



2 Willey Street, Sunshine North Vic 3020
Tel: 9311 8872
E: 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: _____

Any learning / educational needs: _____

RELIGIOUS DENOMINATION:

Baptism Date: ____/____/____ Parish / Place of Baptism: _____

SACRAMENTS ALREADY RECEIVED: (please attach copies of certificates)

Reconciliation Date: ____/____/____ Communion Date: ____/____/____ Confirmation Date: ____/____/____

CURRENT KINDERGARTEN OR SCHOOL:

Address: _____ Year Level: _____

Reason for choosing St Bernadette's: _____

Special circumstances (siblings /cousins) etc: _____

Have you applied anywhere else: Yes / No Where: _____

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