



SIDRAH GARDENS SCHOOL

Office Use Only

RECEIPT NO. _____

DATE RECEIPT _____

FAMKEY _____

SORTCODE _____

Registration Form

Student Details

Family Name _____

Given Name _____

To enter year level _____ in the year _____ Gender Male Female

Date of birth _____ Country of birth _____

Religion _____ Nationality _____

Present school / Kinder _____
Including Overseas Countries _____

Student lives with Both parents or Father only or Mother only Grandparents
 Other please specify _____

Please attach any documentation of court orders/or parenting plans)

Australian Citizen Yes or No Permanent Resident of Australia Yes or No

Student Details

Father/Male Guardian Details

Full Name _____

Residential Address _____ Post Code _____

Postal Address _____

Occupation _____ Country of Birth _____

Home Phone _____ Mobile _____

Work Phone _____ Email _____

Signature of Parent / Guardian _____ Date _____

Father / Male Guardian

Mother/Female Guardian Details

Full Name _____

Residential Address _____ Post Code _____

Postal Address _____

Occupation _____ Country of Birth _____

Home Phone _____ Mobile _____

Work Phone _____ Email _____

Signature of Parent / Guardian _____ Date _____

Mother / Female Guardian

