



**St Joseph's School**

1-3 Bridge Street  
Korumburra 3950

Phone: 5655 2040

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## Expression of Interest for Enrolment

(Please complete both sides of this form)

Year Level Entering: \_\_\_\_\_ Year commencing: \_\_\_\_\_

### Student information

Student Name:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Gender:

\_\_\_\_\_

Religion (if applicable):

\_\_\_\_\_

Current School or Kindergarten:

\_\_\_\_\_

Current Year Level (if applicable):

\_\_\_\_\_

**Parent/ Guardian Information**

Mother/ Guardian 1 Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Religion (if applicable):

\_\_\_\_\_

Father/ Guardian 2 Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Religion (if applicable):

\_\_\_\_\_

Correspondence to be sent to: Mr Mrs Ms: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone no:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_