



CORINDA STATE HIGH SCHOOL EXPRESSION OF INTEREST FOR STUDENT ENROLMENT FOR YEAR 7 in 2018 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: _____

Proposed Grade: _____ Commencing in 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

Signature Parent 1: _____ Signature Parent 2: _____

OFFICE USE ONLY	DATE RECEIVED:	NEWSLETTER:
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