATION

Please list two Catholic schools you would consider sending your child to, in order of preference:

1. _____

2. _____

Have you lodged an enrolment application with a school? Yes No

If yes, have you received principal support for this application? Yes No

Would you be willing to share your story for fundraising purposes, knowing your child's name, personal details and school will be held confidential? (Your response will not have any impact upon whether a bursary is awarded.)

Yes No

Signature of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Print name of Parent or Legal Guardian:

Print name of Parent or Legal Guardian:

Date: _____

Date: _____

Please forward form to: The MacKillop Discernment Panel c/o
mackillopfund@bne.catholic.edu.au or post to:
MacKillop Fund, GPO Box 1201, Brisbane QLD 4001

For more information, please call 07 3033 7454