

**ENROLMENT FORM**

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Year at school: \_\_\_\_\_

School now attending: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Maiden Name : \_\_\_\_\_

Religion: \_\_\_\_\_

Father's name: \_\_\_\_\_

Religion: \_\_\_\_\_

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

Phone number: home \_\_\_\_\_ work \_\_\_\_\_ mobile \_\_\_\_\_

Names of other children in the family: \_\_\_\_\_

Sacraments Received : Baptism Yr \_\_\_\_\_ Parish \_\_\_\_\_

Reconciliation Yr \_\_\_\_\_ Parish \_\_\_\_\_

Eucharist Yr \_\_\_\_\_ Parish \_\_\_\_\_

Confirmation Yr \_\_\_\_\_ Parish \_\_\_\_\_

Any specific physical, educational or medical problems we need to be aware of:

\_\_\_\_\_

I/We \_\_\_\_\_ parent/guardian of \_\_\_\_\_

In the event that I/we are uncontactable authorize my/our child to receive any emergency medical or dental attention should it be required. I have read and understood the Duty of Care Statement.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_