

ST. JUSTIN'S PRIMARY SCHOOL
WHEELERS HILL
ENROLMENT APPLICATION

STUDENT INFORMATION

Surname: _____ Christian Name: _____

Address: _____

Post Code: _____ Home Telephone No.: _____ Sex: Male Female

Mother's Name: _____ Mothers's Mob. No. _____

Fathers' Name: _____ Fathers's Mob. No. _____

Position in Family _____ Date of Birth: _____ Country on Birth _____

Language spoken at home by child (if not English) _____

Kindergarten/School last attended: _____

Year Level at Current School _____ Year Level Commencing at St. Justin's _____

Religion: _____ Date of Baptism: _____ Name/Location of Church _____

Copies of the following must accompany the return of this Application for Enrolment.

PREP:-

Birth Certificate Baptismal Certificate Council Immunisation Certificate

OTHER YEAR:-

Transfer Note Recent School Report Council Immunisation Certificate

Are there any issues eg: social/emotional/physical/intellectual/personal that you feel the school should be aware of regarding your child's enrolment at St. Justin's school?

Yes No

Fathers Name _____ Signature _____ Date: _____

Mothers Name _____ Signature _____ Date: _____

NON REFUNDABLE APPLICATION FEE \$15.00