Mount Alexander College

Expression of Interest for Enrolment for Years 7-12

**Please note this form is an expression of interest only, not an enrolment form.*

Mount Alexander College
empowering students

Student details First name: _____ Surname: _____	**Date of birth:** ____/____/____ ** A copy of a birth certificate or passport must be provided*
Gender: ◯ Female ◯ Male ◯ Self Described Write description	
Parent/Guardian First name: _____ Surname: _____	
Interpreter required? Yes / No Language: _____	
Parent contact details Home: _____ Mobile: _____ Email: _____	
Residential address: _____ **A driver's licence and recent utility bill must be provided. A rates notice is **not** acceptable.*	
Residential status Is the child an Australian Citizen or Permanent Resident? *(Please circle one)* **Yes / No** If No, please list your visa information in the section to the right	**Not an Australian Citizen or Permanent Resident?** Visa type: _____ Visa subclass: _____ Expiry: _____
Year level for enrolment: *(Please circle one)* 7 8 9 10 11 12	**Semester you wish to enrol** *(Please circle one)* One / Two
Current school: _____	
Reason for leaving current school: *(Must not be left blank):* _____	
Students wishing to undertake VCE, please list preferred subjects: _____	
Contact person at your current school: *E.g. Year Level Coordinator or Assistant Principal*	**Contact number:** _____ **Contact email:** _____
Are there any Family Court Orders regarding the day-to-day or long-term care, welfare and development of the child?	Yes / No
Is the child subject to access restrictions? If yes, attach supporting documents	Yes / No

*Copies of previous two school semester reports must be attached in order for this application to be considered.

This form and the required documents, must be delivered in person to the General Office

Students wishing to transfer to Mount Alexander College in Year 8 or above will be considered on the basis of:

- Home address (student's primary residence) and residing in the designated school zone (see www.findmyschool.vic.gov.au)
- A sibling claim. Please list name of sibling if relevant _____
- A place being available in the appropriate year level
- The College's ability to provide an appropriate program within available resources

Important information:

Please be advised that in-zone enrolments are prioritised.

The College will require at least one week to conduct its evaluation before you are contacted.

OFFICE USE ONLY

Date Received

__/__/__