

Application to Enrol in a Victorian Government School

This form has been designed to support students to apply for a place at a Victorian Government School if they are out of zone. If a student is offered a place at a school, a School Enrolment Form, with attached supporting documentation (100 point residential address check), will need to be completed to finalise enrolment.

Your child's right to enrolment

Your child is guaranteed a place at the school they are zoned for, as shown on the Find My School website.

This means that if your child lives within the school zone, they must be offered a place when seeking enrolment. To find the school you are zoned for (referred to as your local school) visit www.findmyschool.vic.gov.au

Going to a school outside your zone

You have the choice to seek enrolment at a school that is not your local school. Your child should be offered a place if the school has sufficient accommodation.

If the school has limited accommodation, applications are considered using the priority order of placement. The priority order of placement prioritises out-of-zone siblings and then students in order of closeness of their home to the school.

In exceptional circumstances, a student may be enrolled in a school based on compassionate grounds. Family and student privacy will be maintained when considering applications on compassionate grounds.

To find out more, visit www.vic.gov.au/how-choose-school-and-enrol

Student tests and interviews

Enrolment offers are not dependent on a satisfactory report or interview. Student tests or interviews may only occur after an enrolment offer has been accepted.

Students with disability

Every student has the right to attend their local school. Students with disability have the same right to enrol in their local school as students without disability.

All schools must make <u>reasonable adjustments</u> so that students with disability can learn and achieve on the same basis as students without disability.

You also have the option to seek enrolment for your child at a government specialist school for students with disability.

International students

Fee-paying international students should apply through the Victorian Student Program at www.study.vic.gov.au

STUDENT DETAILS

Surname:				
First Given Name:				
Second Given Name:(if applicable)				
Preferred First Name:(if applicable)				
Date of Birth: (dd-mm-yyyy)	Gender:	Male	Female	Self described:

Which year are you seeking to enrol this student?														
Foun	dation(Prep)	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded

Day 1, Term 1	☐ Other	r (dd-mm-yyyy):	/	/					
Are you seeking to enrol the student at this school full-time? ☐ Yes (move to next section) ☐ No									
If No, how many days a week would the student be attending this school?									
If No, provide a reason why you are seeking part-time enrolment:									
Other school name:	Days /		Has enrolment	Yes	No				
	week: Days /		been accepted? Has enrolment						
Other school name:	week:		been accepted?	Yes	No				
Do you live in the school's zone? Go to www.findmyschool.vic.gov.au to find your local school		Y	es	No					
If this school has multiple campuses, what campus is the str	udent applyi	ing for?							
in this school has multiple campuses, what campus is the su	udent apply	ilig ioi :							
Student's Permanent Residence									
our child's permanent residence is the address where they spend the									
mount of time at two addresses, both are considered their permanent a eighbourhood school for either address. Please provide proof of per									
chool will let you know what proof is required. For more informatio	n, please refe	er to the Resident	tial Address Check	dist, available at					
ontent.sdp.education.vic.gov.au/media/100-point-address-checklist-18 inquiries to verify the information provided, such as checking the elector					rian				
lectoral Commission head office; checking with a real estate agent; or	checking who				ilaii				
ccupancy, for example if a rental property is a studio or one bedroom u	unit.								
No. & Street Address:									
Suburb:									
State:	Pos	stcode:							
State: How often does this student live at this address?	Pos	stcode:							
How often does this student live at this address?	Pos	stcode:	□ Balanced (50	0%)					
How often does this student live at this address? □ Always □ Mostly If the student lives at another address during the school week	k, please pro		•		/ho				
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How often does this student live at this address? □ Always □ Mostly If the student lives at another address during the school week they reside with, and how many days a week the student lives	k, please pro		•		ho				
How often does this student live at this address? Always	k, please pro s there:	ovide further de	etails including t	he address, w					
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PARENT/CARER DETAILS

This form should be completed by parents or carers who are responsible for enrolling their child in school. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. If required information is not provided or there is a dispute between parents about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Enrolling Adult 1

Surname:					
First Given Name:					
Contact Mobile Number:					
Contact Home Phone:					
Contact Email Address:					
Correspondence Address:					
Student lives with Adult 1:	□Always	Mostly	Balanced(50	0%) Occ	casionally
Adult 1 Relationship to Student:	Parent Relative	Step Parent Friend	Foster Pare Self		st Family ner:
Enrolling Adult 2					
Surname:					
First Given Name:					
Contact Mobile Number:					
Contact Home Phone:					
Contact Email Address:					
Correspondence Address:					
Student lives with Adult 2:	□ Always	Mostly	□Balanced(50%)	□Occasionally	□ Never
Adult 2 Relationship to Student:	Parent Relative	Step Parent Friend	Foster Parent Self	Host Family Other:	
Declaration					
Information is collected and hand www.education.vic.gov.au/Pages			ls' Privacy Policy, a	available here:	
Please also refer to the Victorian health information in schools: www					
I/We confirm that:					
 I am/We are the person The information in this I/We agree to authoris 	s form is true a	nd correct.		c signature.	
Signature of Enrolling Adult:				Date:	II
Signature of Enrolling Adult (if a	applicable).			Date:	<i>ll</i>