



## 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

### 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

### Sibling/s

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:    /    /