

Enrolment Application

Thank you for your interest in Altona College. To assist us in completing a timely review of your enrolment application, please complete all questions below.

- College tours can be held regularly and can be booked via reception.
- All applications for years other than Prep, will require a copy of the prospective student's most recent report.
- Please note, applications submitted without a current student report may not be considered.
- Further supporting documents are welcomed and may include:
 - Most recent NAPLAN results
 - References from previous educational providers
 - Supporting documents such as learning assessments, medical recommendations, previous awards and recognition of notable achievements

Personal details of prospective student	
Surname:	
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
Sex (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified	
Date of Birth (dd-mm-yyyy): / /	Country of birth:
Australian Residency: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Visa Sub Class (if applicable):	Visa expiry (dd/mm/yyyy): / /
Primary language spoken at home:	

Primary residential address of student:	
Street:	
Suburb:	Postcode:

Personal details of parent/carer requesting enrolment	
Surname:	
First Given Name:	
Relationship to student:	
Preferred phone contact:	
Preferred email contact:	



Please provide a response for each of the questions below.	
Are you legally authorised to complete an enrolment for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be responsible for some or all of the fees associated with this enrolment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will another party be responsible for some or all of the fees associated with this enrolment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the prospective student currently enrolled at another educational provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide name of provider:	
Does the student have a diagnosed disability, illness or other condition that might require reasonable adjustment, funding or other additional support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide a brief description:	
What is the highest level of education the prospective student has completed? Please circle: K - P - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11	
Location of most recent education: <input type="checkbox"/> Victoria <input type="checkbox"/> Other:	
Please outline any further information you believe should be considered when reviewing this application:	
Attachments <input type="checkbox"/> Report <input type="checkbox"/> NAPLAN <input type="checkbox"/> Other 1 _____ <input type="checkbox"/> Other 2 _____	
Signed: _____ Date: / /	

Office Use Only	
Date Received:	
Application Outcome: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
Notes :	
Applicant Notified: <input type="checkbox"/> via phone <input type="checkbox"/> via email Date notified: / /	