



ENROLMENT ENQUIRY FORM

ST THOMAS CATHOLIC PRIMARY SCHOOL, 2 HORSLEY AVENUE, WILLOUGHBY NSW 2068
Tel: 02 9958 7306 Email: stw@dbb.catholic.edu.au Website: stwdbb.catholic.edu.au

STUDENT DETAILS – Please complete ALL details in CAPITALS

Full Name: _____ Gender: M F

D.O.B: _____ Commencement Grade (eg Kindy/Yr 1): _____ Commencement Year: 20__

Address: _____ P/code: _____

Country of Birth: _____ Nationality: _____

Religion: _____ Baptised?: Y N Current Parish: _____

Current School/Preschool: _____ How long attended: _____

Any family members at St Thomas Primary: _____
(Names)

Any Special Needs or circumstances relevant to the student that the school needs to be aware of including medical/medications: Y N If so please provide details below:

PARENT/GUARDIAN/CARER 1 CONTACT DETAILS – Mr/Mrs/Ms/Dr/Prof (please circle one)

Full Name: _____ Relationship to child: _____

Address: _____ P/Code: _____

Home Tel: _____ Mobile: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

PARENT/GUARDIAN/CARER 2 CONTACT DETAILS – Mr/Mrs/Ms/Dr/Prof (please circle one)

Full Name: _____ Relationship to child: _____

Address: _____ P/Code: _____

Home Tel: _____ Mobile: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

CURRENT FAMILY? Y N FAMILY CODE: _____ Forms to Family: Y N _____ Date: _____

Enrol Info Entered & By: _____ SN: _____ Date: _____

INVITE OPEN DAY: ATTENDING OPEN DAY: Y N INTERVIEW ARRANGED: Y N DATE: _____ TIME: _____