



## STUDENT ENROLMENT EXPRESSION OF INTEREST FORM

### SACRED HEART CATHOLIC PRIMARY SCHOOL

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

<b>Seeking enrolment for Grade:</b>		<b>Year:</b>	
<b>STUDENT DETAILS</b>			
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):			
<b>Other Children at School</b>			
Name of Children:		School Name:	Grade:
<b>Mother/Guardian</b>			
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:			
<b>Father/Guardian</b>			
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:

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*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 you child at the school.*