



St. Christopher's School, Syndal

TELEPHONE: 9803 0011

FACSIMILE: 9803 0504

Enrolment Application

Fathers Name: _____

Mothers Name: _____

Address: _____

Phone: _____

Religion: _____

Other children at St Christopher's: yes ____ no ____

Child's Name: _____ Present Grade: _____

Date of Birth: _____ Sex: _____

Religion: _____

Present School / Pre-school: _____

School Address: _____ Phone: _____

We give permission for the Prep class teacher to visit our child at the pre-school as part of the Orientation Program.

Parent signature: _____ Date: _____

The school fees per annum are **\$849** for a family with one child at the school and \$984 for two or more children. Accounts for \$283 or \$328 will be sent out three times per year and payment is expected within a month of receiving account.

The Education Board reserves the right to change fees in the course of a school year if necessity demands. Families will be advised of any such changes when they are made.

Any other arrangements regarding payment of fees, eg. inability to pay, paying annually or monthly etc. should be discussed with the Principal or Parish Priest.

WE HAVE READ THE ABOVE AND AGREE TO PAY SCHOOL FEES THREE TIMES A YEAR.

Signature of Parent: _____ Date: _____