

REGISTRATION FORM

STUDENT NAME _____

D/O/B _____ Gender _____

Entry CalendarYear _____ Grade _____

STUDENT NAME _____

D/O/B _____ Gender _____

Entry CalendarYear _____ Grade _____

STUDENT NAME _____

D/O/B _____ Gender _____

Entry CalendarYear _____ Grade _____

PARENT / GUARDIAN

Mr / Mrs / Ms / Other _____

Address _____

_____ Postcode _____

Tel (h) _____ Tel (w) _____

Mobile _____

Email _____

Please return your completed form either by:

Mail: **ATLANTIS BEACH BAPTIST COLLEGE**
PO Box 320, Two Rocks WA 6037

In person: Breakwater Drive, Two Rocks

Email: admin@abbc.wa.edu.au

Online: www.abbc.wa.edu.au

OFFICE USE ONLY

Receipt # _____ Date _____

Letter sent Registration list Recorded