



ST ANDREW'S PRIMARY SCHOOL
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APPLICATION FOR ENROLMENT

ENTRY YEAR LEVEL: F 1 2 3 4 5 6

CHILD'S SURNAME: _____ START DATE: _____

CHILD'S FIRST NAME/NAMES: _____ MALE / FEMALE

MOTHER'S NAME: _____

FATHER'S NAME: _____

ADDRESS: _____ PHONE: _____

_____ POSTCODE: _____ MOBILE: _____

PREVIOUS SCHOOL/KINDERGARTEN: _____

DATE OF BIRTH ____/____/____

COUNTRY OF BIRTH: CHILD _____

MOTHER _____ FATHER _____

DATE OF ARRIVAL IN AUSTRALIA: ____/____/____ (IF BORN OVERSEAS)

LANGUAGES SPOKEN AT HOME: _____

RELIGION OF CHILD: _____

SACRAMENTS RECEIVED: BAPTISM [] PENANCE []
 EUCHARIST [] CONFIRMATION []

RELIGION OF PARENTS: MOTHER _____ FATHER _____

PARISH OF RESIDENCE: _____ SUBURB _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS (MEDICAL, PHYSICAL, DEVELOPMENTAL, ETC)

DOES YOUR CHILD HAVE SIBLINGS AT ST ANDREW'S SCHOOL YES / NO

IF YES

Child's Name	Year level

DOES YOUR CHILD HAVE SIBLINGS AT MacKILLOP COLLEGE Y / N

SCHOOL USE	
DATE APPLICATION RECEIVED _____	BY WHOM _____
PRINCIPAL'S SIGNATURE _____	