



# SAINT SPYRIDON COLLEGE

EMBRACE LEARNING, FIND WISDOM

## STUDENT ENROLMENT EXPRESSION OF INTEREST FORM

Section 1: Student Details			
<b>Personal Details</b>			
Surname:		Given Name(s):	
Middle Name(s):		Preferred Name (if applicable):	
Gender (please circle): M / F	Date of Birth: DD / MM / YYYY	Country of Birth:	
Religion:		Nationality:	
Home Address:		State:	Post Code:
<b>Background Information</b>			
Main Language spoken at home:		Other Languages:	
Current School or Kindergarten:			Current Year Level:
<b>Commencement</b>			
Intended Year of Entry: 20 _____		Entry Year Level:	

Section 2: Family Information					
Parent / Caregiver 1			Parent / Caregiver 2		
Title: (e.g. Mrs/Ms/Dr)			Title: (e.g. Mrs/Ms/Dr)		
First Name(s):			First Name(s):		
Surname:			Surname:		
Preferred Name (if applicable):			Preferred Name (if applicable):		
Home Address:			Home Address:		
Suburb:	State:	Post Code:	Suburb:	State:	Post Code:
Nationality:	Main Language:		Nationality:	Main Language:	
Religion:	Date of Birth: (optional)		Religion:	Date of Birth: (optional)	
Usual Occupation:	Employer:		Usual Occupation:	Employer:	
Phone (H):	Phone (W):		Phone (H):	Phone (W):	
Mobile:			Mobile:		
Email:			Email:		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Sole Parent <input type="checkbox"/> Other		Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Sole Parent <input type="checkbox"/> Other	

### Section 3: Other Children / Siblings at School

Name:	M / F	Date of Birth:
Current School:		Year Level:
Name:	M / F	Date of Birth:
Current School:		Year Level:
Name:	M / F	Date of Birth:
Current School:		Year Level:

### Section 4: Other Information

#### How did you hear about us?

Relative     
  Friend     
  Church     
  Social Media     
  Other

Please specify: \_\_\_\_\_

### Section 5: Signatures

Parent / Caregiver 1:	Parent / Caregiver 2:
Signature:	Signature:
Date:	Date:

*By completing this form, you are indicating that you are interested in making an application for your child's enrolment at Saint Spyridon College or that you would like your child's name placed on the school waiting list for enrolment. Completion of this form does not guarantee a place for your child at the school.*

Saint Spyridon College respects the privacy of personal and sensitive information regarding your family. The college collects personal information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment. The primary purpose of collecting this information is to enable the College to provide schooling/services for your child. Please refer to the College's Privacy Policy for more information.