



ENROLMENT ENQUIRY FORM

CHILD DETAILS			
FIRST NAME:	LAST NAME:		
DATE OF BIRTH: / /			
ENROLMENT YEAR LEVEL:		COMMENCEMENT YEAR:	
PREVIOUS SCHOOL / PRESCHOOL:			PREVIOUS YEAR LEVEL:
RESIDENTIAL STRUCTURE: <i>Who does the child live with?</i>	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> MOTHER & PARTNER
	<input type="checkbox"/> FATHER ONLY	<input type="checkbox"/> FATHER & PARTNER	<input type="checkbox"/> SHARED CARE
ARE THERE FAMILY COURT ORDERS/PARENTING PLANS IN PLACE FOR THIS CHILD? YES <input type="checkbox"/> NO <input type="checkbox"/>			
RELIGION:		BAPTISED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
COUNTRY OF BIRTH:		AUSTRALIAN CITIZEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF CHILD WAS NOT BORN IN AUSTRALIA, PLEASE PROVIDE CITIZENSHIP AND VISA DETAILS, TYPE AND SUBCLASS:			

PARENT/GUARDIAN DETAILS	
FIRST NAME:	LAST NAME:
RELATIONSHIP TO CHILD: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER <input type="checkbox"/> <i>(please specify)</i>	
ADDRESS:	SUBURB:
POST CODE:	CONTACT NUMBER:
EMAIL ADDRESS:	

FIRST NAME:	LAST NAME:
RELATIONSHIP TO CHILD: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER <input type="checkbox"/> <i>(please specify)</i>	
ADDRESS:	SUBURB:
POST CODE:	CONTACT NUMBER:
EMAIL ADDRESS:	

PLEASE PROVIDE ANY INFORMATION YOU CONSIDER RELEVANT TO CHILD'S ENROLMENT

PLEASE LIST ANY ENROLMENT QUESTIONS YOU WOULD LIKE TO DISCUSS

ANY OTHER COMMENTS

NAME: SIGNATURE: DATE: / /

NAME: SIGNATURE: DATE: / /

Please return the completed form to the school. Once submitted you will be contacted to arrange a time to meet with the Principal.
Thank you for your interest in enrolment at St Joseph's Primary School.