

FAMILY DETAILS									
FAMILY NAME PARENT/CAREGIVER 1		GIVEN NAME PARENT/CAREGIVER 1		Title	GENDER M/F	RELATIONSHIP TO STUDENT/s		OCCUPATION	
PH: (home)		Mobile:				E-mail:			
FAMILY NAME PARENT/CAREGIVER 2		GIVEN NAME PARENT/CAREGIVER 2		Title	GENDER M/F	RELATIONSHIP TO STUDENT/s		OCCUPATION	
PH: (home)		Mobile:				E-mail:			
CURRENT Out of Catchment ADDRESS:									
Comments:									
STUDENT DETAILS									
FAMILY NAME	GIVEN NAME	GENDER	DOB	CURRENT SCHOOL	CURRENT Year Level	SPECIAL NEEDS YES NO		LATEST BEHAVIOUR Achievement A-E (report card)	
OFFICE USE ONLY					<div><div><div>✓</div><div>I understand and accept that this Expression of Interest is valid within the year it is lodged and for a maximum of 12 months</div></div><div><div>✓</div><div>I understand that completing this EOI does not guarantee enrolment at SCSS</div></div><div>THIS FORM IS ALSO AVAILABLE AT www.springfieldcentralss.eq.edu.au</div><div>PLEASE RETURN COMPLETED FORM TO ADMINISTRATION OR VIA E-MAIL TO enrolment@springfieldcentralss.eq.edu.au</div></div>				
DATE RECEIVED									
INITIAL OF RECIPIENT									