ST MARY'S PARISH PRIMARY SCHOOL, ARARAT
ENROLMENT ENQUIRY FORM

PLEASE RETURN THIS FORM TO:
87 Moore Street
ARARAT VIC 3377
PO Box 329
Ph: 03 5352 1796
email: principal@smararat.catholic.edu.au
view our school prospectus at: www.smararat.catholic.edu.au

STUDENT DETAILS			
Surname:		Entry year (YYYY):	Entry level/grade:
Given name/s:			
Preferred first name:			
Date of birth:	Religion: (include rite)		
Male: ☐	Female: ☐	Other: ☐	
Current School/Kindergarten:			

HOME ADDRESS OF STUDENT	
Street number and name:	
Suburb:	Postcode:
Phone:	
Preferred email contact:	

PARENT/GUARDIAN DETAILS			
1.Name:		2.Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	
3.Name:		4.Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	

SACRAMENTAL INFORMATION (IF APPLICABLE)		
Baptism:	Date:	Parish:
Current parish:		

RELEVANT MEDICAL INFORMATION/IDENTIFIED NEEDS	
Medical/Health:	
Learning:	
Behavioural:	
Social/Emotional:	
Other:	

PARENT/GUARDIAN SIGNATURE:		**Date:**

OFFICE USE ONLY
Date Received:

Disclaimer: *Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on our website at www.smararat.catholic.edu.au*