



ENROLMENT APPLICATION CHECKLIST

Student's Name _____

For Year _____ in 20_____

I have enclosed

- Enrolment Form
- Birth Certificate
- Baptismal Certificate
- Immunisation Certificate
- Administration Fee - \$50 (non refundable)

Method of Payment Cash/Cheque/Credit Card/ Postal Note
Please make cheques payable to St Joseph's Corinda

Credit Card Visa/Mastercard

Credit Card No. _____

Expiry Date __/__/__

Card Holder's Name _____

Signature _____