



PUPIL ENROLMENT FORM
PLEASE PRINT CLEARLY

Pupil's Name: _____

Pupil's Date of Birth: _____

Male/Female: _____

Home Address: _____

Mobile 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: _____