

STUDENT ENROLMENT EXPRESSION OF INTEREST FORM

ST FINN BARR'S CATHOLIC SCHOOL

PO Box 318, Mowbray, 7248. Phone: 6326 3082 Fax: 6326 1989

Email: stfinnbarrs@catholic.tas.edu.au Web: <http://www.stfinnbarrs.tas.edu.au>

Seeking enrolment for Grade (e.g. Yr 7):		Year (e.g. 2014):	
STUDENT DETAILS			
Surname:			
First Name/s:		Middle Name:	
Date of Birth:		Religion:	
Gender:			
Home Address:			
Suburb:		Postcode:	
Home Phone: <i>(indicate if a silent number)</i>		Mobile:	
Postal Address (If different from above):			
Other Children at School			
Name of Children:		School Name:	Grade:
Mother/Guardian			
Surname:		Title (e.g. Mrs/Ms/Dr):	
First Name:		Middle Name:	
Former Name/Maiden Name:		Date of birth:	
Home Ph: <i>(indicate if a silent number)</i>		Business Ph:	
Mobile:		Work Mobile:	
Email:			
Father/Guardian			
Surname:		Title (e.g. Mr/Dr):	
First Name:		Middle Name:	
Former Name:		Date of birth:	
Home Ph: <i>(indicate if a silent number)</i>		Business Ph:	
Mobile:		Work Mobile:	
Email:			

Signature: _____
Father / guardian

Signature: _____
Mother / guardian

Date: _____

Date: _____

By completing this form, you are indicating that you are interested in making an application for your child's enrolment at the school or that you would like your child's name placed on the school waiting list for enrolment. Completion of this form does not guarantee a place for your child at the school.