

St Joseph's International Catholic College



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RE-ENROLMENT FORM 2017

Secondary School

Section A

Student Name: _____ Male Female
(Family Name) (Given Name)

Class in 2016: _____ Age: _____ years Date of Birth: ____/____/____

PLEASE INDICATE YOUR INTENTIONS FOR 2017

- YES**, I wish to re-enrol my child for 2017 school year.
(If **YES**, please complete section B and C).

Do you plan to transfer your child to another school during the year 2017? YES NO

If YES, at what time of the year do you plan to transfer? _____

- NO**, I do not wish to re-enrol my child for 2017 school year.
(If **no**, please complete section C only).

Section B

Grade in 2017: _____ Curriculum: NSW PNG
(Please indicate the curriculum for Grade 9 or 11)

Residential Address: Section/Unit _____ Lot/Building _____

Street Name _____ Suburb _____

Postal Address: _____

Give details of any medical or educational problems of which the school should be informed prior to re-enrolment for 2017. You may wish to attach further information:

Father's name _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone _____

Fax: _____

Mobile _____

Email: _____

Home Province _____

Country: _____

Mother's name: _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone: _____

Fax : _____

Mobile: _____

Email: _____

Home Province _____

Country: _____

Section C

Signature

Name of Parent or Guardian

_____ / _____ / 2016

Note:

Please return the completed re-enrolment form on or before Friday, 9th September 2016 to your child's class teacher.

Section D

OFFICE USE ONLY

Re-enrolment Form received: **Yes/No**

Date: ____/____/2016

Acceptance of Re-enrolment & Enrolment Form received: **Yes/No**

Date: ____/____/2016

Name: _____

Enrolment Officer

Signature: _____

Date: ____/____/2016