

Geraldton Christian Community Schools Association
STRATHALBYN CHRISTIAN COLLEGE

EXPRESSION OF INTEREST

FAMILY DETAILS:

Title _____ Surname _____
(Mr & Mrs, Mr, Mrs or Ms)

Given Name's _____

Address _____ Postcode _____

Telephone(Hm) _____ (Wk) _____ (Mb) _____
(Silent Number YES/NO)

Do you attend church on a weekly basis? YES/NO

Name of Church _____ Denomination Affiliation _____

Name of your Pastor/Minister _____ Telephone _____

STUDENT DETAILS

1. Surname _____ Given Name _____ Birthdate _____ Year ___ in 20__
2. Surname _____ Given Name _____ Birthdate _____ Year ___ in 20__
3. Surname _____ Given Name _____ Birthdate _____ Year ___ in 20__
4. Surname _____ Given Name _____ Birthdate _____ Year ___ in 20__

I/We give this information as an "Expression of Interest" in enrolling our child/children at Strathalbyn Christian College. I/We understand that this form is **not** an application form.

Fathers Signature

Father's Name _____

Date _____

Mother's Signature

Mother's Name _____

Date _____

OFFICE USE ONLY

Date Received _____

Date Application Form Sent Out _____

Application Forms Received _____ Interview Date _____