

Intended start date:				
Day 1, Term 1		<input type="checkbox"/> Other (dd-mm-yyyy): _____ / _____ / _____		

Are you seeking to enrol the student at this school full-time? <input type="checkbox"/> Yes (move to next section) <input type="checkbox"/> No				
If No, how many days a week would the student be attending this school?				
If No, provide a reason why you are seeking part-time enrolment:				

Other school name:	Days / week:	Has enrolment been accepted?	Yes	No
Other school name:	Days / week:	Has enrolment been accepted?	Yes	No

Do you live in the school's zone? Go to www.findmyschool.vic.gov.au to find your local school		Yes	No
If this school has multiple campuses, what campus is the student applying for?			

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address. **Please provide proof of permanent residence to the school as part of your application. The school will let you know what proof is required.** For more information, please refer to the Residential Address Checklist, available at: www.education.vic.gov.au/Documents/parents/going-to-school/100-point-addresschecklist.pdf. When assessing your application, the school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the occupancy, for example if a rental property is a studio or one bedroom unit.

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:	

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)
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Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

OFFICE USE ONLY				
Proof of the student's permanent residence provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eligible for enrolment:				
<input type="checkbox"/> Yes - DNS	<input type="checkbox"/> Yes - Sibling	<input type="checkbox"/> Yes – Closeness	<input type="checkbox"/> Yes – Compassionate	<input type="checkbox"/> No

PARENT/CARER DETAILS

This form should be completed by parents or carers who are responsible for enrolling their child in school. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. If required information is not provided or there is a dispute between parents about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Enrolling Adult 1

Surname:				
First Given Name:				
Contact Mobile Number:				
Contact Home Phone:				
Contact Email Address:				
Correspondence Address:				
Student lives with Adult 1:	<input type="checkbox"/> Always	Mostly	Balanced(50%)	Occasionally
Adult 1 Relationship to Student:	Parent Relative	Step Parent Friend	Foster Parent Self	Host Family Other: _____

Enrolling Adult 2

Surname:					
First Given Name:					
Contact Mobile Number:					
Contact Home Phone:					
Contact Email Address:					
Correspondence Address:					
Student lives with Adult 2:	<input type="checkbox"/> Always	Mostly	<input type="checkbox"/> Balanced(50%)	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Adult 2 Relationship to Student:	Parent Relative	Step Parent Friend	Foster Parent Self	Host Family Other: _____	

Declaration

Information is collected and handled in accordance with the Schools' Privacy Policy, available here: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____