

- Please complete the following;
- Fill in the blanks
  - Sign the bottom of the form
  - Enclose \$200.00 cheque
  - Return the form to Alia College

ALIA COLLEGE  
 Mail: 119 Auburn Road (Box 10)  
 HAWTHORN EAST, VIC 3123  
 Phone: (03) 9822 9622  
 Fax: (03) 9822 6498  
 info@alia.vic.edu.au  
 www.alia.vic.edu.au  
 Principal: Bob Morgan

## ENROLMENT APPLICATION FORM

Calendar year into which the student is enrolling: 2 0 ... .. Year level enrolling: 7 – 8 – 9 – 10 – 11 – 12.

**STUDENT DETAILS**

Given Names: ..... Surname: .....  
 Name You Like To Be Called: .....  
 Date of Birth: ..... Sex: .....  
 Mobile: ..... Email: .....  
 Previous School: .....

**Student resides with: Both Parents / Mother / Father / Guardian (please circle)**

**PARENT or GUARDIAN DETAILS**

Full Name: .....  
 Address: .....  
 Occupation: ..... Post Code: .....  
 Home Phone: ..... Work Phone: .....  
 Mobile: ..... Other: .....  
 Email: ..... Relationship to Student: .....

**(The above address will be used for posting reports, notices, invoices etc.)**

**PARENT or GUARDIAN DETAILS**

Full Name: .....  
 Address: .....  
 Occupation: ..... Post Code: .....  
 Home Phone: ..... Work Phone: .....  
 Mobile: ..... Other: .....  
 Email: ..... Relationship to Student: .....

**I hereby apply to enrol the above student at ALIA COLLEGE and enclose the application fee required.**

Parent/Guardian Signatures: ① ..... ② .....  
(Only one signature required.)  
 PRINT NAMES: .....  
 DATE: .....

**MAIL TO:** 119 Auburn Road (Box 10), HAWTHORN EAST VIC 3123

***This enrolment form will only be accepted if accompanied by payment of the advised application fee, which is not refundable.***

**OFFICE USE ONLY**

Date of Enrolment: ..... \$200.00 Enrol/App Fee Paid: YES/NO  
 Info Night: ..... CASH/CHEQUE ..... Receipt No:  
 Visit: ..... Interview: ..... Refs: ..... Ltr: .....