

St Finn Barr's School Catholic Primary School



247 Invermay Road, Invermay Tas 7248
 PO Box 318, Mowbray Tas 7248
 Phone: (03) 6326 3082 Fax: (03) 6326 1989
 Email: stfinnbarrs@catholic.tas.edu.au

APPLICATION FOR ENROLMENT

Date of Application _____

Class in which student is to be enrolled _____ in 20 _____

Student's Details	
Surname of Student	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Christian Names	
Address	Postcode
Telephone No.	Religion
Date of Birth	Country of Birth

Father's Details	
Surname of Father	Christian Name
Address (if same as above write "as above")	
	Postcode
Home Telephone No.	Mobile No.
Email Address	
Religion	Country of Birth
Occupation	Work Telephone No.
Place of Employment	

Mother's Details		Title Mrs Miss Ms
Surname of Mother	Christian Name	
Address (if same as above write "as above")		
	Postcode	
Home Telephone No.	Mobile No.	
Email Address		
Religion	Country of Birth	
Occupation	Work Telephone No.	
Place of Employment		

Marital Status Married Widowed Single Separated Divorced

Last School attended (include address) _____

Number of children in family _____ Place in family _____

SACRAMENTS

Sacrament	Church	Date
Baptism		
Reconciliation		
Eucharist		
Confirmation		

INDIGENOUS IDENTIFIER

Is the student of Aboriginal or Torres Strait Islander Origin?

For persons of both Aboriginal and Torres Strait Islander origin, mark both Yes boxes.

No Yes, Aboriginal Yes, Torres Strait Islander

Has your child received assessment or services from any of the following prior to enrolment at St Finn Barr's ? Speech Pathologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Audiologist <input type="checkbox"/>
Has your child had remedial teaching? Yes / No (If yes please give details)
Has your child any major weakness in learning, known to you? Yes / No (If yes please give details)
Has your child experienced discipline problems at a previous school? Yes / No (If yes please give details)
Other Early Intervention Service (Please name)
Are there any facts that we should be aware of which could be of educational value, e.g. slow to walk, slow to talk, poor muscular co-ordination, speech problems - other matters
Special medical conditions

SIBLINGS ATTENDING ST FINN BARR'S OR OTHER SCHOOLS

Name	School	Grade

Father's Signature _____

Mother's Signature _____

EVIDENCE OF STUDENT'S IDENTITY, DATE OF BIRTH AND VACCINATION RECORD

When first enrolling in a Catholic School, evidence of the Student's Identity, Date of Birth and Vaccination Record must be provided. Enrolment is not complete until that evidence, or any other evidence requested by the school is provided.

OFFICE USE ONLY		Date Received: _____	
Birth Certificate (original, not extract or photocopy)	<input type="checkbox"/>		
Baptismal Certificate (if applicable)	<input type="checkbox"/>		
Vaccination Record	<input type="checkbox"/>		
Enrolment Number	Family Number	Deposit Paid	House
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>