

School Details Form

Please fill out this form and return it to SCEE, in order to help us keep our records up to date.

School Name: _____	Cust. Code: _____	
Postal Address: _____		
City: _____	State: _____	Post Code: _____
Country: _____		
Street Address: _____		
City: _____	State: _____	Post Code: _____
Country: _____		
School Phone: _____	Fax: _____	
Mobile: _____	Email: _____	
School Accounts Contact: _____	Phone: _____	
Principal Title: _____	Principal First Name: _____	Principal Surname: _____
Principal Phone: _____	Principal Email: _____	
No. Primary students: <input type="text"/>	No. Teaching Staff: <input type="text"/>	
No. Secondary students: <input type="text"/>	Grade Levels Offered: <input type="text"/>	
Total No. Students: <input type="text"/>		
Church Affiliation: _____	Denomination: _____	
Enrolment Policy (circle):		
Church Families	Open Enrolments	Other <small>Please Specify:</small> _____
Is your main educational resource A.C.E.? <input type="checkbox"/> Yes <input type="checkbox"/> No (please describe): _____		

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