



# APPLICATION FOR ENROLMENT

This form is to be completed in conjunction with the Notes Booklet.

When completing this form, please PRINT CLEARLY in blue or black pen.

Name of School:

School Suburb:

Please circle the Year Level and indicate the Year for which the enrolment is required.

Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12
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Start Date:

Student's current Year Level is: Yr \_\_\_\_\_ or Not Applicable

## STUDENT INFORMATION

### Section 1: Student Personal Details

A legible copy of the student's **Birth Certificate** (and **Change of Name Certificate**, if applicable) must be attached.



Legal Surname:

Preferred Surname: (to be used only with Principal's approval)

Legal First Name:

Preferred First Name: (If different from Legal First Name)

Other Given Name(s):

Date of Birth:

BCE Student Id: (If known):

Gender\*:

- Male  
 Female

### Section 2: Student Cultural Background

Country of Birth\*:

In which country was the student born?

- Australia  
 Other (Please specify) \_\_\_\_\_

First Language Spoken:

What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

- English  
 Other (Please specify) \_\_\_\_\_

Indigenous Status\*:

Is the student of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, Both Aboriginal and Torres Strait Islander

Main Language Spoken at Home\*:

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only  
 Yes, Other (Please specify) \_\_\_\_\_

Other Language Spoken at Home:

Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

- No  
 Yes, Other (Please specify) \_\_\_\_\_

### Section 3: Student Citizenship

#### Country of Citizenship:

In which country does the student currently hold citizenship?

- Australia (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, **proof of Australian Citizenship documentation must be provided**)

**Proceed to Section 5: Current/Previous Schooling**

- Other Country (Please specify) \_\_\_\_\_

**Proceed to Section 4: International Details**



### Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

A legible copy of the student's **Visa, Passport (including passport number)** and **Health Care** documentation must be attached.

#### Country of Passport Issue:

#### Date of Entry to Australia:

#### Visa Sub-Class Number:

#### Health Care Number:

#### Visa Expiry Date:

#### Health Care Expiry Date:

### Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

Legible copies of any **Transfer Documentation** should be attached (if applicable).



School Name	Suburb/Town	State	Contact Number (if known)	Year Level(s)	Attended From (Date)	Attended To (Date)
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY
					DD / MM / YY	DD / MM / YY

If more space is required, please attach a separate page.

### Section 6: Student Religious Background

#### Has the student been baptised in the Catholic faith?

- Yes. A legible copy of the student's **Baptismal Certificate** must be attached and details of any **Sacraments Received** should be provided below
- No. Other Religion (Please specify) \_\_\_\_\_



#### Sacraments Received:

- Baptism      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Reconciliation      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Eucharist      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_
- Confirmation      Date Received DD / MM / YY Parish \_\_\_\_\_ Suburb \_\_\_\_\_

# RELATED PERSONS' INFORMATION

## Section 7: Related Persons' Personal Details

### Parent/Legal Guardian/Caregiver 1

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Surname)*

Preferred First Name: *(If different from Legal First Name)*

Title:

- Mr  Mrs  Miss  Ms  Dr  
 Fr  Sr  Br  Rev  Prof

Gender:

- Male  
 Female

Date of Birth:

DD / MM / YYYY

### Parent/Legal Guardian/Caregiver 2

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname: *(If different from Legal Surname)*

Preferred First Name: *(If different from Legal First Name)*

Title:

- Mr  Mrs  Miss  Ms  Dr  
 Fr  Sr  Br  Rev  Prof

Gender:

- Male  
 Female

Date of Birth:

DD / MM / YYYY

## Section 8: Related Persons' Cultural Background

### Parent/Legal Guardian/Caregiver 1

Country of Birth:

Where was this person born?

- Australia  
 Other *(Please specify)* \_\_\_\_\_

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home\*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only  
 Yes, Other *(Please specify)* \_\_\_\_\_

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No  
 Yes, Other *(Please specify)* \_\_\_\_\_

Religion:

Parish of Worship: *(If applicable)*

### Parent/Legal Guardian/Caregiver 2

Country of Birth:

Where was this person born?

