

ENROLMENT APPLICATION FORM

ENROLMENT DETAILS

Calendar year into which the student is enrolling (e.g. 2024): 2 0

Year level enrolling (please circle): 7 – 8 – 9 – 10 – 11 – 12

STUDENT DETAILS

Given Names: Surname:

Name you like to be called: Pronouns:

Date of birth: Gender:

Mobile: Email:

Previous *two* schools:

What is your status in Australia: Australian Citizen / Permanent Resident / Visa Class _____ (please circle)

Has this student previously been enrolled in a Victorian school? Yes No

Student lives with: Both Parents/Guardians, Between Parents/Guardians, One Parent/Guardian (please circle)

The email address' of Parent/Guardian (1) and (2) will be used for communications such as reports, notices, invoices etc. Postal communication will only be sent to the postal address of Parent/Guardian (1).

PARENT/GUARDIAN (1) DETAILS

Full Name:

Address:

Occupation: Post Code:

Home Phone: Work Phone:

Mobile: Other:

Email: Relationship to Student:.....

PARENT/GUARDIAN (2) DETAILS

Full Name:

Address:

Occupation: Post Code:

Home Phone: Work Phone:

Mobile: Other:

Email: Relationship to Student:

Application fee (\$200) payment method: CASH, BANK TRANSFER, EFTPOS, CHEQUE (please circle)

I/we hereby apply to enrol the above student at ALIA COLLEGE and pay the application fee of \$200.00.

Parent/Guardian Signatures: ① ②

PRINT NAMES:
 DATE:

This enrolment form will only be accepted if accompanied by payment of the advised application fee (non-refundable) which also entitles the student to a trial day. Following this, if a trial week is agreed to, then additional fees apply. Please speak to our lovely office staff for more information.

ALIA COLLEGE BANK DETAILS: ACCT: Alia College BANK: Bank Australia BSB: 313 140 ACCT NO: 23 161 798

OFFICE USE ONLY

Fee Paid: YES/NO
 Method: CASH/BANK TRANSFER/EFTPOS/CHEQUE

Receipt No:
 Notes:

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:

General allergies? i.e. bee stings, food, allergies, fur, etc.	YES NO	
Allergies to medication?	YES NO	
Medical conditions?	YES NO	
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)		
Asthma? Asthma plan?	YES NO	
Any regular medications taken?	YES NO	
Other information		
Medicare number, reference and expiry		
Private health fund & policy number		

EXCURSION/INCURSION

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

Yes, I/we agree

No, I/we do not agree

COMMUNICATION

Whenever I/we choose to keep my/our student absent from school for any reason, I/we agree to advise the school of my intentions.

Yes, I/we agree

No, I/we do not agree

MEDICATION

I/we give permission for my/our student to be given paracetamol, ibuprofen, aspirin or antihistamine, when requested by the student.

Yes, I/we agree

No, I/we do not agree

EMERGENCY MEDICAL TREATMENT

If I/we cannot be reached and is injured, I/we give the school permission to approve emergency medical treatment.

Yes, I/we agree

No, I/we do not agree

Parent/Guardian Signatures:

① ② DATE:/...../.....