

ST. BERNARD'S CATHOLIC PRIMARY SCHOOL

Expression of Interest

(for Enrolment to St Bernard's Catholic Primary School, Kojonup)

CHILDS DETAILS:

Surname:	Christian Names: _		Pre	eferred Name:	
Date of Birth:	Gender:	_ School Year: _		in 20	
Postal Address:			State:	Post Code:	
Residential Address (e.g	. location number & road):				
Present School:	Locati	on:		Year Level:	
Does the student have a	any disabilities and/or learning	difficulties? Yes	/No Descrip	otion:	

Does the student have any Medical Conditions/Allergies? Yes / No Description:

Is there a parenting/court order in place for this child? Yes / No If yes - Attached (compulsory) Yes / No

PARENT DETAILS	FATHER/GUARDIAN	MOTHER/GUARDIAN
		Miss / Mrs / Ms / Dr
Surname:		
First Name:		
Address		
(if different from above):		
Telephone Numbers: Home		
Work		
Mobile		
Email		
Religion		
Occupation		

I understand that the completion of this form does not guarantee an interview and that an interview does not guarantee an enrolment at St Bernard's School.

Signed		Date	
Signed		Date	
	11 Katanning Dood Kalanun WA 62	05	

11 Katanning Road, Kojonup WA 6395 Telephone: (08) 9831 3500 Email: <u>admin@stbernards.wa.edu.au</u> Web: <u>http://stbernards.wa.edu.au/</u>