



2 Willey Street  
Sunshine North Vic 3020  
Tel: 9311 8872 Fax: 9311 2469  
Email: admin@stbsunshinenth.catholic.edu.au

**PLEASE COMPLETE ALL DETAILS AND RETURN.  
ATTACH COPIES OF:  
STUDENT – BIRTH, BAPTISM, IMMUNISATION,  
PASSPORT, VISA(IF ANY), CITIZENSHIP  
PARENT – PASSPORT, VISA, CITIZENSHIP, PROOF OF  
ADDRESS**

## ENROLMENT ENQUIRY FORM

Date: \_\_\_\_\_

When would you like your child to start: \_\_\_\_\_ Entry Year: \_\_\_\_\_ Year Level: \_\_\_\_\_

### STUDENT INFORMATION:

Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female Other

Country of Birth: \_\_\_\_\_ Visa Number: \_\_\_\_\_ (Attach copy)

Resides / Lives With: Both Parents Mother Father Other: \_\_\_\_\_

### RELIGIOUS DENOMINATION:

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish / Place of Baptism: \_\_\_\_\_

### SACRAMENTS ALREADY RECEIVED:

Reconciliation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Communion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parish / Place: \_\_\_\_\_

**CURRENT KINDERGARTEN OR SCHOOL:** \_\_\_\_\_

Address: \_\_\_\_\_

Year Level: \_\_\_\_\_

**Reason for coming to St Bernadette's:** \_\_\_\_\_

**Special circumstances (siblings)/cousins) etc:** \_\_\_\_\_

### PARENT A/GUARDIAN 1 INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Australian Citizen: Yes No

Country of Birth: \_\_\_\_\_ Visa Number: \_\_\_\_\_ (Attach copy)

### PARENT B/GUARDIAN 2 INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Australian Citizen: Yes No

Country of Birth: \_\_\_\_\_ Visa Number: \_\_\_\_\_ (Attach copy)

**FAMILY STATUS** Married Separated Divorced Single Parent Family De Facto