



ST MARY'S PARISH PRIMARY SCHOOL, ARARAT

ENROLMENT ENQUIRY FORM

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: _____

Email Address: _____

ANY RELEVANT MEDICAL INFORMATION OR SPECIFIC IDENTIFIED NEEDS:

Medical/Health: _____

Learning: _____

Behavioural: _____

Social/Emotional: _____

Other: _____

"learning for all, fairness for all, compassion for all"

HAVE ANY PAEDIATRIC ASSESSMENTS BEEN UNDERTAKEN ON YOUR CHILD IN REGARDS TO THESE NEEDS?
YES NO

If yes, please give detail:

HAS YOUR CHILD ACCESSED ANY EARLY INTERVENTION SERVICES?

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

RELEVANT INFORMATION YOU WOULD LIKE US TO BE AWARE OF:

ENROLMENT QUESTIONS YOU WOULD LIKE TO DISCUSS:

ANY OTHER GENERAL COMMENTS?

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Please return this form by Friday 29 May 2020

Please note that this is not an enrolment form and completion of this form does not automatically lead to the application being accepted.

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