



Expression of Interest

Your child's right to enrolment:

- Your child is guaranteed a place at the school they are zoned for, as shown on the Find My School website.
- This means that if your child lives within the school zone, they must be offered a place when seeking enrolment.

Going to a school outside your zone:

- You have the choice to seek enrolment at a school that is not your local school. Your child should be offered a place if the school has sufficient accommodation.
- If the school has limited accommodation, applications are considered using the priority order of placement. The priority order of placement prioritises out-of-zone siblings and then students in order of closeness of their home to the school.

International students:

- Fee-paying international students should apply through the Victorian Student Program at www.study.vic.gov.au

Expression of interest completed: (dd/mm/yyyy)	_____ / _____ / _____		
Surname:			
First Given Name:			
Second Given Name: (if applicable)			
Preferred First Name: (if applicable)			
Date of Birth: (dd-mm-yyyy)	_____ / _____ / _____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____
In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please Specify):	_____

Which year are you seeking to enrol the student?
<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Ungraded

Intended start date:
<input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other (dd-mm-yyyy): _____ / _____ / _____ Term: _____

Are you seeking to enrol the student at this school full-time?	<input type="checkbox"/> Yes (move to next section)	<input type="checkbox"/> No
If no, how many days a week would the student be attending this school?		
If no, provide reason you are seeking part-time enrolment:		

Do you live in the school's zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (zoned school):
<i>Go to www.findmyschool.vic.gov.au to find your local school</i>		

Students Permanent Address:

No. & Street Address:			
Suburb:			
State:		Postcode:	
How often does this student live at this address?	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally		
If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:			

Current School:	
Best contact at current school:	Name:
Reason for leaving current school:	

Siblings:

Does the student have any siblings currently attending Lyndhurst Secondary College?			<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
Name	Current Year Level	Does the sibling reside at same residential address as the enrolling student		
1		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Parent/Carer Details

Surname:	
First Given Name:	
Contact Mobile Number:	
Contact Home Phone: (if applicable)	
Contact Email Address:	
Residential Address:	
Student lives with Adult 1:	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally
Adult 1 Relationship to Student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Other: _____
Do you require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Language Required)</i> :

Additional Information:

(If applicable)

Declaration

Information is collected and handled in accordance with the Schools' Privacy Policy, available here:

www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

I / we confirm that:

- I am / we are the person/people named as completing this form.
- The information in this form is true and correct.
- I / we agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____