APPLICATION FOR ENROLMENT

Eaton Community College

Please tick the year you are applying to enrol your child into:

Year 7 □   Year 8 □   Year 9 □   Year 10 □   Year 11 □   Year 12 □

2025 □

PERSONAL DETAILS			
Child's surname	Given names	Date of Birth	Sex M/F/Intersex /Indeterminate
Surname of parent/responsible person	Given names		Mr/Mrs/Ms
Residential Address (must be competed)			Postcode
Postal Address (if different from residential address)			Postcode

Telephone – Home	Mobile Phone Number
Work – If Convenient	Email

Are there any court orders regarding the day to day or long-term care, welfare and development of the child?
Please indicate √   YES □   NO □
Is the child subject to access restrictions? If yes, please specify and attach supporting documentation.
Please indicate √ YES □   NO □
(These documents must be provided to the school).

Name of school at which the child is currently or was last enrolled:

Reason for Application:

Are you applying to enrol in a specialist program at this school? Name of specialist program:	Please indicate √	YES □	NO □
Are there any siblings currently attending this school? Names and levels:	Please indicate √	YES □	NO □
Is your child currently under suspension from a school? If yes, name of school:	Please indicate √	YES □ NO □ N/A □	

PERMANENT RESIDENT OF AUSTRALIA?   Please indicate √   YES □
           NO □

If no, please indicate date entered Australia: _____ VISA SUB CLASS No:_____

DISABILITY / MEDICAL CONDITIONS?
This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational programme for your child. Please indicate √

Physical	Intellectual	Other	Medical Condition
YES □ NO □	YES □ NO □	YES □ NO □	YES □ NO □

Please outline nature of disability / medical condition: _____

_____

I declare that the information provided on this form is true.

Signature of parent / responsible person: _____ Date: _____

Signature of parent / responsible person: _____ Date: _____