Application to Enrol in a Victorian Government School

Newport Lakes Primary School - Out of Zone Application

This form has been designed to support students to apply for a place at a Victorian Government School. If a student is offered a place at a school, a School Enrolment Form, with attached supporting documentation, may need to be completed to finalise enrolment.

Your child's right to enrolment

Your child is guaranteed a place at the school they are zoned for, as shown on the Find My School website.

This means that if your child lives within the school zone, they must be offered a place when seeking enrolment. To find the school you are zoned for (referred to as your local school) visit www.findmyschool.vic.gov.au

Going to a school outside your zone

You have the choice to seek enrolment at a school that is not your local school. Your child should be offered a place if the school has sufficient accommodation.

If the school has limited accommodation, applications are considered using the priority order of placement. The priority order of placement prioritises out-of-zone siblings and then students in order of closeness of their home to the school.

In exceptional circumstances, a student may be enrolled in a school based on compassionate grounds. Family and student privacy will be maintained when considering applications on compassionate grounds.

To find out more, visit www.vic.gov.au/how-choose-school-and-enrol

Student tests and interviews

Enrolment offers are not dependent on a satisfactory report or interview. Student tests or interviews may only occur after an enrolment offer has been accepted.

Students with disability

Every student has the right to attend their local school. Students with disability have the same right to enrol in their local school as students without disability.

All schools must make <u>reasonable adjustments</u> so that students with disability can learn and achieve on the same basis as students without disability.

You also have the option to seek enrolment for your child at a government specialist school for students with disability.

International students

Fee-paying international students should apply through the Victorian Student Program at www.study.vic.gov.au

STUDENT DETAILS

													-
Surname:													
First Given Name:													
Second Given Name: (if applicable)													
Preferred First Name: (if applicable)													
Date of Birth: (dd-mm-yyyy)						Gende	er: 🗆	Male	□ Fe	male	□ Self-de	escribed:	
Which year are you seeking to enrol this student?													
☐ Foundation (Prep)	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10	□ 11	□ 12	□ Ungraded

Intended start date:						
□ Day 1, Term 1	☐ Other (dd-mm-yyyy)	: /	/			
-, , , -	7,7,7,7					
Are you seeking to enrol the student at this school full-time?	☐ Yes (move to next se	ection) No				
If No, how many days a week would the student be attending th	is school?	<u>-</u>				
If No, provide reason you are seeking part-time enrolment:						
Days / Has enrolment						
Other school name:	week: Days /	been accepted? Has enrolment				
Other school name:	week:	been accepted	? □ Yes □ No			
Do you live in the school's zone?		Yes	□ No			
Go to www.findmyschool.vic.gov.au to find your local school If this school has multiple campuses, what campus is the stude	ent applying for?					
e information provided, such as checking the electoral roll at an Australia information provided, such as checking the electoral roll at an Australia ice; checking with a real estate agent; or checking whether there are any cample if a rental property is a studio or one bedroom unit.	an Electoral Commission o	ffice or the Victoria	in Electoral Commission h			
No. & Street Address:						
Suburb:						
State:	Postcode:					
How often does this student live at this address?						
□ Always □ Mostly		☐ Balanced (5	50%)			
If the student lives at another address during the school week, they reside with, and how many days a week the student lives t		letails including	the address, who			
Siblings						
sibling is defined broadly and can include step-siblings and students restrangements, including foster care, kinship care and permanent care.	iding together as part of a r	nultiple family coha	abitation or out-of-home-ca			
Does the student have any siblings at this school?	□ Yes	□ No (move t	to next section)			
Name	Current Year Level	Reside at same residential address as the student				
1		□ Yes □	No ☐ Sometimes			
2		□ Yes □	No ☐ Sometimes			
3		□ Yes □	No ☐ Sometimes			
4		□ Yes □	No ☐ Sometimes			
OFFICE USE ONLY						
	l Yes	□ No				
Eligible for enrolment:						
-	l Yes – Closeness	☐ Yes – Compa	assionate □ No			

PARENT/CARER DETAILS

This form should be completed by parents or carers who are responsible for enrolling their child in school. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Enrolling Adult 1

Surname:						
First Given Name:						
Contact Mobile Number:						
Contact Home Phone:						
Contact Email Address:						
Correspondence Address:						
Student lives with Adult 1:	☐ Always	☐ Mostly	☐ Balanced	(50%) □ Occa	asionally	
Adult 1 Relationship to Student:	□ Parent □ Relative	□ Step Pare	ent □ Foster Pa		☐ Host Family ☐ Other:	
Enrolling Adult 2						
Surname:						
First Given Name:						
Contact Mobile Number:						
Contact Home Phone:						
Contact Email Address:						
Correspondence Address:						
Student lives with Adult 2:	☐ Always	☐ Mostly	☐ Balanced (50%)	☐ Occasionally	□ Never	
Adult 2 Relationship to Student:	☐ Parent☐ Relative	☐ Step Parent☐ Friend	☐ Foster Parent☐ Self	☐ Host Family		
Declaration Information is collected and handled www.education.vic.gov.au/Pages/sch			Privacy Policy, availa	able here:		
Please also refer to the Victorian Govhealth information in schools: www.ee					rsonal and	
I/We confirm that:						
 I am/We are the person/peo The information in this form I/We agree to authorise this 	is true and c	orrect.		ıre.		
Signature of Enrolling Adult:			Date:	//		
Signature of Enrolling Adult (if application	able):		Date:	//		