



# Ilim College

## Application for enrolment form

### FOR CAMPUS (please select one campus)

☐ Dallas Primary (Prep — Grade 6) ☐ Glenroy Primary (Prep — Grade 6) ☐ Doveton (Prep — Year 8) ☐ Dallas Secondary Girls (Year 7— VCE) ☐ Kiewa Secondary Boys (Year 7— VCE)

### STUDENT INFORMATION

Family name	Given name		Middle name	Date of birth
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other
Citizenship	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Aboriginal origin	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Other <input type="text"/>
	<input type="checkbox"/> Permanent visa	<input type="checkbox"/> Temporary visa	Visa number	<input type="text"/>
Address	Suburb		Post code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Who does the student reside with?	<input type="checkbox"/> Both parents		<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only <input type="checkbox"/> Guardian
Are there any court orders or parenting orders relating to the student?				
<input type="checkbox"/> No <input type="checkbox"/> Yes — If yes, please provide copies of those documents when submitting this form.				
Is there any other information you wish the College to be aware of?				
<input type="text"/>				
Is the student an EAL (English as an additional language) student?				
<input type="checkbox"/> No <input type="checkbox"/> Yes — If yes, specify arrival date to Australia <input type="text"/>				
Current school	Current year level			
<input type="text"/>	<input type="text"/>			
Proposed entry level to Ilim College	Proposed year of entry		Main language spoken at home	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Which language would you like for your child to study?			<input type="checkbox"/> Turkish	<input type="checkbox"/> Arabic

### FAMILY INFORMATION

#### Contact 1

<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	<input type="checkbox"/> Primary contact for SMS alerts	
Relation to student	Title	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name	Country of birth	
<input type="text"/>	<input type="text"/>	
Language/s spoken at home	Nationality	
<input type="text"/>	<input type="text"/>	
Religion <input type="checkbox"/> Islam <input type="checkbox"/> Other		
Residential Address		
<input type="text"/>		
State	Postcode	Telephone (Home)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Work)	Telephone (Mobile)	
<input type="text"/>	<input type="text"/>	
Email	Occupation	
<input type="text"/>	<input type="text"/>	
Education (including overseas):	Higher Education:	
Highest Secondary Year Level:	None	
<input type="checkbox"/> None <input type="checkbox"/> Year 9 & Below	Certificate I to IV inc. Trade Cert.	
<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	Diploma/Advance Diploma	
	Bachelor's Degree & above	

#### Contact 2

<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	<input type="checkbox"/> Primary contact for SMS alerts	
Relation to student	Title	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name	Country of birth	
<input type="text"/>	<input type="text"/>	
Language/s spoken at home	Nationality	
<input type="text"/>	<input type="text"/>	
Religion <input type="checkbox"/> Islam <input type="checkbox"/> Other		
Residential Address if different from Contact 1		
<input type="text"/>		
State	Postcode	Telephone (Home)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Work)	Telephone (Mobile)	
<input type="text"/>	<input type="text"/>	
Email	Occupation	
<input type="text"/>	<input type="text"/>	
Education (including overseas):	Higher Education:	
Highest Secondary Year Level:	None	
<input type="checkbox"/> None <input type="checkbox"/> Year 9 & Below	Certificate I to IV inc. Trade Cert.	
<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	Diploma/Advance Diploma	
	Bachelor's Degree & above	

## BILLING DETAILS

Title	Given name	Family name	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Suburb	Post code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Signature	Contact number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## AFFILIATION/SIBLINGS

Do you have previous/current ties with Ilim College? ☐ No ☐ Yes Details

Please list any siblings currently enrolled or have applied at any Ilim College campuses

Full Name	Male	Female	Year	Campus
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## EMERGENCY CONTACTS

Please provide three emergency contact details other than the mother, father and guardian.

