



# Foundation Christian College Enrolment Enquiry Form

Surname \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Preferred Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you currently and regularly attending a Church?      **Yes**      **No**

Father Church Attend      **Yes**      **No**      Mother Church Attend      **Yes**      **No**

Name of Church attending \_\_\_\_\_

**Other Religious Beliefs** (*please state*) \_\_\_\_\_

Proposed Commencement Year \_\_\_\_\_

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_

Current/Previous School Attended \_\_\_\_\_

How did you hear about our College? \_\_\_\_\_