



ST. ALPHONSA SYRO-MALABAR SUNDAY SCHOOL, CANBERRA

61 Boronia Drive, O'Connor ACT 2602, Australia

office.canberra@syromalabar.org.au, stalphonsacommunity@gmail.com

CATECHESIM REGISTRATION FORM

FOR OFFICE USE ONLY	
Admission Register Number:	Date: / /

FOR PARENTS/GUARDIANS

Joining Class:

- Pre KG KG Year 1 Year 2 Year 3 Year 4 Year 5
 Year 6 Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Fill the details in the blocks in CAPITAL LETTERS only

Given Name:															
Middle Name:															
Surname:															

Date of Birth:		Place of Birth:	
Date of Baptism:		Baptism Name:	

	Full Name	Phone	Email	Primary Contact
Father				<input type="checkbox"/>
Mother				<input type="checkbox"/>

Current Residential Address

Street Address:					
Suburb:		State:		Postcode:	

Any Health Concerns: (Allergies, Learning Disabilities Etc.)

I consent my permission to teach my child the Catholic Faith, Prayers, Traditions and Values. We agree to abide by the rules and regulations of Catechetical Department of the Syro-Malabar Eparchy of St. Thomas the Apostle, Melbourne, and of the St. Alphonsa Parish Canberra.

Signature of the Parent _____ Date: / /