



KEILOR DOWNS COLLEGE

ENROLMENT ENQUIRY

100-110 Odessa Avenue, Keilor Downs 3038 Ph 3965 8000

Date _____

Enrolment for Current Year / Next Year *(Please circle one)*

Year Level 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Please supply a copy of the students latest report(s)

Student Details:

Family Name _____

Given Name _____

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

Current / Previous School _____

Contact from previous school _____ Phone _____

Language spoken at home _____ Year of previous schooling _____

Reason for changing schools _____

Address: *Please provide 2 forms of proof of address. Rate notice or rental agreement together with licence or utilities account*

Current Address _____

_____ Post Code _____

Parent/ Guardian Surname _____ First Name _____

Parent/ Guardian Surname _____ First Name _____

Telephone *(mob 1)* _____ *(mob 2)* _____

Email address _____ @ _____

Name and year level of any current sibling at Keilor Downs College;

Any other relevant information. (Preferred subjects Years 10, 11, 12 only)
