



Christ the King Primary School

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Applying for Grade
Commencing (Year)

APPLICATION FOR ENROLMENT

CHILD'S SURNAME _____ MALE / FEMALE

CHILD'S FIRST NAME(S) _____ DATE OF BIRTH ____/____/____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME ADDRESS _____

HOME PHONE _____ MOBILE(S) _____

EMAIL _____

COUNTRY OF BIRTH:

CHILD _____ MOTHER _____ FATHER _____

DATE OF ARRIVAL IN AUSTRALIA (CHILD): ____/____/____ (IF BORN OVERSEAS)

LANGUAGE/S SPOKEN AT HOME: _____

RELIGION OF CHILD: _____

SACRAMENTS RECEIVED: BAPTISM

RECONCILIATION

EUCCHARIST

CONFIRMATION

RELIGION OF PARENTS: MOTHER _____ FATHER _____

PARISH OF RESIDENCE: _____ SUBURB _____

CURRENT SCHOOL/KINDERGARTEN _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS (MEDICAL, PHYSICAL, DEVELOPMENTAL)

REASON FOR APPLYING AT CHRIST THE KING PRIMARY SCHOOL, BRAYBROOK

DOES YOUR CHILD HAVE SIBLINGS AT CHRIST THE KING PRIMARY SCHOOL? Yes / No

If YES

Child's Name	Year Level

DOES YOUR CHILD HAVE SIBLINGS AT CAROLINE CHISHOLM COLLEGE Yes / No

SCHOOL USE	DATE APPLICATION RECEIVED: _____	BY WHOM: _____
DOCUMENTS RECEIVED: BAPTISM CERTIFICATE <input type="checkbox"/>	BIRTH CERTIFICATE <input type="checkbox"/>	IMMUNISATION <input type="checkbox"/>
PRINCIPAL'S SIGNATURE: _____		