



STUDENT ENROLMENT EXPRESSION OF INTEREST FORM

SACRED HEART CATHOLIC PRIMARY SCHOOL

227 York Street, Launceston 7250
<http://sacredheartl.tas.edu.au/>

Seeking enrolment for Grade:		Year:	
STUDENT DETAILS			
Surname:			
First Name/s:		Middle Name:	
Date of Birth:		Religion:	
Gender:			
Home Address:			
Suburb:		Postcode:	
Home Phone: <i>(indicate if a silent number)</i>		Mobile:	
Postal Address (If different from above):			
Other Children at School			
Name of Children:		School Name:	Grade:
Mother/Guardian			
Surname:		Title (e.g. Mrs/Ms/Dr):	
First Name:		Middle Name:	
Former Name/Maiden Name:		Date of birth:	
Home Ph: <i>(indicate if a silent number)</i>		Business Ph:	
Mobile:		Work Mobile:	
Email:			
Father/Guardian			
Surname:		Title (e.g. Mr/Dr):	
First Name:		Middle Name:	
Former Name:		Date of birth:	
Home Ph: <i>(indicate if a silent number)</i>		Business Ph:	
Mobile:		Work Mobile:	
Email:			
Additional relevant information, eg old scholar / past family connection with school			

Signature: _____
Father / guardian

Signature: _____
Mother / guardian

Date: _____

Date: _____

By completing this form, you are indicating that you are interested in making an application for your child's enrolment at the school or that you would like your child's name placed on the school waiting list for enrolment. Completion of this form does not guarantee a place for your child at the school.