



## EXPRESSION OF INTEREST

### FAMILY DETAILS

Title \_\_\_\_\_ Surname \_\_\_\_\_  
(Mr & Mrs, Mr, Mrs or Ms)

Given Names \_\_\_\_\_

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 \_\_\_\_\_ DOB \_\_\_\_\_ School year \_\_\_\_ in 20\_\_

2. Surname \_\_\_\_\_ Given name \_\_\_\_\_ DOB \_\_\_\_\_ School year \_\_\_\_ in 20\_\_

3. Surname \_\_\_\_\_ Given name \_\_\_\_\_ DOB \_\_\_\_\_ School year \_\_\_\_ in 20\_\_

4. Surname \_\_\_\_\_ Given name \_\_\_\_\_ DOB \_\_\_\_\_ School year \_\_\_\_ in 20\_\_

### AGREEMENT

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.

Father's Signature

Father's Name \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature

Mother's Name \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE

Date Received \_\_\_\_\_ Date Application Form Sent \_\_\_\_\_ Follow up date \_\_\_\_\_

Application Form Received \_\_\_\_\_ Interview Date \_\_\_\_\_