



KEILOR DOWNS COLLEGE

YEAR 7 ENROLMENT ENQUIRY 2026

for Non Government Schools

100-110 Odessa Avenue, Keilor Downs 3038.

Phone: 9365 8000

Please write in Capital Letters Date: _____

Student Details:

Family Name _____

Given Name _____

Male / Female M / F Date of Birth ____/____/____

Primary School Attended in Year 6 _____

Address: (Please provide 2 forms of proof of address ie: drivers licence and Utilities account or phone bill)

Current Address _____

_____ Post Code _____

Parent/ Guardian Surname (F) _____ First Name _____

Parent/ Guardian Surname (M) _____ First Name _____

Telephone (mob 1) _____ (mob 2) _____

Best email address(s) for correspondence

_____ @ _____

_____ @ _____

Do you have another child currently attending Keilor Downs College?

Yes / No Name and Year level _____