



Prospective Enrolment Registration Form

Parents:

Parents' Names:

Address:

Postcode:

Contact details: Home:

Mobile:

Email:

Student:

Son's Name:

Current School:

Year Level:

Religion:

Year of Intended Commencement at Villanova:

Year Level:

Calendar Year:

Have any brothers attended Villanova?

Yes:

No:

(Please tick one box)

If YES, please give the names of other brother(s):

Please return this completed form to:

The Registrar
Villanova College
P O Box 1166
Coorparoo DC 4151
enrolments@vnc.qld.edu.au