



# 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)** \_\_\_\_\_

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