



ST ALBANS  
SECONDARY COLLEGE

# Consideration for Enrolment Form

This form will not be accepted without all supporting documentation upon lodgement.

A response to your enrolment consideration will be provided to you by the relevant Sub School Coordinator within 3 days from the date of lodgement.

Please tick the Year Level & indicate the Year for which the enrolment is required.

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

Start Date: \_\_\_\_\_

Student's current Year Level is: Yr\_

## Student Information

Student's First Name:	Student's Last Name:
Address:	
Student's Date of Birth:    /    /    Age _____ Years _____ Months	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current School:	
Current Year Level or Last Year Level Completed:	
Reason for seeking enrolment at St Albans Secondary College:	
Contact name and phone number of person at current / most recent school:	

## Parent / Guardian Information

Mr/Mrs/Ms		
Mr/Mrs/Ms		
Phone – Home:	Work:	Mobile:
Email:		
<b>Names of all brothers and/or sisters <i>currently enrolled</i> or seeking enrolment at St Albans Secondary College</b>		
Full Name:	Year Level:	Currently enrolled Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Year Level:	Currently enrolled Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Year Level:	Currently enrolled Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Year Level:	Currently enrolled Yes <input type="checkbox"/> No <input type="checkbox"/>

## Supporting documentation (must be submitted with this form)

<input type="checkbox"/> Your Child's Birth Certificate	
<input type="checkbox"/> Proof of Residence - Current Rates Notice or Lease Agreement with Real Estate Agent in your name	
<input type="checkbox"/> Current Gas or Electricity bill in your name	
<input type="checkbox"/> Current Healthcare Card ( <i>if applicable</i> )	
<input type="checkbox"/> Passport if born overseas	
<input type="checkbox"/> Student Visa or Bridging Visa ( <i>prior visa must be submitting with bridging visa</i> )	<input type="checkbox"/> Bridging Visa & Prior Visa attached

## Office Use Only

Name of Office staff:
Date documents provided:
Additional Information:
Sub School Notes: