



EXPRESSION OF INTEREST FORM

Seeking enrolment for which year level?		Commencing in?	
STUDENT DETAILS			
First Name:			
Surname:			
Date of Birth:			
Gender:			
School Currently Attending:			
Parent/Guardian			
First Name:		Title (e.g. Mrs/Ms/Dr):	
Surname:			
Residential Address:		Postcode:	
Contact Number (daytime):			
Email Address:			
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Postal			

Signature:

Parent / Guardian

Date:

