



ENROLMENT FORM
ST. CATHERINE'S SENIOR SCHOOL
PHONE NO. 01-838 7194

Childs Name:

Address:

Date of Birth:

Mother's Name:

Father's Name:

Contact Phone No's: 1. _____ Name: _____
2. _____ Name: _____
3. _____ Name: _____

Child's PPS No.

Religion:

Country of Origin:

First Language:

Does your child have a medical condition, for example asthma or an allergy?
if so, please give some details:

Previous School Attended:

Reason for Change:

Class:

Names of other children in the school

Signed

Date