- Australia  
 Other *(Please specify)* \_\_\_\_\_

Country of Passport Issue:

If not eligible for an Australian passport.

Main Language Spoken at Home\*:

Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

- No, English Only  
 Yes, Other *(Please specify)* \_\_\_\_\_

Other Language Spoken at Home:

Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?

- No  
 Yes, Other *(Please specify)* \_\_\_\_\_

Religion:

Parish of Worship: *(If applicable)*

## Section 9: Related Persons' General Information

### Parent/Legal Guardian/Caregiver 1

#### Occupation Group\*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in **Appendix 1** in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

#### Highest School Level\*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

#### Highest Qualification Level\*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

#### Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

#### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

#### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

#### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

### Parent/Legal Guardian/Caregiver 2

#### Occupation Group\*:

What is the occupation group of the parent/caregiver?

Select the appropriate parental occupation group number from the attached list in **Appendix 1** in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

#### Highest School Level\*:

What is the highest year of primary or secondary school the parent/caregiver has completed?

For persons who have never attended school, mark "Year 9 or equivalent or below".

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

#### Highest Qualification Level\*:

What is the level of the highest qualification the parent/caregiver has completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

#### Occupation:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

#### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Brisbane City Council, Mater Hospital, Coles)

#### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

#### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

**Section 10: Related Persons' Address Information**

**Parent/Legal Guardian/Caregiver 1**

**Residential Address Details**

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (if not Australia):

**Postal/Correspondence Address Details**

Same as Residential address

**Postal Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

**Residential (Alternative) Address Details**

(If required)

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (if not Australia):

**Parent/Legal Guardian/Caregiver 2**

**Residential Address Details**

Same as Parent/Legal Guardian/Caregiver1

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (if not Australia):

**Postal/Correspondence Address Details**

Same as Residential address

**Postal Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

**Residential (Alternative) Address Details**

(If required)

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (if not Australia):

## Section 11: Related Persons' Contact Information

### Parent/Legal Guardian/Caregiver 1

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
<input type="text" value="( ) - - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
<input type="text" value="- - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number:		
<input type="text" value="( ) - - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
<input type="text" value="- - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Comments:		
<input type="text"/>		

### Parent/Legal Guardian/Caregiver 2

Contact Method Type	Order	Silent
	Indicate best contact order for this person.	Is this number silent?
Home Telephone Number:		
<input type="text" value="( ) - - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Telephone Number:		
<input type="text" value="- - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number:		
<input type="text" value="( ) - - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Mobile Telephone Number:		
<input type="text" value="- - - - -"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Email Address:		
<input type="text"/>	<input type="checkbox"/>	
Comments:		
<input type="text"/>		

## Section 12: Related Persons' Relationship to the Student

### Parent/Legal Guardian/Caregiver 1

What is the relationship of this person to the student? (Tick one (1) only)

- |   |   |
|---|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister                               |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother                              |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew   |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin   |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Half Sister      | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Half Brother     | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Step Sister      | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Step Brother     | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Foster Sister    |   |
| <input type="checkbox"/> Foster Brother   |   |

### Parent/Legal Guardian/Caregiver 2

What is the relationship of this person to the student? (Tick one (1) only)

- |   |   |
|---|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister                               |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother                              |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle  |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew   |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin   |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Sister           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Brother          | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Half Sister      | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Half Brother     | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Step Sister      | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Step Brother     | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Foster Sister    |   |
| <input type="checkbox"/> Foster Brother   |   |

**Section 12: Related Persons' Relationship to the Student** *(continued...)*

**Parent/Legal Guardian/Caregiver 1**

**Does this person perform any of the following roles in regards to the student?**

**Emergency Contact:**

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.  
1<sup>st</sup> 2<sup>nd</sup>

No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  
 No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  
 No

**Main Contact:**

A student must have one (1) main contact.

