

Expression of Interest for Enrolment

John XXIII Catholic Primary School
(Kindergarten – Year 6)

St Mark's Catholic College
(Years 7 – 12)

Year of entry: 2016 2017 2018

K 1 2 3 4 5 6 7 8 9 10 11 12

(please circle Year Group)

Student's Surname: _____ Christian Name: _____

Date of Birth: _____ Male Female Religion: _____

Address: _____ Suburb: _____

Postcode: _____ Home Phone: _____

Contact Email Address: _____

Place Baptised: _____

Parish of Worship: _____ Parish Priest: _____

Father's Name: _____ Religion: _____

Father's Mobile Phone: _____ Father's Work Phone: _____

Mother's Name: _____ Religion: _____

Mother's Mobile Phone: _____ Mother's Work Phone: _____

Current school / preschool: _____

Contact phone number: _____



Does your child have any Special Needs or Learning Difficulties?

Yes

No

If yes, please give details:

Does your child have any known medical conditions?

Yes

No

If yes, please give details:

Please list names of other children and the Catholic Schools they are enrolled in:

Name	School	Grade/Year
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Why do you wish to enrol your child in this school?

How did you find out about the Catholic Learning Community of John XXIII & St Mark's?

Parish

Sibling

Family/Friends

Newspaper

Flyer

Banner