



aitken
COLLEGE
In Mind and Spirit

Application for Enrolment

Aitken College
1010 Mickleham Road
GREENVALE VIC 3059

Phone: 03 9333 9100

Email: registrar@aitkencollege.edu.au

Website: www.aitkencollege.edu.au

OFFICE USE ONLY

Student ID:

Year Level:

Year:

Student Surname/Given:

Receipt No:

APPLICATION FOR ENROLMENT

STUDENT DETAILS

Student's Surname		
Given Name/s		
Preferred Name		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date and Place of Birth		
Student Status	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Australian Resident (on a visa)
Nationality		
Date Arrived in Australia		
Indigenous/Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language/s spoken at home	Main	Other
Religion		
Home Address	P/Code	
Is there a Court Order in relation to this Student?	<input type="checkbox"/> Yes <small>If Yes, please supply a copy</small>	<input type="checkbox"/> No
Victorian Student Number: <i>(if known)</i>		
Present School <i>(if applicable)</i>		
Present Year Level		
Year level applying for: <i>(eg Year 7, 2020)</i>	Year Level:	Year of Entry:
Name of past / current / future siblings		

SPECIAL STUDENT NEEDS AND CONSIDERATIONS

a.	Does your child have any special achievements, talents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Does your child have any learning problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Has your child attended any specialised classes, agencies, special units or centres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Does your child have any special needs or considerations? <i>(disabilities, impediments, allergies, restrictions on physical activity)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes to any of the above questions, please give details using attachments if necessary.

FAMILY DETAILS

		Parent 1 /Guardian	Parent 2/Guardian
Title		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Family Surname			
Given Name/s			
Usual Occupation			
Employer			
Contact Numbers	<i>Home</i>		
	<i>Work</i>		
	<i>Mobile</i>		
	<i>Email</i>		
Country of Birth			
Home Language			
Religion			
Home Address			
Postal Address <i>(if different)</i>			
Relationship to Child <i>(Father, Mother, Foster Parent, Caregiver etc)</i>			

SEPARATED OR DIVORCED PARENTS *(Complete this section if separated/divorced)*

The College is required by law to provide both separated/divorced parents with copies of school reports, school information, etc. unless a court order has been made restricting parental contact. Therefore, the above details for both parents must be completed and both parents must sign this Application for Enrolment form. A copy of our separated parent's guidelines is available on request.

Parental Restrictions	Mother	Father
Child lives with		
Access to Child		
Student's School Report		
School Correspondence		
Contact Details on Student Class List		

To assist us with improving our knowledge of why families choose Aitken College, we would be grateful if you could complete the following:

Why are you considering enrolling your child at Aitken College?

- | | |
|---|--|
| <input type="checkbox"/> excellent reputation of our School | <input type="checkbox"/> continuing the family tradition |
| <input type="checkbox"/> faith based ethos | <input type="checkbox"/> academic excellence |
| <input type="checkbox"/> co-education | <input type="checkbox"/> diversity of offerings |
| <input type="checkbox"/> location | <input type="checkbox"/> easy access via buses |

Where did you hear about our School?

- | | |
|---|---|
| <input type="checkbox"/> word of mouth recommendation | <input type="checkbox"/> family or friends |
| <input type="checkbox"/> work colleagues | <input type="checkbox"/> advertisements – printed / digital |
| <input type="checkbox"/> open days / tours | <input type="checkbox"/> website |
| <input type="checkbox"/> Facebook | |

Other comments:

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NOTE:

Upon receipt of the Application, you will be notified that your child’s name has been added to the relevant enrolment list. In order to finalise the enrolment process, you will be required to attend an interview prior to enrolment subsequent to which your child may be offered a place. Students may also be required to undertake a basic literacy and numeracy assessment.

Completion of the Application for Enrolment form and payment of the Application Fee does not guarantee a place. The offer of enrolment is at the discretion of the Principal who will consider each case on its merits in light of enrolment priorities and the availability of a place.

It is the responsibility of the Parent/Guardian to advise the School of any changes of address and telephone number. Failure to do so may result in the applicant not being offered a placement in the School.

CONDITIONS OF ENROLMENT

We have read the “Terms of Enrolment” submitted to us and each agree to abide by these and any regulations from time to time in force at the school and to pay all fees and other monies falling due to the school in respect of the child enrolled.

If our child is transferring from another school, we authorise you to obtain from that school other information as you may require, this may include the manner in which our financial obligations were conducted.

Both parents’ signatures are required unless one parent is sole custodian. Please provide copy of relevant court order to substantiate the above (where a custody order exists).

Father or Guardian: _____

Mother or Guardian: _____

Date: _____

To complete this Application, please:

- Return completed Application for Enrolment form (one per child)
- Attach a copy of the child's Birth Certificate
- Attach a Registration Fee of \$55.00 (GST included) per child by cash/cheque or credit card. Please make cheques payable to Aitken College. **This is non-refundable.**
- Retain your copy of the Terms of Enrolment.

To: The Registrar

**Postal : Aitken College
PO Box 2018
GREENVALE VIC 3059**

Email : registrar@aitkencollege.edu.au

Application Form Payment:

Credit Card Payment: Visa MasterCard Amex

Card No:

Expiry Date:

Name on Card: _____

Amount to be charged: \$ _____ Signature: _____

Aitken College complies with the National Privacy Principles. The school has a Privacy Policy in conformity with the legislation and a copy is available from our website: www.aitkencollege.edu.au