



Registration of Enrolment

Date..... Date to commence

Student's Name M/F Year Level DOB

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Country of Birth Visa sub – class (if applicable)

Aboriginal and/or Torres Strait Islander Yes No

Sibling Attending AVPS

Parent/Caregiver Name

Current Address

Address if moving to area

Contact Phone Number Email Address:

Previous School/Pre School

We would appreciate if you could let us know if your child:

- Requires additional support with their learning or wellbeing
- Has a diagnosed disability, additional learning needs
- Has a medical condition
- Accesses support services (e.g speech therapist, occupational therapy, counselling)

Custody details apply Yes/No

OFFICE USE ONLY

Zone: In Out Zoned School

Accepted / Waiting List / Declined

Contacted on

Proof of residency provided Birth Certificate provided Custody details provided

Comments