

SS MICHAEL & JOHN'S PRIMARY SCHOOL HORSHAM

EXPRESSION OF INTEREST ENROLMENT

PLEASE RETURN ENROLMENT FORM TO:

Address: 7 McLachlan St Horsham VIC 3400
 Email: office@smjhorsham.catholic.edu.au
 Tel: (03) 5382 3000 Fax: (03) 5382 3868

STUDENT DETAILS

Surname:	Entry year (YYYY):	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion: (include rite)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>
Current School/Kindergarten		

HOME ADDRESS OF STUDENT

Street number and name:	
Suburb:	Postcode:
Home phone:	

PARENT/GUARDIAN DETAILS

1. Name:	2. Name:
Relationship to child:	Relationship to child:
Home phone:	Home phone:
Mobile:	Mobile:

SACRAMENTAL INFORMATION (IF APPLICABLE)

Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current parish:		

PARENT/CARER/GUARDIAN SIGNATURE:		Date:
PARENT/CARER/GUARDIAN SIGNATURE:		Date:

OFFICE USE ONLY	Date received:
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Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on our website at www.smjhorsham.catholic.edu.au.