



EXPRESSION OF INTEREST FOR ENROLMENT

FAMILY DETAILS

Father/Guardian 1

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr	Name:	
Contact Phone Numbers:	Mobile:	Work:
Email:		

Mother/Guardian 1

Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Name:	
Contact Phone Numbers:	Mobile:	Work:
Email:		

Home

Address:		
Home Phone Number:		Silent number? <input type="checkbox"/> YES <input type="checkbox"/> NO
Preferred contact:	<input type="checkbox"/> Father/Guardian or <input type="checkbox"/> Mother/Guardian <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Email	

STUDENT DETAILS

Surname	Given Name/s	Date of Birth	School Year in 20__

* If more than 4 students, please write additional names on a separate piece of paper

AGREEMENT

I/We give this information as an Expression of Interest for enrolling our child/ren at Strathalbyn Christian College. I/We understand that this is **not** an application form.

Date: ____/____/____

Father/Guardian Signature:	
Mother/Guardian Signature:	

Office Use Only:

Date Received:	
Date Application Form Sent:	
Application Form Received:	