



PUPIL ENROLMENT FORM

PLEASE PRINT CLEARLY

Pupil's Name: _____

Pupil's Date of Birth: _____

Home Address: _____

Telephone Number: _____

Parent/Guardian Email Address (or Pupil's email if over 18 years old):

Emergency Contact Name(s) and Mobile Telephone Number(s):

Parent/Guardian Signature (or Pupil's Signature if over 18 years old):

Date: _____