



2015/2016 ENROLMENT FORM

Commencement Date: _____ Please circle class year currently in: 2nd 3rd TY 5th 6th

Surname: _____ Name: _____

Address: _____ Date of Birth: _____

_____ Home Phone No.: _____

_____ Emergency Contact: _____
(where parent is unavailable)

PPS Number _____ (Available from Department of Community and Family Affairs)

Proximity (in miles) to this school: _____ Country of Birth: _____

Mother's Name: _____ Mobile No.: _____ Email: _____

Father's Name: _____ Mobile No.: _____ Email: _____

Parent Address, if different from above: _____

Mother's Maiden Name: _____ Does student have medical card? Yes / No

Religion: _____ No. of Children in Family: _____ Position: _____

Doctor: _____ Phone: _____ Address: _____

Medical Condition (if any): _____

Previous School Attended: _____

Has the child any specific needs (learning, behavioural, emotional): _____

Give details: _____

Has the child been tested by an Educational Psychologist: _____

Date of test: _____

If so, please supply reports

What subject (if any) has the child been exempted from in primary school: _____

Date of exemption: _____ Please supply copy of Official Exemption

Mother's Occupation: _____

Father's Occupation: _____

Employer: _____

Employer: _____

Work Phone No.: _____

Work Phone No.: _____

Relevant confidential family information (parent deceased, separation, custody/access arrangements etc.):

Siblings at this School: _____

Year of Entry: _____

Parents / Siblings who are Past Pupils: _____

Name of closest relative and their class at this school (if any): _____

I give my consent for following:

○ for my child to participate in school based activities

○ for my child to travel to sporting events

○ to allow my child to be included in school photographs and displayed on school website and school social media sites.

I have read and agree to abide by the Rules and Regulations of St. Mary's College.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____