PRE-ENROLMENT FORM

2027/2028

SECTION A

Child's Forename(s) ..... Surname: .....

Date of Birth: dd /mm /yyyy ……/……. /……

Parent(s)/Guardian(s) Name: .....

Address: .....

……

Postcode: ……...

Home Telephone Number: .....

Mobile Telephone Number: .....

SECTION B

Please tick ONE appropriate box for your child.

Protestant ☐

Catholic ☐

Other Religion/None ☐

SIGNED: …….

DATE: …….