

2020 Expression of Interest Application



DETAILS OF APPLICANT

Please print all responses with the exception of your signature

DATE: _____ MALE _____ FEMALE _____ DATE OF BIRTH: _____

STUDENT'S GIVEN NAME: _____

STUDENT'S FAMILY NAME: _____

STUDENT'S ADDRESS: _____
No. Address Suburb Vic Post code

PHONE (Home): _____

Current or last school/kindergarten attending: _____

Reason for requesting transfer: _____

Is the Student an Australian Resident? YES _____ NO _____ (if NO, what is the Students current Visa Number?) _____

Case Managers Name: _____ Contact No. _____

Advised to ring Head Office: tick _____ Name of Agency: _____

COMMENCING YEAR LEVEL AT DOVETON COLLEGE

PREP GRADE: 1 2 3 4 5 6 YEAR: 7 8 9

Has your child had school support from any of the following?

	Please select	YES	NO		Please select	YES	NO
SSG – Student Support Group Meetings	<input type="checkbox"/>		<input type="checkbox"/>	BSP – Behaviour Support Plan	<input type="checkbox"/>		<input type="checkbox"/>
IEP – Individual Education Plan	<input type="checkbox"/>		<input type="checkbox"/>	PSD– Program for Students with Disabilities	<input type="checkbox"/>		<input type="checkbox"/>
OAS – Outside Agency Support	<input type="checkbox"/>		<input type="checkbox"/>	PSDMS Number: _____			
Previous Student WELFARE Involvement	<input type="checkbox"/>		<input type="checkbox"/>	English as an Additional Language	<input type="checkbox"/>		<input type="checkbox"/>
ALTERNATIVE Family Application required?	<input type="checkbox"/>		<input type="checkbox"/>				

NAME OF PARENT/GUARDIAN: _____
Title First Name Surname

PARENT/GUARDIAN PHONE (Mobile): _____ SIGNATURE: _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO: Doveton College, 62 Tristania Street, DOVETON VIC 3177, 03 8765 0111

*Note: This form **does not** automatically guarantee you a place at this College. If a vacancy arises, we will contact you to make an appointment with the relevant Principal Team member. **Non Australian** born students are required to provide a copy of relevant citizenship papers, passport and/or travel documents for retention by the College. If circumstances change and you are no longer requiring a place at this College, please advise us as soon as possible.*

OFFICE USE ONLY:

Interview booked with:

Date of Interview & Time: _____ Office Booked: _____

Interpreter Required/Language: _____ Job No.: _____

Teacher: _____ Home Group: _____

Start Date: _____

Calendar: tick

Wellbeing: tick

EAL: tick

Interview Slip: tick