



Enrolment Enquiry Form for students out of our neighbourhood zone

Please complete all sections (Write N/A if not applicable)

Child's Name _____ **M F DOB** ___/___/___

Current Year Level _____ Current Kinder/School _____

Child's Name _____ **M F DOB** ___/___/___

Current Year Level _____ Current Kinder/School _____

Child's Name _____ **M F DOB** ___/___/___

Current Year Level _____ Current Kinder/School _____

Expected Start Date ___/___/___ **Expected Year Levels** _____

Parent/Guardian's Name _____

Address _____

Post Code _____

Phone Number _____ **Mobile Number** _____

Reason for Enquiry

Does your child have any special learning requirements?
(eg. Language/learning difficulties/disability) Yes No

Does your child currently have PSD Funding? Yes No

Has your child been a resident of Australia for less than 5 Years? Yes No

Does your child have any sisters or brothers attending the College at present? Yes No

If so:

Name _____ Year Level ____ Name _____ Year Level ____

Name _____ Year Level ____ Name _____ Year Level ____

Name _____ Year Level ____ Name _____ Year Level ____

OFFICE USE ONLY

Requested Outcome **Interview Required** **Granted** **Denied**

Approved by: _____ **Date:** ___/___/_____

Principal's Signature: _____

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