



ST SIMON PETER CATHOLIC PRIMARY SCHOOL
18 Prendiville Avenue, Ocean Reef 6027

EXPRESSION OF INTEREST
ACADEMIC YEAR _____ IN 20 _____

APPLICATION DATE: _____ APPLICATION FEE RECEIVED: _____

STUDENT INFORMATION

SURNAME: _____ SEX: _____

FIRST NAME: _____ SECOND NAME: _____

PREFERRED NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ HOME PHONE: _____

RELIGION: _____ PARISH: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

IF BORN OUTSIDE AUSTRALIA DATE OF ARRIVAL: ____/____/____

VISA CODE: _____ EXPIRY DATE: ____/____/____

A copy of the visa is required

SACRAMENTS RECEIVED:

BAPTISM YES / NO ____/____/____ RECONCILIATION YES / NO ____/____/____

EUCHARIST YES / NO ____/____/____ CONFIRMATION YES / NO ____/____/____

CURRENT SCHOOL (if applicable) _____

- Do you have children currently attending St Simon Peter School? YES NO

If yes, please indicate names _____

- Does your child have any special needs? YES NO
(If yes, please give details)

FAMILY INFORMATION

FEMALE PARENT / GUARDIAN

TITLE: _____ SURNAME: _____

FIRST NAME: _____ RELIGION: _____

MOBILE: _____ WORK PHONE: _____

EMAIL: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

MALE PARENT / GUARDIAN

TITLE: _____ SURNAME: _____

FIRST NAME: _____ RELIGION: _____

MOBILE: _____ WORK PHONE: _____

EMAIL: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

St Simon Peter exists for the primary purpose of providing Catholic children from the parish of Ocean Reef with a Catholic education thus enrolment priority is given to:

1. Siblings of existing Catholic families within the school
2. Catholic students from within the Parish with a Parish Priest reference
3. Catholic students from outside the Parish with a Parish Priest reference
4. Siblings of existing Non-Catholic families within the school
5. Non-Catholic students from other Christian denominations
6. Other Non-Catholic students

This Expression of Interest Form is consistent with the Enrolment Policy as stated by Catholic Education.

Please Note:

1. A **non refundable** fee (\$50.00) must accompany this form. Payments can be made by Cash/Cheque/Eftpos. Credit Card details can be taken over the phone
2. Completion of this expression of interest form does not guarantee an enrolment interview or offer
3. Enrolment will involve an interview with the Principal. A letter of invitation will follow and enrolment in the school will be processed on receipt of all requested documents
4. This form is valid for a period of **two years only from the date of this application**. If, after this date you would like your child's name to remain on the waiting list, please contact our school. Failure to inform us of a change of phone number or address will mean we are unable to contact you for an interview
5. This Expression of Interest Form has been completed to the best of my/our knowledge

Signature of Female parent / guardian: _____ Date: _____

Signature of Male parent / guardian: _____ Date: _____

St Simon Peter School is conscious of each person's right to privacy for personal information.

Information relating to the School's Privacy and Information Collection Policy can be found on the School's website.

Tel: 9301 6888 Email: admin@ssp.wa.edu.au Web: www.ssp.wa.edu.au

OFFICE USE ONLY

ENTERED

STUDENT CODE

FAMILY CODE