Email: brookside.p9@edumail.vic.gov.au www.brooksidecollege.vic.edu.au

ABN 33 034 118 393



EXPRESSION OF INTEREST APPLICATION FOR ENROLMENT

DETAILS OF APPLICANT												
DATE://		MAL	E F	EMALE	(Please circle	e either)	DA	TE OF BIR	TH: _	/	<i></i>	
STUDENT'S GIVEN NAMI	E:											
STUDENT'S FAMILY NAM	1E:											_
STUDENT'S ADDRESS:												_
PHONE:						EXP	ECTED	START DA	TE: _	/	/	
CURRENT OR LAST SCHOOL ATTENDING:												
Reason for requesting tr	ansfer: _											
Is the student an Austra	lian Resid	dent? Y	ES N	O (If n	o, what	is the Stu	dent's o	current Vi	sa Nu	mber?)		
COMMENCING YEAR LEVEL AT BROOKSIDE COLLEGE												
GRADE:	Prep	1	2	3	4	5	6	Year:	7	8	9	
Has your child had school support from any of the following: Please select YES NO Please select YES NO												NO CONTRACTOR OF THE PROPERTY
NAME OF PARENT/GUARDIAN	l:	Title			First Na					– Surnam	e	
PARENT/GUARDIAN PHONE (mobile):					SIGNATURE:					_		
PLEASE RETURN THIS FORM, BIRTH CERTIFICATE, AUTRALIAN IMMUNISATION STATEMENT from the Australian Immunisation Register, UTILITY ACCOUNT OF RESIDENTIAL ADDRESS (GAS OR ELECTRICITY), ANY COURT ORDERS, VISA DOCUMENTATION AND PREVIOUS SCHOOL REPORT, AS SOON AS POSSIBLE TO: Brookside P-9 College, Federation Way, Caroline Springs, Vic, 3023, 7379 1555 NOTE: This form does not automatically guarantee you a place at this College. If a vacancy arises, we will contact you to make an appointment with the relevant Principal Class Officer. Non-Australian born students are required to provide a copy of relevant citizenship papers, passport and/or travel documents for retention by the College. If circumstances change and you are no longer require a place at this College, please advise us as soon as possible.												
OFFICE USE ONLY:												
Date of Interview & Time:// am/pm Interview Booked with:												
Interpreter Required/Language:	Interpreter Required/Language: Home Group: Teacher:											