



Date of Enquiry: \_\_\_/\_\_\_/\_\_\_

**EXPRESSION OF INTEREST APPLICATION FOR ENROLMENT**

**DETAILS OF APPLICANT**

STUDENT'S FAMILY NAME: \_\_\_\_\_

STUDENT'S GIVEN NAME: \_\_\_\_\_ Year level \_\_\_\_\_ M/ F (Please circle ) DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

STUDENT'S GIVEN NAME: \_\_\_\_\_ Year level \_\_\_\_\_ M/ F (Please circle ) DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

STUDENT'S GIVEN NAME: \_\_\_\_\_ Year Level \_\_\_\_\_ M/ F (Please circle ) DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

STUDENT'S GIVEN NAME: \_\_\_\_\_ Year Level \_\_\_\_\_ M/ F (Please circle ) DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXPECTED START DATE: \_\_\_/\_\_\_/\_\_\_

CURRENT OR LAST SCHOOL ATTENDING: \_\_\_\_\_

Reason for requesting transfer: \_\_\_\_\_

Is the student an Australian Resident? YES NO (If no, what is the Student's current Visa Number?) \_\_\_\_\_

Has your child/children had school support from any of the following:					
	Please select			Please select	
	YES	NO		YES	NO
SSG - Student Support Group Meeting	<input type="checkbox"/>	<input type="checkbox"/>	BSP - Behaviour Support Plan	<input type="checkbox"/>	<input type="checkbox"/>
IEP - Individual Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	PSD - Program for Students with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
OAS - Outside Agency Support	<input type="checkbox"/>	<input type="checkbox"/>	PSDMS - Number _____	<input type="checkbox"/>	<input type="checkbox"/>
Previous Student WELFARE involvement	<input type="checkbox"/>	<input type="checkbox"/>	English as an Additional Language	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Family Application required?	<input type="checkbox"/>	<input type="checkbox"/>			

NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
 Title First Name Surname

PARENT/GUARDIAN PHONE (mobile): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PLEASE RETURN THIS FORM along with, **BIRTH CERTIFICATE, AUSTRALIAN 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, 13-16 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:**

Referral Date: \_\_\_/\_\_\_/\_\_\_ Interview Booked with: \_\_\_\_\_

Date of Interview & Time: \_\_\_/\_\_\_/\_\_\_ :\_\_ am/pm

Home Group: \_\_\_\_\_ Teacher: \_\_\_\_\_

Interpreter: YES  NO  Name: \_\_\_\_\_ Required Language: \_\_\_\_\_