

BISHOP ANSTEY JUNIOR SCHOOL P. T. A.

PARENT INFORMATION FORM

Please complete form in block letters.

Name of Child: _____	Class/Form: _____
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Home address: _____

Home telephone no: _____

Father's/Guardian's Name: * _____

Profession: _____ Job: _____

Business/Firm Name: _____

Address: _____

Business telephone no: _____ Cellular: _____

Skills: _____ Special Interests: _____

Mother's/Guardian's Name: * _____

Profession: _____ Job: _____

Business/Firm Name: _____

Address: _____

Business telephone no: _____ Cellular: _____

Skills: _____ Special Interests: _____

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Sibling Information: Name/s: _____

(currently attending BAJS) _____

Class/Form: _____

* Wherever Guardians are relatives, please indicate the relationship to the child