# APPLICATION FOR ENROLMENT

SACRED HEART SCHOOL, NEWPORT
20 Newcastle Street, Newport. 3015

Ph:03 93916262 | Fax: 03 93917041
Email: office@shnewport.catholic.edu.au | Website: www.shnewport.catholic.edu.au

**Child's Surname:** _____ **D.O.B:** / / **Male / Female** *(please circle)*

**Given Name/s:** _____ **Preferred Name:** _____

**Disability (If applicable):** _____

**Father/Guardian's Name:** _____ **Mobile No:** _____

**Mother/Guardian's Name:** _____ **Mobile No:** _____

**Residential Address:** *Please provide proof of residential address **Pcode:**

**Home Telephone:** ( ) **Email:** _____

**Child's Religion:** _____ **Parish:** _____

**Baptised: YES / NO**

**Country of Birth:** _____ **Nationality:** _____

**If born overseas, date of arrival in Australia:** _____

**Kindergarten (if enrolling for Prep) :** _____

OR **Previous School:** _____

**Class enrolling for:** _____ **Year:** _____

**PLEASE ATTACH COPIES OF:**

☐ **Birth Certificate** ☐ **Baptism Certificate** ☐ **Immunisation Certificate** ☐ **Visa (if born overseas)** ☐ **Proof of Residential Address**

**OFFICE USE ONLY:**

CERTIFICATES SUPPLIED:
- ☐ Birth Certificate
- ☐ Baptism Certificate
- ☐ Immunisation Certificate
- ☐ Visa
- ☐ Proof of Residential Address

INTERVIEW DETAILS:

Date: / / Time: _____

ACCEPTANCE DETAILS:

☐ Acceptance Documentation Sent Date: / /

☐ Acceptance & Enrolment form Received Date: / /

NOTES: