

Canterbury Girls' Secondary College

Mangarra Road, Canterbury, 3126 Telephone: (03) 9830 5099 Facsimile: (03) 9836 8958 Website: www.cgsc.vic.edu.au Email:info@cgsc.vic.edu.au

APPLICATION FOR ENROLMENT - YEAR 10, 11 & 12

Student's Surname						
Student's Given Names						
Student's Date of Birth						
Home Address						
					Ро	stcode
Home Phone Number			Victorian Student Number (VSN)			
Name(s) of Parent/Guardia	an					
Parent/Guardian's Work						
Number						
Parent/Guardian's Mobile Number						
Residential address to who	om co	rrespondence s	should	d be forwarded		
Title	Nan	ne				
Address						
					Ро	stcode
Email Address						
Is the student an Australian citizen? Yes No (if no, please attach copy of passport and visa)						
Date of arrival in Australia						
Has the student attended a language centre? Yes No (if yes, which one?)						
School last attended						
Form/Grade in school last attended			Calendar year for enrolment			
Enrolment in		10		11		12
Names of sister(s) presently attending Canterbury Girl's Secondary College						
					Yea	ar
Sister(s) at other schools						
				Year		ar
School						
Language other than Engli	sh (L	OTE) previously	studi	ed		
Language			Number of years studied			
Does the student play a mu	usica	instrument?				
Instrument			Level of study			

t school or in the community	
t, if any	
Subjects requested for Year 11 * Important Note	Subjects requested for Year 12 * Important Note
1	1
2	2
3	3
4	4
5	5
6	6
	Subjects requested for Year 11 * Important Note 1 2 3 4 5

Parent / Guardian's Sid	anature	Date

Please attach a copy of the latest school report and other supporting material.

^{*} Important Note: Subjects offered are subject to availability and current class sizes. Please refer to the relevant handbook before making your selection.