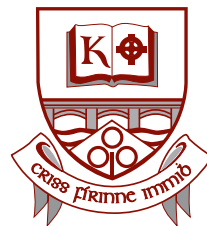


St. Kilian's Community School

Application for Enrolment in First Year

20 ____



Student's Full Name

Date of Birth/...../..... Male Female (Please tick one box)

Present School

Parent/Guardian making application

Relationship to the Student

Address

..... Postal Code

Contact Number(s) (1) (2)

Email address

Are you happy to be contacted in relation to this application by email? YES NO

Siblings at St Kilian's CS

Are all legal guardians aware of this application? YES NO

Signed (Parent/Guardian) Date/...../.....

This application is not a guarantee of a place for the named student at St Kilian's CS.

FOR OFFICE USE ONLY

Date Received/...../..... Signed

NOTES: