



John Paul College Boarding Request Form (Years 7 – 12) (Subject to Availability)

Student Information

Surname	Given Name
Preferred Name	Middle Name(s)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	Country of Birth
Main language spoken at home	
Student's Current Home Address	
Post Code	

Enrolment Information

Proposed Year Level of Entry	Proposed Year and Term of Entry*
Preferred Boarding Arrangement:	Full (Term Time) <input type="checkbox"/> Weekly <input type="checkbox"/>

Current School

Family Information (Please provide complete details)

Father / Stepfather / Legal Guardian (please circle)		Mother / Stepmother / Legal Guardian (please circle)	
Title	Given Name	Title	Given Name
Surname		Surname	
Language Spoken		Language Spoken	
Contact Phone Number		Contact Phone Number	
Email (if applicable)		Email (if applicable)	
Postal Address		Postal Address	
Emergency Contact		Emergency Contact	
Emergency Telephone		Emergency Telephone	

Signature of Father / Legal Guardian _____ Date _____

Signature of Mother / Legal Guardian _____ Date _____

Please return completed Boarding request form(s) to: The Registrar - John Paul College John Paul Drive, Daisy Hill Qld 4127
I understand that this is an Expression of Interest only, and an application will need to be submitted prior to proceeding with the process of enrolling.

Office use only

Student ID	Family ID
Date received	
Database entry	Initials

