BORONIA K-12 COLLEGE

Enrolment Enquiry

To add your child to the waiting list for Boronia K – 12 College, please complete the following details:

Date: ____________________ Current year level: _____ Date of birth: ________________

Student’s name: ________________________________________________________________

Current school: __________________________________________________________________

Parent’s name: _________________________________________________________________

Address: ______________________________________________________________________

Contact Phone numbers: __________________________________________________________________

Email Address: ___________________________________________________________________

Siblings currently attending Boronia K-12 College (and year level):
______________________________________________________________________________
______________________________________________________________________________

Contact person at current school: ________________________________________________

Is this a residential transfer? Yes / No

What are the main reasons for wanting a change of school?
______________________________________________________________________________
______________________________________________________________________________

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<thead>
<tr>
<th>Attributes and behaviours</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Additional information</th>
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<tbody>
<tr>
<td>Academic ability</td>
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<td>Social skills</td>
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<td>Classroom behaviour</td>
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<td>Out of class behaviour</td>
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<td>Punctuality</td>
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<td>attendance</td>
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</table>
Any additional relevant information regarding academic or behavioural issues:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Has the student been suspended from school in the past 12 months? If so, provide details:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Does he/she require any special support? Yes / No Details:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
I understand that the Campus Principal will be contacting my child’s present school requesting that they complete and return a similar questionnaire.

Parent Signature: ___________________________ Date: ________________
Campus Principal: __________________________ Date: ________________