



Office use only				
Enrolment Pack given	Enrolment returned	Date of Birth provided	YES	NO
___/___/20	___/___/20	Proof of Residency provided - In Only	YES	NO
Resides in Catchment	YES	NO	Staff Member accepting EOI	

Expression of Interest Enrolment Application - Please note this does not ensure enrolment

Student Information

Date/Year required to start _____

First Name _____ Surname _____

Year Level _____ Previous School _____

DOB _____ Gender - Male/Female (please circle)

Address _____

Is this address in our catchment? YES NO UNSURE

Is your child currently attending a Kindy/Child Care Program - Yes/No (please circle)

If yes, name of centre _____

Siblings already attending BMSS - Yes/No (please circle)

If yes, please list sibling names _____

Does your child have any medical conditions YES NO (including allergies, sensitivities).

Parent Information

Parent Name _____ Parent Surname _____

Home Phone _____ Mobile _____

Work Contact Number _____

Email _____

