



ST VINCENT'S SCHOOL

PO Box 22
Kwinana WA 6966
Telephone: 9419 2631
Fax: 9419 5991
Email: admin@stvincents.wa.edu.au

Name of Child: _____

Preferred Name: _____

Date of Birth: _____ Male/Female (please circle)

Address: _____

Email address: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

My child is Baptised Catholic: Yes No

Do you have any other siblings in the school? Yes No

Please indicate name/s _____

Has your child attended Day Care? Yes No

Does your child have any special needs? Yes No

Please give details: _____

Any Allergies? Yes No Is your child anaphylactic? Yes No

Please give details: _____

Health matters concerning your child that we should be aware of? (ears, eyes, speech)

Yes No

Behavioural or social difficulties concerning your child that we should be aware of?

Yes No

Any information provided to us will be kept strictly confidential