- Yes  
 No

**Is this person to receive any of the following forms of Communication?**

- Report Cards/Progress Reports:**  Yes  No  
**Newsletters:**  Yes  No  
**Invitations:**  Yes  No  
**School Portal Access:**  Yes  No

**Does this person reside with the student?**

- Yes  
 No

**Does this person require the assistance of an interpreter?**

- Yes  
 No

**Parent/Legal Guardian/Caregiver 2**

**Does this person perform any of the following roles in regards to the student?**

**Emergency Contact:**

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.  
1<sup>st</sup> 2<sup>nd</sup>

No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  
 No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  
 No

**Main Contact:**

A student must have one (1) main contact.

- Yes  
 No

**Is this person to receive any of the following forms of Communication?**

- Report Cards/Progress Reports:**  Yes  No  
**Newsletters:**  Yes  No  
**Invitations:**  Yes  No  
**School Portal Access:**  Yes  No

**Does this person reside with the student?**

- Yes  
 No

**Does this person require the assistance of an interpreter?**

- Yes  
 No

# ADDITIONAL STUDENT INFORMATION

## Section 13: Student Address Information

### Residential Address Details

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

### Residential (Alternative) Details *(If required)*

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

## Section 14: Student Contact Information

### Contact Method Type

<b>Order</b>	<b>Silent</b>
Indicate best contact order for the student.	Is this number silent?

**Home Telephone Number:**




**Mobile Telephone Number:**




**Email Address:**



### Contact Method Type

*(If required)*

<b>Order</b>	<b>Silent</b>
Indicate best contact order for the student.	Is this number silent?

**Home (Alternative) Number:**



## Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?


- Yes. Provide details below.  
 No. **Proceed to Section 16: Student Specialist Assessments**

Condition	Requires Medication <sup>#</sup>	Has Medical Action Plan <sup>#</sup>	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other ( <i>Please specify</i> ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>#</sup> Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

## Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached. 
- No. **Proceed to Section 17: Educational Support Information**

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## Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

- Yes. Respond to the questions below.  
 No. **Proceed to Section 18: Legal Information**

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

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Has the student been diagnosed with a disability? If so, provide details.

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Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

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If the student is from interstate or overseas, describe the educational support provided.

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## Section 18: Legal Information

Is the student in Care of the State?

- Yes  
 No

Are there any legal issues concerning the student of which the school should be aware?

- Yes. Provide details below and ensure a legible copy of any relevant **legal document(s) is attached**.  
 No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
<input type="checkbox"/> Parenting Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Parenting Agreement		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Domestic Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Apprehended Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Child Protection Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Other Caring Arrangement (Please specify)		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Legal Guardianship Documentation		DD / MM / YY	DD / MM / YY

## Section 19: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

- Yes. Provide details below.  
 No. **Proceed to Section 20: Additional Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname				
Preferred Surname				
Legal First Name				
Relationship to Student				
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
School Name and Suburb <i>(If applicable)</i>				
Class <i>(If applicable)</i>				
House <i>(If applicable)</i>				
Resides with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 20: Additional Information

Is there any other information which you believe may assist with this application for enrolment?

- Yes. Provide details below.  
 No. **Proceed to Check List**

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# CHECK LIST

Please complete before submitting the Application for Enrolment form

**Note that original documents will need to be sighted to finalise enrolment confirmation.**

Documents provided:

 Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
 Australian Citizenship Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Health Care Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Current/Previous School Transfer Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Baptism Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Health or Medical Assessment Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
 Legal Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

## Signature(s)

**I declare that:**

- I have completed this form in conjunction with the Notes Booklet
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

**I understand that:**

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

**SIGNATURE** of Parent or Legal Guardian



**SIGNATURE** of Parent or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**RELATIONSHIP** to Student

**DATE SIGNED**

D D / M M / Y Y Y Y

**DATE SIGNED**

D D / M M / Y Y Y Y