



CORINDA STATE HIGH SCHOOL EXPRESSION OF INTEREST - STUDENT ENROLMENT FOR YEAR 7 IN 2021 AND BEYOND

If you are considering attending Corinda SHS you are welcome to complete this form. This form does NOT constitute official enrolment or confirmation of enrolment.

Please complete a separate form for each student in the family.

Name of Student: _____ (Male Female)

Date of Birth: ___/___/___

Current School: _____

Commencing at Corinda in the year 20___

- Sibling currently at Corinda State High School. Name of Student: _____
- Attached to a Special Education program at current school

1. Parent/Guardian Details: (child resides with) Please indicate best day time contact

Name:	
Address:	Post Code:
Home Phone: <input type="checkbox"/>	Mobile: <input type="checkbox"/>
Work Phone: <input type="checkbox"/>	
*Email:	<input type="checkbox"/> I wish to subscribe to the school newsletter

2. Parent/Guardian Details: Please indicate best day time contact

Name:	
Address:	Post Code:
Home Phone: <input type="checkbox"/>	Mobile: <input type="checkbox"/>
Work Phone: <input type="checkbox"/>	
*Email:	<input type="checkbox"/> I wish to subscribe to the school newsletter

**Note: The schools main form of correspondence is via email, please ensure your email address is correct.*

Signature Parent 1: _____ **Signature Parent 2:** _____

OFFICE USE ONLY	DATE RECEIVED:	NEWSLETTER:
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