



ENROLMENT FORM

STUDENTS DETAILS:

SURNAME:		FIRST NAMES:	
DATE OF BIRTH:			
ANY ADDITIONAL SIBLINGS TO ENROL:			
#2 - SURNAME:		FIRST NAMES:	
DATE OF BIRTH:			
#3 - SURNAME:		FIRST NAMES:	
DATE OF BIRTH:			

PRIMARY CONTACT DETAILS:

SURNAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT:			
HOME NO#:		WORK NO#:	
MOBILE #:		EMAIL:	
ADDRESS:			

EMERGENCY CONTACT DETAILS:

SURNAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT:			
HOME NO#:		WORK NO#:	
MOBILE #:		EMAIL:	
ADDRESS:			



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Please state if there is anybody who is not authorised to pick up your child (i.e. Custody Issues etc):

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MEDICAL INFORMATION:

DOCTOR:		MEDICAL CENTRE:	
PHONE #:			
<u>Any Health Conditions/Issues</u> we need to know about: (i.e. Allergies, Medical Conditions, Dietary issues etc):			

Any other concerns that you think we should be aware of in regards to the care of your Child:

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Signed: _____

Date: _____