



APPLECROSS PARISH - ST BENEDICT'S CHURCH
PARISH RELIGIOUS EDUCATION PROGRAMME (PREP)
STUDENT ENROLMENT FORM 2024

OFFICE USE ONLY - Copy of Baptism

Fee Received:

RE Class Yr:

USE BLOCK CAPITAL LETTERS WHEN COMPLETING THE FORM.

COMPLETE ONE FORM FOR EACH CHILD. FOR A SECOND CHILD, ONLY FILL IN BOXES MARKED *

STUDENT'S SURNAME*

STUDENT'S FIRST NAME*

STUDENT'S DATE OF BIRTH*

CLASS YEAR AT SCHOOL*

NAME OF SCHOOL*

ADDRESS

MOTHER'S NAME*

MOTHER'S RELIGION

MOTHER'S MOBILE & HOME PHONE

MOTHER'S EMAIL ADDRESS

FATHER'S NAME*

FATHER'S RELIGION

FATHER'S MOBILE & HOME PHONE

FATHER'S EMAIL ADDRESS

CURRENT PARISH

PLEASE LIST THE SACRAMENTS THE STUDENT HAS RECEIVED

	YEAR	PARISH
BAPTISM (Please provide a copy of Baptism Certificate)		
RECONCILIATION		
FIRST COMMUNION		

PLEASE LIST ANY PHYSICAL, EDUCATIONAL OR MEDICAL PROBLEMS WE NEED TO BE AWARE OF*

CONSENT AND AGREEMENT:

I/We _____ Parent / Guardian of _____

In the event that I/We are uncontactable, I/We authorise my/our child to receive emergency medical or dental attention should it be required.

I/We have read & signed the Duty of Care Statement.

I/We give consent to our child being photographed.

PARENT SIGNATURE(S)*

DATE

Please deposit enrolment fee (\$40) into the following bank account. Please reference your child's surname.

BSB: 086 006

A/C: 450 486 124

A/C Name: St Benedict's Parish Applecross