

School Enrollment Form

Please complete every section in full using a blue or black pen. Write clearly inside the boxes so we can read your answers accurately.

Student details

Student full name

Date of birth

		/			/				
D	D		M	M		Y	Y	Y	Y

Gender

(Please cross one)

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Home address

Parent or guardian

Parent or guardian name

Relationship to student

Phone number

Email address

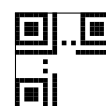
Additional information

Grade or year applying for

(Please cross one)

- ☐ Kindergarten
- ☐ Grade 1 to 3
- ☐ Grade 4 to 6
- ☐ Grade 7 to 9
- ☐ Grade 10 to 12

To respond ☒ or ☐



DRFT 0001

Any medical conditions or special requirements we should know about

Declaration

By signing below, I confirm that the information provided on this form is accurate and complete to the best of my knowledge. **Parent or guardian signature**

Date signed

/

/

D

D

M

M

Y

Y

Y

Y

PREVIEW

To respond ☒ or ☐