Full Name	Contact number	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## MEDICAL INFORMATION

Medicare number	Name on card	Expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>
Health care/pension card number	Name on card	Expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of family doctor	Name of clinic	
<input type="text"/>	<input type="text"/>	
Address	Suburb	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you have ambulance cover for any emergency?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Ambulance cover number	Name on cover	Expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the child suffer from any of the following (If yes to any, please make sure to provide an updated action plan)

☐ Asthma ☐ Diabetes ☐ Anaphylaxis ☐ Epilepsy ☐ Other

Does the child have any disabilities or impairments? ☐ No ☐ Yes — Details

Is the child on any long term medications? ☐ No ☐ Yes — Details

Has the child previously attended counselling? ☐ No ☐ Yes — Details

Do you feel your child may need to be referred to a School Counsellor? ☐ No ☐ Yes

Has your child ever seen a specialist (pediatrician, physiotherapist, audiologist, psychologist/counselor, psychiatrist, occupational therapist, continence nurse, speech pathologist or other specialists)?

☐ No ☐ Yes — If yes, please provide copies of those documents when submitting this form.

## DATABASE PHOTOGRAPHS

School database photographs are used internally within the school's student management system, therefore they are compulsory for enrolment and security purposes.

## PHOTOGRAPH AND VIDEO CONSENT

Do you consent to your child's photos/videos being used for internal school publications (ie. internal school displays and school yearbook)?

☐ Yes ☐ No

Do you consent to your child's photos/videos being used for external school publications (ie. newspapers), school social media, school newsletter and promotional material (ie. advertising, promotional documents/magazines etc.)?

☐ Yes ☐ No

## DECLARATION

By signing this application for enrolment form, you agree to the enrolment terms and conditions.

Title	Given name	Family name	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>			<input type="text"/>

Title	Given name	Family name	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>			<input type="text"/>

## OFFICE USE ONLY

Student identification	Enrolment officer
<input type="text"/>	<input type="text"/>

### Documentation

- |  |  |
|--|--|
| <input type="checkbox"/> Complete application for enrolment form       | <input type="checkbox"/> Mother/guardian photo identification (passport/licence) |
| <input type="checkbox"/> Recent school report                          | <input type="checkbox"/> Father/guardian photo identification (passport/licence) |
| <input type="checkbox"/> Student Australian birth certificate/passport | <input type="checkbox"/> Custody restrictions (if applicable)                    |
| <input type="checkbox"/> Passport photo                                | <input type="checkbox"/> Visa documentation (if applicable)                      |
| <input type="checkbox"/> Immunisation certificate                      |  |

### Fees and levies

Application fee	Date entered	Receipt no
<input type="text"/>	<input type="text"/>	<input type="text"/>
Capital levy	Date entered	Receipt no
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> School fees debtor account created	<input type="checkbox"/> F/stab check	

## ADDITIONAL COMMENTS/NOTES

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### SCHOOL CONTACT PARENT CONSENT (including kindergarten and childcare centres)

I give permission for Ilim College to contact the current childcare, kindergarten or school of my child to obtain information related to his/her learning, development and behaviour.

Family name	Given name	Middle name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Kindergarten/childcare/school name
<input type="text"/>

Address	Suburb	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Kindergarten/childcare/school number	Kindergarten/childcare/school teacher
<input type="text"/>	<input type="text"/>

Kindergarten only					
Days attending	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Session times	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Other	<input type="text"/>	

Parent/guardian			
Title	Given name	Family name	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/>

### ADDITIONAL COMMENTS/NOTES

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**A \$50 non-refundable fee must be paid per child for the application to be processed.**

**Please note that the completion, signing and lodgement of this Application for Enrolment form is a pre-requisite for consideration of the enrolment of your child at the College, however it does not guarantee enrolment. The enrolment is formalised after the Acceptance of Enrolment is signed, following an offer for enrolment being made to you by the College. Please refer to the Enrolment Terms and Conditions for further details and explanation of the terms and conditions that will apply to enrolment at the College, once offered and accepted.**