Expression of Interest for Enrolment at Aveley Secondary College



Thank you for your expression of interest to enrol at Aveley SC You must complete a separate enrolment application for each student. Applying for enrolment does not guarantee you will receive a place at the College. The College will notify you in writing of the outcome of your application.

| Year Level enrolling in: | Start Date: | Currently residing in the Local Intake Area: 🗆 Yes 🗆 No | | |
|--|----------------------|---|--|--|
| SPECIALIST PROGRAM | S | | | |
| Is your child interested in a Specialist Program at Aveley Secondary College? If yes, please indicate: | | | | |
| □ Academic Elite Program | Sports Elite Program | Instrumental Music School Services | | |
| Education Support Hub –If yes, please outline disability/medical conditions below and contact the College for Form B | | | | |
| | | | | |

Each Specialist Program is subject to selection criteria and requirements. A student may be considered for more than one (1) Specialist Program. Please visit the <u>website</u> for more information.

PERSONAL DETAILS (Please complete all details below)

| Child's surname | | Legal Surname (If different) | | |
|--|---------------|------------------------------|----------|--|
| Given Names | | | | |
| Date of Birth | | Gender at birth 🛛 Male [|] Female | |
| (dd/mm/yy) | | | _ | |
| Parent/Guardian Name | | Parent/Guardian Surname | | |
| Title 🗆 Mr 🗆 Mrs 🗆 Ms | | | | |
| Residential Address | | | Postcode | |
| | | | | |
| Postal Address (If different from resident | ial address) | | Postcode | |
| | | | _ | |
| Email | | Mobile | | |
| Telephone (Home) | | Telephone (Work) | | |
| Year Level your child is currently enrolled in | | | | |
| School child currently attends or was last enrolled at | | | | |
| Are there any Family Court Orders regarding day to day or long-term care, welfare, and development? 🛛 Yes 🗌 No | | | | |
| Is your child currently under suspension from a school? | | | | |
| □ Yes □ No If YES, nam | me of school. | | | |
| Has your child ever been excluded from a school? | | | | |
| □ Yes □ No If YES, name of school. | | | | |
| | | | | |

Are there any siblings attending this school? Please provide name/s and year level/s 🗆 Yes 🗆 No

Is your child a temporary resident of Australia? \Box Yes $\ \Box$ No

If yes, please indicate date entered Australia

Visa Sub Class No.

Visa Expiry Date

If the student was not born in Australia, the following documents will also need to be provided

🗆 Evidence of the date of entry into Australia 🗆 Passport or Travel Documents 🗆 Current Visas/Previous Visas

Does your child have a learning disorder/diagnosed disability and/or medical condition? Yes No

This information will assist the principal when considering whether any specific or additional resources may be required to assist the College with providing the best educational program for your child. Please outline the nature of your child's condition below.

Learning disorder/ diagnosed disability and/ or medical condition documents attached
Yes
No

| DECLARATION | | |
|--------------------------------|------------------|--|
| Name of person enrolling child | Telephone (Home) | |
| Relationship to child | Mobile | |
| Email | | |
| Signature | Date | |

□ If you are completing this form online and are unable to sign this form, please tick this box to confirm the above information is true and correct.

SCHOOL EDUCATION ACT 1999 – Enrolment Conditions, Section 16, Information to be provided. 16(2)

The principal may require documentary evidence to be provided in support of any information supplied by the applicant. **Cancellation of enrolment** – The principal may cancel the enrolment of a student at the school if the principal is satisfied that the enrolment was obtained by the giving of false or misleading information.

DOCUMENTS TO BE PROVIDED

□ Child's Birth Certificate or extract or other identity documents

□ Driver's Licence or Passport of parent/ Guardian completing application

- □ Proof of address (Three [3] current pieces)
- □ Immunisation History Statement (AIR)
- Copies of Family Court or any other court orders showing the enrolling adult is the legal guardian (if applicable)

Copy of your child's latest school report and NAPLAN

OFFICE USE ONLY

| Current residential address confirmed to be in the local intake area: Yes No Confirmed by: | | | | |
|--|----------------|---|--|--|
| School Officer: | Date received: | Reviewed by Deputy: | | |
| Birth Certificate or other identity documents | | Driver's Licence or Passport of parent/ Guardian | | |
| Proof of address x3 | | Immunisation History Statement (AIR) | | |
| Copy of latest school report and NAPLAN | | Online Services Agreement | | |
| Health Care Summ | hary | Documentation for disability or medical conditions (if applicable | | |
| Copy of visa (if applicable) | | Copies of Family Court or any other court orders (if applicable) | | |