



ENROLMENT ENQUIRY

NAME OF STUDENT: _____

DATE OF BIRTH: _____

AUSTRALIAN CITIZEN: YES / NO (please circle)

IF NOT AUSTRALIAN CITIZEN, VISA CODE: _____

RELIGION: _____

BAPTISED: YES / NO IF YES DATE AND PLACE: _____

YEAR SOUGHT FOR ENROLMENT: _____

CLASS LEVEL: _____

NEW OR EXISTING FAMILY: _____

OTHER INFORMATION: _____

MEDICAL/HEALTH CARE: _____

NAMES OF PARENTS: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARISH YOU BELONG TO: _____

DATE OF ENQUIRY: _____