



With God First,
We Will Live, Learn
and Thrive

2021 FOUNDATION **ENROLMENT** **EXPRESSION OF INTEREST**

ST THOMAS MORE SCHOOL
Cnr. Cuthberts Rd & Elaine Ave, Alfredton
PO Box 230W, Ballarat West 3350
T: 03 5334 2244 F: 03 5334 2307
E: admin@stmalfredton.catholic.edu.au
www.stmalfredton.catholic.edu.au

NAME OF CHILD: _____

DATE: __/__/__

Family Details		
Details	Mother/Guardian	Father/Guardian
First Name		
Surname		
Address		
Telephone		
Email		
Religion		
How did you hear about St Thomas More School?		

Child Details					
First Name:	Preferred Name:				
Middle Name:	Surname:				
Date of Birth: __/__/__	Kinder attended:				
Religion:	Baptised: Yes No				
Parish:	Year:				
Gender: Male Female					
Future Siblings Names & DOB:	Country of Birth: _____				
_____	Nationality: _____				
_____	Australian Resident: Yes No				
_____	If no please provide Visa Type : _____				
Please indicate whether the student applying for enrolment has any known or suspected special needs by circling below. If you answer yes to any of the below please provide additional information in the space provided.					
Physical: Yes No	Medical: Yes No	Educational: Yes No	Behavioural: Yes No	Allergies: Yes No	Other: Yes No
Additional special needs Information					
Additional general information					

Parent/Guardian Signature: _____ Date: _____

Please note: Supplying inaccurate, insufficient or misleading information may lead to non-acceptance of enrolment application.
This is not an enrolment form and completion of it does not automatically lead to the application being accepted.

RECEIVED BY : _____ (office use only)