



GOOD SHEPHERD SCHOOL

NON - PREFERENCE PRE- ENROLMENT FORM



PUPIL DETAILS

(PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS)

FULL NAME: _____ BOY / GIRL
FAMILY NAME FIRST NAMES

DATE OF BIRTH: _____ ETHNICITY: _____

PLEASE STATE REASONS FOR WANTING NON-PREFERENCE ENROLMENT AT GOOD SHEPHERD SCHOOL

PARENT/CAREGIVER DETAILS

TITLE: _____ FAMILY NAME: _____
(Mr/Mrs/Ms)

FIRST NAMES: _____ RELATIONSHIP WITH CHILD: _____

CONTACT ADDRESS: _____

HOME PHONE : _____ WORK PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

TITLE: _____ FAMILY NAME: _____
(Mr/Mrs/Ms)

FIRST NAMES: _____ RELATIONSHIP WITH CHILD: _____

CONTACT ADDRESS: _____

HOME PHONE : _____ WORK PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

OTHER DETAILS (if applicable)

LEARNING & BEHAVIOUR NEEDS: _____

SPECIAL NEEDS: (BACKGROUND/FUNDING) _____

OTHER SIBLINGS: _____ DATE OF BIRTH: _____

_____ DATE OF BIRTH: _____

_____ DATE OF BIRTH: _____

SIGNATURES OF PARENTS/CAREGIVERS: _____

DATED: _____