



ST STEPHEN'S CATHOLIC SCHOOL

2017

Confidential

EXPRESSION OF INTEREST FOR ENROLMENT

Child's NAME: D.O.B.:

Year Level Enrolment:

1. SECTION A. Family Information

	PARENT 1 /GUARDIAN 1	PARENT 2 / GUARDIAN 2
Title (eg Mr/Mrs)		
Surname		
Other Name/s		
Relationship to Child		
Home Address		
Marital Status		
Home Phone No.		
Mobile Phone		
Religion		

2. SECTION B. Student Details

Surname	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
Other Name/s	Previous School Attending: (if applicable)

The school will make contact to arrange a suitable interview time. Upon enrolment an enrolment package will be provided.

We look forward to meeting you and your child.

Yours sincerely

Madonna Sleba

Madonna Sleba

Principal

Office Use Only

Copies of the following documents are required:

Birth Certificate	Immunisation Certificate	Current/Recent Report Card	Relevant Specialist/medical reports e.g. Paediatrician	Special Needs Enrolment required (Yes/No)