APPLECROSS PARISH - ST BENEDICT'S CHURCH

PARISH RELIGIOUS EDUCATION PROGRAMME (PREP)

STUDENT ENROLMENT FORM 2026

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