



St John the Baptist Primary School, Koo Wee Rup

Enrolment Expression of Interest For the Year 20____

Student Information

Student name: _____

Date of Birth: / / Sex: Male / Female

Religion: _____ Baptism date: / /
(Please attach copy of Baptism Certificate)

Year level wishing to enroll in: _____

Current school or Kindergarten: _____

Parent/Guardian Information

Name: _____ Phone: _____

Relationship to child: _____

Religion: _____

Name: _____ Phone: _____

Relationship to child: _____

Religion: _____

Correspondence to (ie Mr & Mrs...): _____

Mailing Address: _____

_____ Postcode: _____

Parent/Guardian Signature: _____ Date: _____

Office use only:
Pre-enrolment letter / /
Enrolment Pack: / /