

# St. Joseph's School

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## Enrolment Application Form

CHILD' NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

RELIGION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK NO/MOBILE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK NO/MOBILE \_\_\_\_\_

PRESENT SCHOOL (if applicable) \_\_\_\_\_

PRESENT STANDARD (if applicable) \_\_\_\_\_

YEAR YOU ARE ENROLLING FOR \_\_\_\_\_

ANY OTHER USEFUL INFORMATION \_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ Date \_\_\_\_\_  
PARENT/GUARDIAN