



MATTHEW GIBNEY CATHOLIC PRIMARY SCHOOL

30 Munday Road, High Wycombe WA 6057

Telephone: (08) 6216 8400 Email: admin@gibney.wa.edu.au

APPLICATION FOR 3 YEAR OLD PROGRAM

STUDENT DETAILS

Child's Surname: _____ Child's First Name: _____

Date of Birth: _____ M or F: _____

Has child been baptised in the Catholic Church? YES NO *(Please attach Baptism Certificate)*

If "Yes", where was child baptised? _____ Date of Baptism _____

If "No" above, what is your child's religion? _____

Any medical conditions or disabilities? _____

Was child born in Australia? YES NO What language does child speak at home? _____

If "No" above, does child have: Australian Citizenship Permanent Residency Temporary Visa

Calendar Year for Enrolment: _____

FAMILY DETAILS

NAME OF PRIMARY CARER 1: _____

Address: _____

_____ Postcode: _____

Telephone: 1. _____ 2. _____ Email: _____

NAME OF PRIMARY CARER 2: _____

Address: _____

If different from above

_____ Postcode: _____

Telephone: 1. _____ 2. _____ Email: _____

Siblings currently attending Matthew Gibney: _____
Class Class Class

Siblings younger (non-school age): _____

Signed: _____ **Date:** _____