



## Registration of Interest

If you are interested in registering your child please complete the following details and send to:

ALKIMOS BAPTIST COLLEGE  
PO Box 72 Quinns Rocks WA 6030  
Phone (08) 9406 8189

1. Full name of student.....

Age of Student..... D.O.B.....

Gender ( M / F ) Academic year/grade of commencement.....

Calendar year of commencement .....

2. Full name of student.....

Age of Student..... D.O.B.....

Gender ( M / F ) Academic year/grade of commencement.....

Calendar year of commencement .....

3. Full name of student.....

Age of Student..... D.O.B.....

Gender ( M / F ) Academic year/grade of commencement.....

Calendar year of commencement .....

Mother's full name.....

Father's full name.....

Address.....WA .....

Telephone..... Mobile .....

Email:.....

### CREDIT CARD PAYMENT AUTHORISATION

Date:.....

Master Card ..... Visa ..... \$100

Card No: \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

Expiry Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Name on Card: .....

Signature: .....