

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