



DIVINE HEART SUNDAY SCHOOL

ENROLLMENT FORM

STUDENT DETAILS

Child One:

First Name:				
Last Name:				
Second Name:				
Shirt Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	____/____/_____

Child Two:

First / Second Name:				
Last Name:				
Second Name:				
Shirt Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	____/____/_____

Child Three:

First / Second Name:				
Last Name:				
Second Name:				
Shirt Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	____/____/_____

Child Four:

First / Second Name:				
Last Name:				
Second Name:				
Shirt Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	____/____/_____



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PARENT DETAILS

Parent/ Guardian One:

First Name:			
Last Name:			
Second Name:			
Relationship to Child:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
Contact Number:			

Parent/ Guardian Two:

First Name:			
Last Name:			
Second Name:			
Relationship to Child:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
Contact Number:			

Primary Home Address

No. & Street:			
Suburb:			
State:		Postcode:	

EMERGENCY CONTACT

First Name:			
Last Name:			
Second Name:			
Relationship to Child:			
Contact Number:			



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STUDENT MEDICAL DETAILS

Child One:

Does your child have allergies? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No
Allergies: (Insect stings, latex, food)	
Does the student have any other medical condition? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No

Child Two:

Does your child have allergies? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No
Allergies: (Insect stings, latex, food)	
Does the student have any other medical condition? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No

Child Three:

Does your child have allergies? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No
Allergies: (Insect stings, latex, food)	
Does the student have any other medical condition? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No

Child Four:

Does your child have allergies? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No
Allergies: (Insect stings, latex, food)	
Does the student have any other medical condition? (tick)	<input type="checkbox"/> Yes (Please specify below) <input type="checkbox"/> No



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OTHER DETAILS

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (disabilities/behavioural problems)

Yes (Please specify below) No

Is there anyone who is legally restricted from seeing/picking up your child? (tick)

Yes (Please specify below) No



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DECLARATION | CONSENT

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

My signature below indicates my willingness to permit my child/ren:

- To participate fully in Divine Heart Sunday School and any other programs organised by Christ The Good Shepherd Church.
- For your child/ren's photograph to be taken and used by Christ The Good Shepherd Church for any events, performances, presentations, our website and social media, newsletters and advertising.
- For Divine Heart Sunday School to contact you regarding your child/ren's progress or any other information that you need to be notified about.

Parent One Full Name:	
Parent One Signature:	
Date:	
Parent Two Full Name:	
Parent Two Signature:	
Date:	



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PAYMENT DETAILS

Dear parents/guardians,

We would like to thank you for enrolling your child/ren at Divine Heart Sunday School as part of Christ The Good Shepherd Church ministry, at Mar Shimun Bar Sabbae and Saint Mary Cathedral.

We wish to inform you that your child/ren's enrolment at Divine Heart Sunday School requires a yearly fee of \$100 per child/ per year. The fee will cover the school year. An additional payment of \$100 will need to be made each year, if you wish for you child/ren to continue enrolment in Divine Hear Sunday School. We appreciate your continued support and contribution towards this ministry.

<i>Office Use Only</i>	
Received From (Full Name)	
Amount Paid:	\$
Child One Full Name:	
Child Two Full Name:	
Child Three Full Name:	
Child Four Full Name:	
Signature	
Date:	

RECEIPT:

<i>Office Use Only</i>	
Amount Paid:	\$
Received From (Full Name)	
Signature	
Date:	