Please complete the following:
☐ Fill in all blanks
☐ Sign the bottom of the form
☐ Provide $200.00 payment
☐ Return the form to Alia College

ALIA COLLEGE
Mail: 119 Auburn Road (Box 10)
HAWTHORN EAST, VIC 3123
Phone: (03) 9822 9622 Fax: (03) 9822 6498
info@alia.vic.edu.au
www.alia.vic.edu.au
Principal: Bob Morgan

ENROLMENT APPLICATION FORM

ENROLMENT DETAILS
Calendar year into which the student is enrolling (e.g. 2017): 20 … …
Year level enrolling (please circle): 7 – 8 – 9 – 10 – 11 – 12

STUDENT DETAILS
Given Names: ………………………………..………..…… Surname: …………………………….……...
Name You Like To Be Called: ………………………
Date of Birth: ………………………………..………..…… Sex: ……………
Mobile: …………………………………………….………..…… Email: ……………………………………….
Previous School: ………………………………………………………………………………………………
Has this student previously been enrolled in a Victorian school? Yes ☐ No ☐
Student resides with: Both Parents / Mother / Father / Guardian (please circle)

PARENT or GUARDIAN (1) DETAILS
Full Name: ………………………………………………………………………………………………
Address: ……………………………………………………………………………………………………
Occupation: ……………………………….………….. Post Code: ……………………………………
Home Phone: ………………………………. Work Phone: ……………………………….……..
Mobile: …………………………………………… Other: ……………………………….……..
Email: …………………………………………… Relationship to Student: ……………………………
(The above address will be used for posting reports, notices, invoices etc.)

PARENT or GUARDIAN (2) DETAILS
Full Name: …………………………………………………………………………………………………..
Address: ……………………………………………………………………………………………………
Occupation: ……………………………….………….. Post Code: ……………………………………
Home Phone: ………………………………. Work Phone: ……………………………….……..
Mobile: …………………………………………… Other: ……………………………….……..
Email: …………………………………………… Relationship to Student: ……………………………

I hereby apply to enrol the above student at ALIA COLLEGE and enclose the application fee required. This enrolment form will only be accepted if accompanied by payment of the advised application fee, which is not refundable.

Parent/Guardian Signatures: 1 ………………………………..………..…… 2 ………………………………..……..……
(Only one signature required)

PRINT NAMES: ………………………………..………..………..………..………..………..………..……
DATE: ………………………………..………..………..………..………..………..………..………..………..……
MAIL TO: 119 Auburn Road (Box 10), HAWTHORN EAST VIC 3123

Application fee payment methods include cash, cheque (made out to Alia College), credit card, EFT, or EFTPOS.

ALIA COLLEGE BANK DETAILS (FOR EFT):
ACCOUNT NAME: Alia College
BSB: 313 140
BANK: Bank Australia
BRANCH: Kew
ACCOUNT NUMBER: 23161798

OFFICE USE ONLY
Trial Day: $200.00 Enrol/App Fee Paid: YES/NO
Info Night: Trial Week Begins: Receipt No: BM:
Visit: Interview: CASH/CHEQUE/CREDIT/EFT/EFTPOS
STUDENT’S FULL NAME: …………………………………………………………………………………………………………………………………………
DATE OF BIRTH (dd/mm/yyyy): ………/……/…………

EMERGENCY CONTACT (NON-PARENT/GUARDIAN) DETAILS
In case parent/guardian cannot be contacted, please provide the following details for emergency contacts:

Name of Emergency Contact (1): …………………………………………………………………………………………………………………………………………
Relationship to student: …………………………………………………………………………………………………………………………………………………
Home Phone: ……………………………………………………………………………………………………………………………………………………………
Work Phone: ……………………………………………………………………………………………………………………………………………………………
Mobile: ……………………………………………………………………………………………………………………………………………………………
Other: …………………………………………………………………………………………………………………………………………………………………

Name of Emergency Contact (2): …………………………………………………………………………………………………………………………………………
Relationship to student: …………………………………………………………………………………………………………………………………………………
Home Phone: ……………………………………………………………………………………………………………………………………………………………
Work Phone: ……………………………………………………………………………………………………………………………………………………………
Mobile: ……………………………………………………………………………………………………………………………………………………………
Other: …………………………………………………………………………………………………………………………………………………………………

Doctor’s Name: ……………………………………………………………………………………………………………………………………………………………
Phone: …………………………………………………………………………………………………………………………………………………………………

STUDENT HEALTH DETAILS
Please circle YES or NO, and write details if you answer yes to any questions below:

<table>
<thead>
<tr>
<th>General Allergies? i.e. Bee Stings, Food Allergies, Fur etc.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies to Medication?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Medical Conditions?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If yes to above, what are the symptoms?

When symptoms are displayed, what action or care should be taken? (e.g. call doctor, inform emergency contact)

<table>
<thead>
<tr>
<th>Asthma? Asthma Plan?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Any regular medications taken?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Other Information</td>
<td></td>
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<td>Medicare Number, reference and expiry</td>
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<td>Private Health Fund &amp; Policy Number</td>
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EXCURSION/INCURSION & EMERGENCY DECLARATION

Central to learning at Alia College is a strong sense that a school should not be an isolated nor isolating place. Students are encouraged to be active in the wider community; conversely, that community is invited to be a part of Alia.

We enjoy guest speakers, make use of local resources such as the library and sporting facilities, and organise regular excursions and camps.

I give/ do not give permission for my child to attend excursions (out-of-school activity) and incursions (in-school activity) for the duration of their trial period at Alia College. I understand that this permission will mean that, within school hours, excursions may happen without my prior knowledge. Consequently, I may be seeking to collect or contact my child and find that she/he is not available/contactable. On some excursions mobile phones are turned off.

Whenever I choose to keep my child absent from school for any reason I agree to advise the school of my intentions

PARENTAL/GUARDIAN PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I give permission for my child to be given paracetamol, ibuprofen, aspirin or antihistamine when requested. If I/we cannot be reached and ……………….. is injured, I give the school permission to approve emergency medical treatment.

Yes, I agree ☐ No, I do not agree ☐

Parent/Guardian Signatures:
1…………………………………… 2…………………………………… DATE: ………/……/………………
<table>
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<tr>
<th>DATE</th>
<th>TIME</th>
<th>REASON</th>
<th>MEDICATION</th>
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