



## ST MARY'S PARISH PRIMARY SCHOOL, ARARAT

### ENROLMENT ENQUIRY FORM

To be completed when applying for enrolment and submitted prior to interview with Principal.

#### STUDENT INFORMATION:

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptism/Other  
Christian Initiation: YES NO (please circle)

Current Kindergarten  
or School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Name, Age Siblings: \_\_\_\_\_  
\_\_\_\_\_

#### FAMILY INFORMATION:

Parents/Guardians  
Full Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

#### ANY RELEVANT MEDICAL INFORMATION OR SPECIFIC IDENTIFIED NEEDS:

Medical/Health: \_\_\_\_\_

Learning: \_\_\_\_\_

Behavioural: \_\_\_\_\_

Social/Emotional: \_\_\_\_\_

Other: \_\_\_\_\_

**HAVE ANY ASSESSMENTS BEEN UNDERTAKEN ON YOUR CHILD?**

**YES**

**NO**

**If yes, please give detail:**

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**HAS YOUR CHILD ACCESSED ANY EARLY INTERVENTION SERVICES?**

(e.g. disability, mental health, family services, speech pathology)

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**RELEVANT FAMILY OR ANY OTHER INFORMATION:**

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**ENROLMENT QUESTIONS YOU WOULD LIKE TO DISCUSS:**

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**COMMENTS**

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**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please return this form by Thursday 30 May 2019**

Please note that this is not an enrolment form and completion of this form does not automatically lead to the application being accepted. Supplying any inaccurate, insufficient or misleading information may lead to non-acceptance of your enrolment application.