

## 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:

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Does your child have any known medical conditions?

Yes

No

If yes, please give details:

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

Name	School	Grade/Year
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Why do you wish to enrol your child in this school?

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

Parish

Sibling

Family/Friends

Newspaper

Flyer

Banner