



Inspiring today for tomorrow

Student Application Form

Office Use Only

Student Code Number

Student Details

Surname Given Name(s)

Date of Birth Entry Year Level Commencing in Year 20

Victorian Student Number (VSN) (obtainable from current school)

Country of Birth

Please attach a copy of the student's passport and visa or proof of Australian citizenship if born outside of Australia.

Current school Current Year Level

Please attach a copy of the student's most recent school report.

Student Religion

Please attach a copy of the student's Baptismal Certificate. Office Use Only

Family Information

Family Code Number

Parent 1/Guardian Surname	First Name	Title	
Email	Mobile		
Parent 2/Guardian Surname	First Name	Title	
Email	Mobile		
Correspondence Address			
Suburb	Postcode		
Home Telephone			
Parish			

Yes

No

If Yes, please attach a copy of the Health Care Card(s).

Do either of the parents/guardians hold a Health Care Card?

School Relatio	nships					
Does the student have a sister(s) currently at Avila College? Yes No						
If Yes, please write	the name and y	year level of the	sister(s).			
Did the student's parent attend Avila College?						
If Yes, please write the graduating year and maiden name.						
Calanal Duefeue						
School Prefere		C		Va	A1 _	
				Ye		
Please list any other school with the student's name on their waiting list, in order of preference.						
1.			2.			
3.			4.			
Please Note: this application information is exchanged with other Catholic secondary schools in the area, as required by Catholic Education Melbourne processes.						
Application Pa	yment Detai	ils				
A \$300 non-refundable Application Fee is payable at the time of lodging the Student Application Form.						
Payment Type	Cheque	Mastercard	VISA	(Non corp	porate cards only)	
Card Number						
Expiry Date		Name on Card	rd			
Amount \$300	0					
Signature				Date		
Please Note: Please	e do not send c	ash.				
Additional Info	ormation					
How did you hear a		ege? (Can tick m	nore than	one)		
Other stude		Relativ		,	Newspapers	
Primary Scho			families		Internet	
Parish	301	Open			College Website	
		σρειι	Days		College Website	
Other						
Parent/Guardi	an Signature	es				
Parent/Guardian 1	Signature				Date	
Parent/Guardian 2	Signature				Date	
Peturn to: The Reg	istrar Avila Coll	logo				
Return to: The Registrar, Avila College 35 Charles Street, Mt Waverley, Vic 3149			Office Use Only			
				Entered Date and Signature		
Upon receipt of this Student Application Form, together with the \$300 Application Fee, your daughter's name will			Acknowledged			
be registered as an applicant. Dates for offers are listed on			Receipt No			

Payment ID

the Avila College website. Offers will be subject to availability.