



SAINT SPYRIDON COLLEGE

Embrace learning, find wisdom.

Enrolment Registration Form

Student

Surname _____ Given Name/s _____

Male / Female (please circle) Date of Birth _____ Country of Birth _____

Address _____ Post Code _____

Intended Year of Entry **20** _____ Year Level _____

Current School or Kindergarten _____ Current Year Level _____

Language/s Spoken at Home _____

Caregiver 1

Relationship to child _____ Surname _____ Given Name/s _____

Date of Birth (optional) _____ Email _____

Address _____ Post Code _____

Telephone (M) _____ (H) _____ (W) _____

Marital Status Married Divorced Separated Sole Parent Other

Caregiver 2

Relationship to child _____ Surname _____ Given Name/s _____

Date of Birth (optional) _____ Email _____

Address _____ Post Code _____

Telephone (M) _____ (H) _____ (W) _____

Marital Status Married Divorced Separated Sole Parent Other

Sibling/s

Name _____ M / F (please circle) DOB _____ Current School _____ Year Level _____

Name _____ M / F (please circle) DOB _____ Current School _____ Year Level _____

Name _____ M / F (please circle) DOB _____ Current School _____ Year Level _____

OFFICE USE ONLY	Date Received: / /
\$50.00 Application Fee received	Date Paid: / /
Expression of Interest accepted	Date Replied: / /