

Our Lady of the Assumption School

89A Sparks Road Hoon Hay Christchurch
Phone: 03 3389503 Fax 03 3389502

Date Enrolment Lodged:

Date Pref Received:

Priority:
Sibling / 1 / 2 / 3 / 4

Accepted / Start Date:

PRELIMINARY ENROLMENT FORM

PLEASE PRINT YOUR ANSWERS CLEARLY:

Name of Child _____ / _____
(Surname) (Christian Names)

Address _____

_____ Postcode _____

Email (required) _____

Date of Birth _____ Telephone No. _____

Mothers Full Name _____ Religion _____

Fathers Full Name _____ Religion _____

Has Child been baptised? _____

Have you obtained a preference Certificate from your Parish Priest? _____

If Yes – Name of Church _____

If applicable – Name and Address of Last School Attended:

OFFICE USE:

Date	Discussion