



BORDER RIVERS CHRISTIAN COLLEGE

Co-educational
Preparatory to Year 12

T: 07 4671 4123
E: admin@brcc.qld.edu.au
P O Box 1201, Goondiwindi Qld 4390

Registration of Expression of Interest

*This is a registration form only – completion DOES NOT secure a place at the College
Details will not be shared with any other party*

Mother / Guardian		Father / Guardian	
Name		Name	
Address		Address	
Mobile		Mobile	
Work		Work	
Home		Home	
Email Address		Date	

Student Name (1)	Date of Birth	Current School	Desired Year of Entry	Desired Grade of Entry
Are there any Medical Conditions that may impact on the student's Education?				Yes No
Does the student have behavioural challenges that may impact on their Education?				Yes No
Does the student have Learning Difficulties and/or previous learning support?				Yes No
Additional information				
Student Name (2)	Date of Birth	Current School	Desired Year of Entry	Desired Grade of Entry
Are there any Medical Conditions that may impact on the student's Education?				Yes No
Does the student have behavioural challenges that may impact on their Education?				Yes No
Does the student have Learning Difficulties and/or previous learning support?				Yes No
Additional information				

How did you hear about BRCC?
(please select all that apply)

- Word of Mouth
 Website
 Social Media
 General Advertising
 Other

What prompted you to enquire at BRCC
(please select all that apply)

- Christian Education
 Small Class Sizes
 Private Education
 Other

Thank you for your consideration.
Rebecca Montgomery
Principal