



STUDENT ENROLMENT EXPRESSION OF INTEREST FORM

ST JOHN'S CATHOLIC SCHOOL

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Seeking enrolment for Grade (e.g. Yr 2):

Year (e.g. 2014):

STUDENT DETAILS

Surname:

First Name/s:

Middle Name:

Date of Birth:

Religion:

Gender:

Home Address:

Suburb:

Postcode:

Home Phone:

Mobile:

(indicate if a silent number)

Postal Address (If different from above):

Other Children at School

Name of Children:

School Name:

Grade:

Mother/Guardian

Surname:

Title (e.g. Mrs/Ms/Dr):

First Name:

Middle Name:

Former Name/Maiden Name:

Date of birth:

Home Ph:

Business Ph:

(indicate if a silent number)

Mobile:

Work Mobile:

Email:

Father/Guardian

Surname:

Title (e.g. Mr/Dr):

First Name:

Middle Name:

Former Name:

Date of birth:

Home Ph:

Business Ph:

(indicate if a silent number)

Mobile:

Work Mobile:

Email:

Signature:

Father / guardian

Signature:

Mother / guardian

Date:

Date:

By completing this form, you are indicating that you are interested in making an application for your child's enrolment at the school 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 you child at the school.