



APPLICATION FOR ENROLMENT

DETAILS OF APPLICANT

Please print all responses with the exception of your signature

FAMILY NAME: _____ GIVEN NAME: _____

ADDRESS: _____

_____ Melways Ref. _____

PHONE (Home): _____ (Business Hrs for Parent): _____

DATE OF BIRTH: _____

SCHOOL CURRENTLY ATTENDING: _____

YEAR LEVEL: _____

REASON FOR REQUESTING TRANSFER: _____

STANDARD OF SCHOOL REPORTS _____

YEAR LEVEL AT WHICH PLACEMENT REQUIRED _____
AT HEATHMONT COLLEGE FOR THIS YEAR

SUBJECTS YOU WISH TO STUDY – ATTACH A LIST (particularly important for
Years 10, 11 & 12)

YEAR LEVEL: _____

SUBJECTS: _____

SIGNATURE OF APPLICANT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO: **Heathmont College
Waters Grove
HEATHMONT 3135**

Note: This form does not guarantee you a place at this College. If a vacancy arises, we will contact you to make an appointment with the relevant Sub School Coordinator.
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.