

ROCKBORO

PRIMARY SCHOOL & PRE-SCHOOL

Rockboro School Association Application Form

Name of Child: _____

Male Female
(tick appropriate box)

PPS No.: _____

Date of Birth: _____

Address: _____

Telephone Nos. (home) _____ (daytime contact no.) _____

Email Address: _____

Religion: _____

Details of Previous Schooling: _____

Intended Commencement Date: _____ Class: _____

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Has your child any illness or condition that the school should be aware of:

How did you hear about Rockboro School:

DO NOT ENCLOSE DEPOSIT

Signed: _____

Date: _____

