



Expression of interest form

FOR CAMPUS (please select one campus)

Dallas Primary (Prep — Grade 6) Glenroy Primary (Prep — Grade 6) Doveton (Prep — Year 8) Dallas Secondary Girls (Year 7— VCE) Kiewa Secondary Boys (Year 7— VCE)

STUDENT INFORMATION

Family name	Given name	Middle name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other
Citizenship	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Aboriginal origin	<input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other	<input type="text"/>
	<input type="checkbox"/> Permanent visa <input type="checkbox"/> Temporary visa	Visa number	<input type="text"/>
Current school	Current year level	Proposed entry level to Ilim College	Proposed year of entry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is ESL support required?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Is additional needs support required?	<input type="checkbox"/> No <input type="checkbox"/> Yes — Details	<input type="text"/>	
Does the student have any medical concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes — Details	<input type="text"/>	

FAMILY INFORMATION

Contact 1	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Contact 2	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Relation to student	Title Family name	Relation to student	Title Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name	Country of birth	Given name	Country of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		Postal address if different from Contact 1	
<input type="text"/>		<input type="text"/>	
State	Postcode Occupation	State	Postcode Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Home)	Telephone (Mobile)	Telephone (Home)	Telephone (Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		Email	
<input type="text"/>		<input type="text"/>	

AFFILIATION

Do you have previous/current ties with Ilim College? No Yes — Details

Please list any siblings currently enrolled or that have applied at any Ilim College campuses

Full name	Male	Female	Year	Campus
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

IMPORTANT NOTE

You will be contacted if or when a position becomes available this year. If you do not hear from Ilim College and you wish for your child to remain on the 'Expression of Interest' list for the following academic year, you are required to submit a new form for the following academic year.

Name of parent/guardian	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>