

Please read 'Conditions of Enrolment' and 'Business & Other Regulations' before completing this application.

## Parent Data

*\*Important Note: Please tick one box for primary contact. If no preference is marked, we will consider Mother to be the primary contact.*

<input type="checkbox"/> Father or <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Contact* (*tick one only)	<input type="checkbox"/> Mother or <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Contact* (*tick one only)
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Family Name:	Family Name:
Given Names:	Given Names:
Home Address:	Home Address:
Postcode: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Religion:	Religion:

## Student Details

Family Name: .....

Given Names: .....

Preferred Name: .....

Home Address: .....  
 Postcode:

Male:  Female:  DOB: \_\_/\_\_/----

Religion: .....

Intended Year of entry: 2 0  Desired Year or Grade of entry: .....

Present School or Kindergarten: .....

Name of brothers and sisters who are current or past students attending Overnewton Anglican Community College (OACC) only.

1: ..... DOB: \_\_/\_\_/----

Current Student  Past Student

2: ..... DOB: \_\_/\_\_/----

Current Student  Past Student

If a past student – what was the family name while attending OACC?  
 .....

### PREFERRED CAMPUS *please tick preference*

- Keilor Campus Only
- Keilor Preferred / will consider either
- Taylors Lakes Campus Only
- Taylors Lakes / will consider either

### Is the student an Australian Citizen or do they have Permanent Residency?

- Australian Citizen
- Permanent Resident *please provide a copy of Visa*

Country of Birth: .....

### Is the student of Aboriginal or Torres Straight Island descent?

- No  Torres Straight Island  Aboriginal
- Both Aboriginal & Torres Straight Island

Does the student have any medical or special needs the College should be aware of?  No  Yes *If Yes please give details.*

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### DO NOT WRITE IN THIS AREA

Detach the left hand page and retain for your reference.  
 Complete both sides of this form and return to:  
**Overnewton Anglican Community College**  
**Keilor Campus: 2-50 Overnewton Road, Keilor 3036**  
 with copies of all required documents and your Application Fee.

