



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 form any of the following:					
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"/>	NDIS Funding	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Condition	<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: _____

RIGHTS

RESPECT

RESILIENCE

RELATIONSHIPS