



St patricks De La Salle

Enrolment Form

Name of Child _____

Date of Birth _____ PPSN No: _____

Home address: _____

Parish: _____ Religion: _____ Nationality: _____

Names & Phone No. Mother _____ Father _____

Parents / Guardians

Home _____ Home _____

Work _____ Work _____

Mobile _____ Mobile _____

Occupation: Mother _____ Father _____

If the event of parents being unavailable during school hours, please give details of someone who could be contacted if a child is sick:

Name: _____ Phone No. _____

Names of Brothers in other Classes:

Name: _____ Class: _____ Teacher: _____

—
Name: _____ Class: _____ Teacher: _____

If your child travels to school on a bus, give name of bus: _____

Name of Family doctor and Phone no: _____

Any other relevant details (medical, allergies, etc.) _____

Signed: _____ Parent / Guardian Date: _____

*Please attach copy of your child's Birth Certificate.