



**CATHOLIC LADIES' COLLEGE
ENROLMENT ENQUIRY**

Year Level requested: _____

Year of Entry requested: _____

Date of Application: _____

STUDENT'S NAME: _____

ADDRESS: _____ POST CODE: _____

PARENT'S NAME (incl. Title, eg. Mr / Mrs / Ms / Miss...) _____

TELEPHONE NOS: _____ (H) _____ (W)

_____ (M)

CURRENT SCHOOL: _____ SUBURB: _____

CURRENT YEAR LEVEL: _____

STUDENT'S RELIGION: _____ MOTHER: FORMER STUDENT: YES / NO

SISTERS ATTENDING AT PRESENT: YES / NO SISTERS: FORMER STUDENT: YES/ NO

COMMENTS: _____

Please return this form by mail to: College Registrar
Catholic Ladies' College
19 Diamond Street
ELTHAM VIC 3095