

APPLICATION FOR ENROLMENT (Years 7-12)

Enrol in:	East Keilor Campe (Year 7-9)	us 🗆	Niddrie Campus ☐ (Year 7-9)	•
Requested year level for enro When does the student wish				
Details of Student				
Given Name:	Fa	amily Name: _		
Date or Birth:/	/0	Gender: \square M	ale 🗆 Female 🗆 O	ther
Address:				
Suburb:	S1	tate:	Postc	ode:
Will the above address be the same	if attending our Colleg	e? 🗆	Yes	No
If No please provide details:				
Details of Current School:				
School Name:				
School's Phone Number:			Current Year L	.evel:
Year Level Co-ordinator/s Name:				
Parent/Guardian Contact Deta	ails:			
Given Name:	Fa	amily Name: _		
Email:				
Business Phone:		Mobile	:	
Reason for School Transfer:				
Post-school Intention (if know	vn):			
Subjects Interested In (for Yea	r 10,11,12):			
If a brother or sister currently atter	ıds Essendon Keilor Co	ollege, please s	supply their name and	Year level.
Sibling name (s):				evel:
Before this application can be proced. A copy of your child's most of the copy of your child's most of your child.	recent school report	il, Deliver or E	mail (in pdf format) th	e following:
Email: Your application and reports Deliver: At reception of any campus		l electronically	v. essendon.keilor.co@	edumail.vic.gov.au
Signature of Parent/Guardian	:		Date:	
Office Use Only Application Received	Report Received on		by	(staff name)

About your student				
Reason/s for enrolment Please provide details				
Is your child participating in any special programs at the current school? E.g. extra literacy/numeracy support? If yes, please give details	Yes	No		
Are there any agencies we would need to contact to support your child with his/her/their learning? If yes, please list	Yes	No		



Reference by Current School

Instructions: Parents should take this form to the current school for feedback. The school will complete the form and email to Essendon Keilor College at their earliest convenience.

Email: Essendon.keilor.co@education.vic.gov.au

	d below has applied to a us meeting the student's			•	ng some	information,
STUDENT NAME	:					
CURRENT SCHOO	DL:					
CURRENT YEAR L	EVEL:					
To be complete	d by Assistant Principal	, Year Level Coordinat	or (or equivalent) a	nd / or Student Wel	lbeing Co	oordinator
you feel the staff	e student both academic of Essendon Keilor Colle	ege should be made av	ware of so as to max	imise the student's	growth.	
Effort	neral Skills	Needs Attention	Acceptable	Very Good	EX	ccellent
Class behavious	•					
Organisation						
Attendance						
Punctual to Sch	ool					
Punctual to Clas						
	assroom activities					
Adheres to full	school uniform policy					
Is the student pre	esently making academi	c progress?		☐ Yes	□ N	0
Has the student b	peen suspended in the t	ime they have been at	your school?	☐ Yes	□ N	0
	a brief summary of all s	·				
DATE	REASON					No. of Days
						,

Is the student PSD Funded?	□ Yes	□ No	Level of funding:	
Has the student been involved in any school b	pased interventio	n or support program?	☐ Yes	□ No
If yes, please elaborate:				
Additional comments if required:				
		0.0		
NAME:ROLE:				
PHONE:				
EMAIL:				