



# St Roch's Parish Primary School

## APPLICATION FOR ENROLMENT

Glenvale Road, Glen Iris, 3146

Email: [office@srgleniris.catholic.edu.au](mailto:office@srgleniris.catholic.edu.au)

Tel: 03 9885 7704

Please note that this is an application form only. Completion of this form does not guarantee enrolment.

### Student Details

Surname:			
First name/s:		Preferred first name:	
Entry year (YYYY):		Entry level/grade:	
Date of birth:		Gender: <input type="checkbox"/> Female: <input type="checkbox"/> Male:	
Country of Birth:			
Australian Citizen:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Number/Class (if applicable)::	
Language spoken at home			
Religion:		Parish:	
Address:			
Suburb:		Postcode:	

### Sacraments received (please provide year):

Baptism: <input type="checkbox"/>	Reconciliation: <input type="checkbox"/>	Eucharist: <input type="checkbox"/>	Confirmation: <input type="checkbox"/>
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### Name of kindergarten OR previous school:

	Year Level:	
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### Have you/will you be applying for enrolment at any other schools?

No: <input type="checkbox"/> Yes: <input type="checkbox"/>	If Yes, where:
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### Father's Details:

Surname:			
First name/s:		Religion:	
Mobile Number::		Email address::	
Language spoken at home:			

### Mother's Details:

Surname:			
First name/s:		Religion:	
Mobile Number::		Email address::	
Language spoken at home:			

### How did you hear about our school?

Internet: <input type="checkbox"/>	Word of Mouth: <input type="checkbox"/>	Kindergarten: <input type="checkbox"/>	Parish: <input type="checkbox"/>	Other:
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Signature of Parent / Guardian:

Office use only: Entered SAS: <input type="checkbox"/>	Confirmation Email: <input type="checkbox"/>	Date received: / /
Notes:		