

PO Box 1440 Swan Hill 3585 Phone: 5036 4900

Email: swan.hill.c@edumail.vic.gov.au

ABN 71 937 788 115

Student Enrolment Enquiry Information

Student details

Surname:			
First Given Name:		Preferred name:	
Address:			
Parent/guardian's name:		Contact number:	
Are you a:	Parent or Guardian (please circle one)	If a guardian, relation grandparent	ship with the child i.e.
Applying for Year Level:		In Year:	(i.e. 2020)
Documen	ts required to accompany this application: Copy of Birth Certificate OR Copy of Passport/Citizenship/VISA		
0	Copy of most recent school report Medical condition/disability reports (if applicable)	<u>)</u>	
0	Court orders/parenting plans documents (if applicable)		
\circ	Copy of Healthcare card (if applicable)		
Office Use			
		student Code:	
Additional documents received:		amily Code:	
Data entered into CASES 21:		amily Code:	