



ST ROCH'S PARISH PRIMARY SCHOOL

Glenvale Road, Glen Iris, 3146

Telephone: (03) 9885 7704

Email: office@srgleniris.catholic.edu.au

APPLICATION FOR ENROLMENT

Student Details

Surname _____ First Name _____

Home Address: _____ Postcode: _____

Gender: Male Female Date of Birth ___/___/___ Country of Birth _____

Place of Birth _____ Australian Citizen: Yes No Visa Number/Class (if applicable): _____

Nationality _____ Religion _____ Parish _____

Sacraments received (please provide year):

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Name of Kindergarten OR previous school _____

_____ Year Level _____

Language spoken at home by child _____ Proposed year of enrolment ___ Year Level ____

Family Details

Father's Name _____ Religion: _____

Father's Mobile Number _____ Email Address _____

Language spoken at home _____

Mother's Name _____ Religion: _____

Mother's Mobile Number _____ Email Address _____

Language spoken at home _____

Home Phone Number _____

Signature of Parent / Guardian _____

Have you enrolled at any other schools? Yes No If so where? _____

How did you hear about our school

Internet Word of Mouth Kindergarten Parish Other

Note: This is an application form only. Completion of this form does not guarantee enrolment.

OFFICE USE ONLY

Entered on SAS Confirmation email Date Received ___/___/___

Notes: _____
