

Application for Enrolment

Initial Conta	Ct Date:
Personal De	tails (Please Print)
First Name:	Surname:
Address:	
Suburb:	State: Postcode:
Gender:	D.O.B: / /
<u>Enrolment D</u>	<u>etails</u>
Current School	Ol: Current Year Level:
Year Level:	for: 20
Name of Sibli	ng/s: Current Year Level:
D	dian Control Detaile: MOTHER (Places Brink)
	rdian Contact Details: MOTHER (Please Print)
First Name:	Surname:
Address:	
Suburb:	State: Postcode:
Contact:	(H) (W)
Parent/Gua	rdian Contact Details: FATHER (Please Print)
First Name:	Surname:
Address:	
Suburb:	State: Postcode:
Contact:	(H) (M) (W)
NOTES:	
- An	
As part of the Semester Se	ne application process please provide us with a copy of your child's most recent chool Report and Birth Certificate.
OFFICE USE	ONLY
Interview De	tails:
Interview Date	e: / / Time: Interviewed By:
School Tour/M	leeting: Yes / No Previous Academic Report Provided: Yes / No
Enrolment Pac	k Given: Yes / No Date of Commencement: / /