



ILIM COLLEGE EXPRESSION OF INTEREST DOVETON CAMPUS – Prep to Year 6

Forms to be mailed to: Ilim College - PO Box 126 Doveton VIC 3177 or via email to s.sahingoz@ilimcollege.vic.edu.au

STUDENT INFORMATION

Family Name: _____ Given Names: _____

Date of Birth: ___/___/___ Gender: Male Female

Country of Birth: Australia Other: _____

Citizenship: Australian Citizen Aboriginal Origin Torres Strait Island

Permanent Resident (Visa No: _____) Temporary Resident (Visa No: _____)

Current School: _____ Current Year Level: _____

FAMILY INFORMATION

CONTACT 1

Parent Guardian Relation to Student: _____

Title: _____ Family Name: _____ Given Name: _____

Country of Birth: _____ Occupation: _____

Postal Address: _____ Postcode: _____

Telephone: (H) _____ (M) _____

FAMILY INFORMATION

CONTACT 2

Parent Guardian Relation to Student: _____

Title: _____ Family Name: _____ Given Name: _____

Country of Birth: _____ Occupation: _____

Postal Address: _____ Postcode: _____

Telephone: (H) _____ (M) _____

IMPORTANT NOTE:

This form is only an expression of interest not an application you will be notified by a College Representative in due course.

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____