

Contact Information

Date: ___ / ___ / _____

Title: _____ Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Phone: _____ Referred By: _____

Student Information (for additional children see pg2)

Name: _____ Gender: _____

DOB: ___ / ___ / _____ Current School: _____

Proposed Start Date: Term ___ Year: _____ Grade: _____

Special Medical Needs: _____

Special Educational Needs: _____

Prep

Potential Prep students must be 3.5 years old and fully toilet trained. It is our expectation that upon enrolment, Prep students will continue on into Kindergarten and will not have to re-enrol.

Preferred Prep Days: Mon Tue Wed Thur Fri

Expected Year for Kindergarten: _____

How Did you hear about our College: _____

Other Comments: _____

Student Information

Name: _____ Gender: _____

DOB: ___ / ___ / _____ Current School: _____

Proposed Start Date: Term _____ Year: _____ Grade: _____

Special Medical Needs: _____

Special Educational Needs: _____

Student Information

Name: _____ Gender: _____

DOB: ___ / ___ / _____ Current School: _____

Proposed Start Date: Term _____ Year: _____ Grade: _____

Special Medical Needs: _____

Special Educational Needs: _____

Student Information

Name: _____ Gender: _____

DOB: ___ / ___ / _____ Current School: _____

Proposed Start Date: Term _____ Year: _____ Grade: _____

Special Medical Needs: _____

Special Educational Needs: _____
