

## REGISTRATION OF INTEREST IN ENROLMENT

A registration of interest **MUST** be completed for each child

Completion of registration of interest form does not constitute an offer of enrolment

Student Details															
Year of Enrolment:		Year Level sought				Prep	1	2	3	4	5	6			
Surname:		Given Name:				Preferred Name:									
Residential Address:															
						State:		Post Code:							
Best Contact Phone Number:															
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other													
Is this student an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Country of Birth:						Nationality:									
Religious Denomination?						Baptised Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N Date:									
Aboriginal/Torres Strait Islander: <input type="checkbox"/> Y <input type="checkbox"/> N if 'Yes' please tick below															
Aboriginal <input type="checkbox"/>				Torres Strait Islander <input type="checkbox"/>				Both <input type="checkbox"/>							
Kinder/School Currently Attending:						Current School Year:									
Applicant lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other															
Court/Intervention Orders/Parenting Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No															
Father/Guardian Details:						Mother/Guardian Details:									
Surname:								Surname:							
First Name:						First Name:									
Address:						Address:									
Suburb:			Postcode:			Suburb:			Postcode:						
Relationship to the Applicant:						Relationship to the Applicant:									
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No						Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Occupation:						Occupation:									
Employer:						Employer:									
Mobile Number:						Mobile Number:									
Work Number:						Work Number:									
Email:						Email:									
<b>Please list brothers or sisters ACCEPTED FOR ENROLMENT, currently attending or who have attended this school:</b>															
Name:				Current Year Level?				Or Year Finished?							
Name:				Current Year Level?				Or Year Finished?							
Name:				Current Year Level?				Or Year Finished?							

<b>If your application is for a Year 1 to Year 6 student, please state your reasons for changing schools?</b>

<b>Are there any circumstances concerning the student seeking to be enrolled that the school should know about prior to enrolment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' provide a brief description of the circumstances

<b>To your knowledge is there anything in the child's history or circumstances which might pose a risk of any type to the student, other students or staff at the school?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' provide a brief description of the circumstances

**BOTH PARENTS/GUARDIANS\* MUST SIGN BEFORE THIS EXPRESSION OF INTEREST CAN BE PROCESSED.**

I/We hereby apply for the above named child to be enrolled at St Anthony's Catholic Primary School.

Father/Guardian ..... Date: .....

Mother/Guardian..... Date: .....

\*If both parents/guardians do not sign please state the reason:

.....  
 .....

FORWARD THIS COMPLETED REGISTRATION AND A COPY OF YOUR CHILD'S BIRTH AND BAPTISM CERTIFICATE TO

**St Anthony's Catholic Primary School  
 PO Box 41  
 Lara VIC 3212**