

## Student Enrolment Application Form

Given name: _____				Surname: _____			
Middle name(s): _____				Preferred name: _____			
Date of birth: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Aboriginal or Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Year of proposed entry: _____		Year level of proposed entry: <i>please indicate by ticking the appropriate box below</i>					
<input type="checkbox"/> 3-year-old ELC	<input type="checkbox"/> 4-year-old ELC	<input type="checkbox"/> Prep	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	
<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6	<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12
Current/previous school(s): _____							
Victorian Student Number (if applicable/known): _____				Listed on a current Health Care Card: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Academic history</b>							
Please provide details and attach copies of any professional assessments performed by the child:							
_____							
_____							
_____							
<b>Medical/health needs</b>							
Please specify any allergies/medical alerts, particularly anaphylaxis (e.g. allergies to nuts, bee stings), asthma, diabetes etc.:							
_____							
_____							
_____							
<b>Learning needs - attach any documentation/reports/intervention received</b>							
Please outline any known or suspected learning or behavioural support needs (e.g. vision impairment, behavioural difficulties etc.):							
_____							
_____							
_____							
<b>Custody arrangements/court orders</b>							
Please outline any custody arrangements or court orders regarding the care and education of the child:							
_____							
_____							
_____							
<b>General information</b>							
Please outline any other relevant information that may impact the learning, care or participation of the child:							
_____							
_____							
_____							
<b>Documentation - attach copies of the following documents (where applicable):</b>							
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunisation certificate	<input type="checkbox"/> Health Care Card	<input type="checkbox"/> NAPLAN results	<input type="checkbox"/> Medical reports			
<input type="checkbox"/> Most recent school report	<input type="checkbox"/> Learning support documents	<input type="checkbox"/> Custody documents/court orders	<input type="checkbox"/> Application fee				