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

To respond ⊗ *or* ●