

- Please complete the following:
- Fill in all blanks
 - Sign the bottom of the form
 - Provide \$200.00 payment
 - Return the form to Alia College

ALIA COLLEGE
 Mail: 119 Auburn Road (Box 10)
 HAWTHORN EAST, VIC 3123
 Phone: (03) 9822 9622 Fax: (03) 9822 6498
 info@alia.vic.edu.au
 www.alia.vic.edu.au
 Principal: Bob Morgan

ENROLMENT APPLICATION FORM

ENROLMENT DETAILS

Calendar year into which the student is enrolling (e.g. 2017): 2 0

Year level enrolling:

STUDENT DETAILS

Given Names: Surname:
 Name You Like To Be Called:
 Date of Birth: Sex:
 Mobile: Email:
 Previous School:
 Has this student previously been enrolled in a Victorian school? Yes No

Student resides with: Both Parents Mother Father Guardian

PARENT or GUARDIAN (1) DETAILS

Full Name:
 Address:
 Occupation: Post Code:
 Home Phone: Work Phone:
 Mobile: Other:
 Email: Relationship to Student:.....

(The above address will be used for posting reports, notices, invoices etc.)

PARENT or GUARDIAN (2) DETAILS

Full Name:
 Address:
 Occupation: Post Code:
 Home Phone: Work Phone:
 Mobile: Other:
 Email: Relationship to Student:.....

I hereby apply to enrol the above student at ALIA COLLEGE and enclose the application fee required. This enrolment form will only be accepted if accompanied by payment of the advised application fee, which is not refundable.

Parent/Guardian Signatures: ① ②
 (Only one signature required)

PRINT NAMES:

DATE: **MAIL TO:** 119 Auburn Road (Box 10), HAWTHORN EAST VIC 3123

Application fee payment methods include cash, cheque (made out to Alia College), credit card, EFT, or EFTPOS.

ALIA COLLEGE BANK DETAILS (FOR EFT):

ACCOUNT NAME: Alia College BANK: Bank Australia ACCOUNT NUMBER: 23161798
 BSB: 313 140 BRANCH: Kew

OFFICE USE ONLY

Trial Day: \$200.00 Enrol/App Fee Paid: YES/NO
 Info Night: Trial Week Begins: Receipt No: BM:
 Visit: Interview: CASH/CHEQUE/CREDIT/EFT/EFTPOS

STUDENT'S FULL NAME:

DATE OF BIRTH (dd/mm/yyyy):/...../.....

EMERGENCY CONTACT (NON-PARENT/GUARDIAN) DETAILS

In case parent/guardian cannot be contacted, please provide the following details for emergency contacts:

Name of Emergency Contact (1):

Relationship to student:

Home Phone:

Work Phone:

Mobile:

Other:

Name of Emergency Contact (2):

Relationship to student:

Home Phone:

Work Phone:

Mobile:

Other:

Doctor's Name :.....

Phone:

STUDENT HEALTH DETAILS

Please circle YES or NO, and write details if you answer yes to any questions below:

General Allergies? ie. Bee Stings, Food Allergies, Fur etc.	YES	NO	
Allergies to Medication?	YES	NO	
Medical Conditions?	YES	NO	
If yes to above, what are the symptoms?			
When symptoms are displayed, what action or care should be taken? (e.g call doctor, inform emergency contact)			
Asthma? Asthma Plan?	YES	NO	
Any regular medications taken?	YES	NO	
Other Information			
Medicare Number, reference and expiry			
Private Health Fund & Policy Number			

EXCURSION/INCURSION & EMERGENCY DECLARATION

Central to learning at Alia College is a strong sense that a school should not be an isolated nor isolating place. Students are encouraged to be active in the wider community; conversely, that community is invited to be a part of Alia. We enjoy guest speakers, make use of local resources such as the library and sporting facilities, and organise regular excursions and camps.

I **give/ do not** give permission for my child to attend excursions (out-of-school activity) and incursions (in-school activity) **for the duration of their trial period at Alia College**. I understand that this permission will mean that, within school hours, excursions may happen without my prior knowledge. Consequently, I may be seeking to collect or contact my child and find that she/he is not available/contactable. On some excursions mobile phones are turned off.

Whenever I choose to keep my child absent from school for any reason I agree to advise the school of my intentions

PARENTAL/GUARDIAN PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I give permission for my child to be given paracetamol, ibuprofen, aspirin or antihistamine when requested. If I/we cannot be reached and is injured, I give the school permission to approve emergency medical treatment.

Yes, I agree

No, I do not agree

Parent/Guardian Signatures:

① ② DATE:/...../.....

MEDICATION RECORD (OFFICE USE ONLY)

DATE	TIME	REASON	MEDICATION	ADMINISTERED BY	SIGNATURE
