



## STUDENT DETAILS

Last Name: .....

Given Name(s): .....

Preferred Name: .....

Address: .....

..... Postcode: .....

Date of Birth: .....  M  F

Country of Birth: .....

Nationality: .....

Main language spoken at home by student:  
.....

Other languages spoken at home by student:  
.....

Current Church: .....

Year Level Applied for (e.g. Prep, Year 7): .....

Year of Entry (e.g. 2023): .....

Current School or Kindergarten:  
.....

Victorian Student Number (VSN): .....

Is there a court order in relation to this student?

Yes  No

If **yes**, please attach a copy

Does the student hold a visa?

Yes  No

If **yes**, please specify the sub-class no.: .....  
and attach a copy of their visa and passport

### Is your child

*Please tick all that are applicable*

- An Australian Citizen
- A Temporary Resident of Australia
- A Permanent Resident of Australia
- Indigenous/Torres Strait Islander

### Individual Needs

If your child has any medical condition or special educational needs of which staff should be aware, please detail below.

**Please note:** all medical or special educational needs **must** be made known to the Principal prior to enrolment. The College will consider enrolment applications in accordance with our enrolment policy.

**Medical Needs:**  Yes  No

Please list any medical needs your child might have (e.g. Asthma, Anaphylaxis, Allergies, etc.)

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.....  
.....  
.....  
.....

**Special Educational Needs:**  Yes  No

Are you aware of any special educational needs your child might have, such as:

- English as an additional language
- English or Maths support
- Behaviourial or emotional support
- Other (e.g. ASD, Dyslexia, etc.)

*Please detail and attach any relevant professional reports*

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Is there anything else we need to know:

.....  
.....

**Please copy and complete this page for any other children you wish to enrol**

## PAYMENT DETAILS

**Enrolment Application Fee is \$100 per family** - Please note that this is non-refundable

Payment by:

**Credit Card**

Card Type:  VISA  Mastercard

Card No:

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Expiry:

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CCV:

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Name on Card:.....

Signature:.....

Date:.....

Contact Phone no.: .....

**Cheque** - Please make payable to 'Donvale Christian College'

## DECLARATION

I/We confirm that we have read and understood the Enrolment Policy and the Privacy Policy, and the information provided is accurate and complete to the best of my knowledge.

Signed:.....  
Parent/Guardian 1

Signed:.....  
Parent/Guardian 2

Date:.....

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US ON 03 9844 2471**

## APPLICATION PROCESS CHECKLIST

Please submit the following for ALL children:

- The completed Parent/Guardian Details form
- The completed Student Details form/s
- A copy of Birth Certificate or Extract of Entry
- A copy of visa and passport (if applicable)
- A copy of the child's Immunisation Certificate
- Details regarding any special needs, and any relevant reports or assessments
- Church reference letter
- The non refundable application fee - \$100 per family

## SEND YOUR FULL APPLICATION TO:

Enrolments  
Donvale Christian College  
155 Tindals Rd  
DONVALE VIC 3111

Or scan and email to:  
[enrolments@donvale.vic.edu.au](mailto:enrolments@donvale.vic.edu.au)

