



Pre Enrolment Form – Delahey Senior Campus

9307-5555

DATE OF REQUEST: _____

Full name of student			
Date of Birth: / /	Gender : Male Female	Student VET USI No:	
Current home address of student			
Will the above address be the same if attending our College? Yes No			
If no, please give details			
Parent/Guardian name			
Contact details	Home: _____ Bus: _____ Mob: _____ Email: _____		

Current School <i>If outside Victoria please give contact phone number</i>	
Current Year Level	
Year Level Coordinator's name	
Current siblings at Copperfield College	

Students on Visas		
Visa Class: _____ 010 Bridging (Class A) 020 Bridging (Class B) 030 Bridging (Class C) 040 Bridging (Prospective Applicant) D 041 Bridging (Non-Applicant) D 042 Bridging (Class A) 050 Bridging (General) E 051 Bridging (Protection Visa Applicant) 060 Bridging Visa F 070 Bridging Visa R (Removal Pending) <u>IF VISA IS ONE OF THE ABOVE PLEASE PROVIDE EVIDENCE OF PREVIOUS VISA & CURRENT VISA.</u>	Date of arrival: _____	Country of origin: _____
In which language were classes taught prior to arrival in Australia?		

Reason/s for enrolment Please detail		
Has the student ever repeated any Year levels or had more than 4 weeks out of regular schooling? If yes, please give details	Yes	No
Is the applicant participating in any special program at the current school? E.g. extra literacy/numeracy support? If yes, please give details	Yes	No
Are there any agencies we would need to contact to support your child in his/her learning? If yes, please list.	Yes	No

Reference by Current School – Delahey Campus

Instructions – Parents should take this form to the current school for feedback. The school will complete the form and fax or email it to Copperfield College at their earliest convenience.

Delahey fax: 93075444 email: copperfield.co@education.vic.gov.au

The student listed below has applied to attend our college. In the best interests of all, we are requesting some information, which will assist us meeting the student's needs. Thank you for your time and effort.

STUDENT NAME: _____

CURRENT SCHOOL: _____

CURRENT YEAR: _____

To be completed by the Assistant Principal, Year Level Coordinator (or equivalent) and / or Student Wellbeing Coordinator

In supporting the student both academically, physically and emotionally please outline any areas of concern, if appropriate that you feel the staff of Copperfield College should be made aware of so as to maximise the student's growth.

General Skills	Needs Attention	Acceptable	Very Good	Excellent
Effort				
Class behaviour				
Organisation				
Attendance				
Punctual to school				
Punctual to class				
Participates in classroom activities				
Adheres to full school uniform policy				

Is the student presently making academic progress?

Please circle YES NO

Has the student been suspended in the time they have been a student at your school? Please circle YES NO

If yes, we require a brief summary of all suspensions in the previous 12 months.

DATE	REASON	No. OF DAYS

Has the student been linked to outside agencies for support? Please add details.

Is the student PSD funded?

Yes

No

Level of funding

Has the student been involved in any school based intervention or support program?

If yes, please elaborate

Additional comments if required:

NAME: _____ SIGNATURE: _____

ROLE: _____ DATE: _____

PHONE: _____

EMAIL: _____

SCHOOL STAMP: