



Sacred Heart College

ENROLMENT APPLICATION FORM

Class Level for which enrolment is sought (e.g. Kindergarten, Year 7) _____

Site at which enrolment sought New Town Immaculate Heart (Lenah Valley)

Year for which enrolment is sought (e.g. 2000) _____

Student information

Surname: _____ Given Names: _____

Preferred Name: _____

Gender: Male Female Date of Birth: ____/____/____

Present School: _____

Religion: _____

Sacraments received: Baptism: Yes No Date: ____/____/____

 Reconciliation: Yes No Date: ____/____/____

 Eucharist: Yes No Date: ____/____/____

 Confirmation: Yes No Date: ____/____/____

Home Address: _____

_____ Postcode _____

Postal Address: _____

Postcode _____

Home Phone: _____ Fax: _____

Names of Parents/Guardians living at student's home address:

Number of children in family: _____ Position of this child: _____

Brothers/Sisters who are currently enrolled in other Catholic Schools

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Do you wish your child to be recorded as having Aboriginal or Torres Strait Island descent? Yes No

Is a language other than English spoken at home? Yes No Language: _____

APPLICATION PROCESS

1. Fill in and return this form together with a Deposit of \$30 - only one deposit per family. (This will be deducted from Term 1 fees or refunded if the College is unable to accept the application).
2. Your application will be acknowledged.
3. You will be contacted again in the year preceding the enrolment.
4. Enquiries can be directed to the Principal's Secretary on telephone (03) 6279 4090.
5. A tour of the College may be arranged by contacting the Development Officer on (03) 6279 4090.

THIS APPLICATION IS NOT TO BE TAKEN AS AN ACCEPTANCE OF ADMISSION

Sacred Heart College
2 Cross Street New Town 7008
Email address: slatham@shc.tas.edu.au
Web Site: shc.tas.edu.au

OFFICE USE ONLY

Enrolment Deposit received: _____

Date: _____

Enrolment Application Form

Father/Stepfather Information

Title: _____ Surname: _____

Given Names: _____

Home Address: _____

_____ Postcode _____

Home Phone: _____ Home Fax: _____

Business Phone: _____ Business Fax: _____

Mobile/Pager: _____

Email Address: _____

Occupation: _____

Employer's Name: _____

Business Address: _____

_____ Postcode: _____

Mother/Stepmother Information

Title: _____ Surname: _____

Given Names: _____

Home Address: _____

_____ Postcode: _____

Home Phone: _____ Home Fax: _____

Business Phone: _____ Business Fax: _____

Mobile/Pager: _____

Email Address: _____

Occupation: _____

Employer's Name: _____

Business Address: _____

_____ Postcode: _____

Emergency Contact Information (other than parents)

Relationship to student: _____

Title: _____ Surname: _____

Given Names: _____

Address: _____

_____ Postcode: _____

Phone (Home): _____ Phone (Business): _____ Mobile/Pager: _____

Name and address of person to whom fee accounts are to be sent:

Name: _____

Address: _____

_____ Postcode: _____

Family Association with Sacred Heart College (and Immaculate Heart)

Brothers/Sisters currently attending or have attended Sacred Heart College:

Name: _____ Grade: _____ Year: _____

Name: _____ Grade: _____ Year: _____

Mother is an old scholar: Yes No Maiden Name: _____ Years: _____

Father is an old scholar: Yes No Name: _____ Years: _____

General Information

Parents' Comments: (Student's particular needs - physical, emotional, educational) which may assist in the learning programme provided for the student.

Signature of Parent/Guardian: _____ Date: ____/____/____