

COLUMBA COLLEGE

PREFERENCE FOR ENROLMENT FORM

PUPIL'S NAME: _____

DATE OF BIRTH: _____ **CURRENT CLASS/YEAR LEVEL:** _____

Please provide information in the following categories (please use extra sheets if necessary)

FAMILY ASSOCIATION WITH COLUMBA COLLEGE

CHRISTIAN AFFINITY/RELIGIOUS ASSOCIATION/PHILOSOPHICAL SYMPATHY

SPECIAL STRENGTHS

PARENTS' INVOLVEMENT IN SCHOOL OR OTHER COMMUNITY ACTIVITIES

OTHER INFORMATION

This information is true and correct

Date _____

Signature(s) of Parent(s)