



Enrolment Expression of Interest

Apollo Bay P-12 College

Helpful Tips: Please register your Expression of Interest on this form. If you would like to check our school zone, please go to <https://www.findmyschool.vic.gov.au/> enter your primary address, year your child wishes to attend and if they are a primary or secondary school student. You can then view the relevant school(s) in your area and zone boundaries. Enrolment forms are available on request by emailing us on apollo.bay.p12@education.vic.gov.au or visiting the school office. For more information from the Department of Education about Enrolments and Placement Policies, please visit [PAL](#).

Notes

1. Details provided on this form will be stored on a confidential database within the Department of Education.
2. Completion of this form does not constitute a confirmed enrolment.
3. Enrolment details and processes will be emailed to families once the school has confirmed eligibility.
4. Information provided in this form will support the school to make informed decisions and plan for staff recruitment, curriculum planning and many other operational factors.
5. Where there is more than one child enrolling, please complete this form providing details for the oldest child enrolling. Information for additional children can be added in the 'Siblings' section.

STUDENT DETAILS

Surname:	
First Given Name:	
Second Given Name: <i>(if applicable)</i>	
Preferred First Name: <i>(if applicable)</i>	
Date of Birth: <i>(dd-mm-yyyy)</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

Which year are you seeking to enrol this student?
<input type="checkbox"/> Foundation (Prep) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Ungraded

Intended start date:
<input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other (dd-mm-yyyy): _____

Previous School/Kinder:	
Are you seeking to enrol the student at this school full-time?	<input type="checkbox"/> Yes (move to next section) <input type="checkbox"/> No
If No, how many days a week would the student be attending this school?	
If No, provide reason you are seeking part-time enrolment:	

School Bus

Your child may be eligible to travel one of the school buses servicing our school. Please indicate below if you intend to apply for school bus travel for your child.

I am seeking for my child to travel on the school bus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School bus route (if known):		

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:	

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Please provide details of any siblings intending to enrol at the school:			
Name	Current Year Level	Reside at same residential address as the student	
1		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Sometimes

International Student Visa Details

International Students may require to enrol via the International Education Division. Families will be advised if this process is required based on their Visa Sub Class number.

Visa Subclass number:	
Date of Arrival into Australia:	
Visa Expiry Date:	

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.

Enrolling Adult 1

Surname:				
First Given Name:				
Contact Phone Number:				
Contact Email Address:				
Correspondence Address:				
Student lives with Adult 1:	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally
Adult 1 Relationship to Student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family
	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____

Enrolling Adult 2

Surname:					
First Given Name:					
Contact Phone Number:					
Contact Email Address:					
Correspondence Address:					
Student lives with Adult 2:	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Adult 2 Relationship to Student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	
	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

Declaration

Information is collected and handled in accordance with the Schools' Privacy Policy, available here: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult 1: (or type name to sign this form electronically)	
Date Signed:	

Signature of Enrolling Adult 2 (if applicable): (or type name to sign this form electronically)	
Date Signed:	