

APPLICATION FOR ENROLMENT

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

PARENT DETAILS

**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. <input type="checkbox"/> Other.	Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other.
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:
Nationality:	Nationality:

STUDENT DETAILS

Family Name:

Given Names:

Preferred Name:

Home Address:

Postcode:

Male: Female: DOB: __/__/____

Religion:

Nationality:

Intended Year of entry: 20

Desired Grade of entry:

Present School or Kindergarten:

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

Australian Citizen

Permanent Resident – please provide a copy of Parent's and Child's Visa

Country of Birth:

Is the student of Aboriginal or Torres Strait Island descent?

- No Torres Strait Island Aboriginal
 Both Aboriginal & Torres Strait Island

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?
.....

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

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.

