

Is your child

- An Australian Citizen Yes No
- A Temporary Resident of Australia Yes No
- A Permanent Resident of Australia Yes No
- Indigenous/Torres Strait Islander Yes No

All Temporary and Permanent Resident applicants must provide a copy of current Passport and proof of Visa.

Connections with Yarra Valley Grammar

Current family connections with Yarra Valley Grammar
(eg brother, sister, cousin, etc)

Name and relationship

Year Level and House

Name and relationship

Year Level and House

Past family connections with Yarra Valley Grammar
(eg father, uncle, mother – maiden name)

Name and relationship

Final Year at YVG (eg. 1990) Year Level (eg. Year 12)

HOUSE (Annells/Blue Arnott/Red Hughes/Yellow Plummer/Green)

Name and relationship

Final Year at YVG (eg. 1990) Year Level (eg. Year 12)

HOUSE (Annells/Blue Arnott/Red Hughes/Yellow Plummer/Green)

Early Learning Centre applicants only

If you are applying for the Early Learning Centre, please indicate your preferred class:

Please note that two, three and four day classes are on pre-determined and fixed days.

- 3 year old – 2 days 4 year old – 3 days
- 3 year old – 3 days 4 year old – 4 days
- 3 year old – 5 days 4 year old – 5 days

Please note that there has been legislative changes to early childhood services enrolment and immunisation requirements. We now require a copy of your child's current immunisation history from the Australian Childhood Immunisation Register (ACIR) prior to commencement at the Early Learning Centre.

Will your child be continuing on to Prep at Yarra Valley Grammar:

- Yes No

Please note that enrolment priority will be granted to those who will be continuing their education with the school.

Individual needs

Does your child have any medical condition or special educational needs of which staff should be aware? If so, please give details*:

EDICA EEDS

Please list any medical needs your child might have: (eg. Asthma, Anaphylaxis, etc)

EAR I G EEDS

Does your child have a permanent hearing loss?

- Yes No

If Yes, please provide an audiological report and audiogram. Also contact Head of Hearing Unit on +61 3 9262 7700 or via an email to hearingunit@yvg.vic.edu.au to discuss your child's enrolment.

Are you aware of any special learning needs your child might have?

- Yes No

If Yes, please provide details:

- English as an additional language, EAL support
- Literacy or Numeracy support
- Levavi Enhancement and Extension Program
- Other

* Please note: any medical conditions or special educational needs must be known to the Principal prior to enrolment in order to ensure that an appropriate program can be offered.

This may include access to recent school reports and any professional assessments relevant to the planning and resourcing of an appropriate education program. Reports and assessments will be treated confidentially by staff, and according to the School's Privacy Policy.



Parent/Guardian details

Student resides with:

Both Parents Mother Father Guardian

Home Telephone

Mobile

At this address with postcode:

PARENT / GUARDIAN 1

Title (Mr, Dr, Prof, Revd etc)

Family Name

Given Names

Address with postcode (complete only if different from child)

Home Telephone

Mobile

Occupation

Employer/Company

Business address with postcode

Business Telephone

Email

PARENT / GUARDIAN 2

Title (Mr, Dr, Prof, Revd etc)

Family Name

Given Names

Address with postcode (complete only if different from child)

Telephone

Mobile

Occupation

Employer/Company

Business address with postcode

Business Telephone

Email (must provide an alternate email ID)

Declaration by Parents/Guardians

We request that the above-named student be registered for admission to Yarra Valley Grammar. We have read and noted the Conditions of Enrolment available on the School website www.yvg.vic.edu.au We jointly and severally agree to abide by these and any regulations from time to time in force at the School and to pay all fees and other monies falling due to the School in respect of the student enrolled.

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Payment details

Application fee:

Application fee:

Application (inclusive of GST)

One child: \$200.00

Multiple children: \$300.00 (if applying at same time)

Name of student

YEAR LEVEL APPLIED FOR

YEAR OF ENTRY

Name of student

YEAR LEVEL APPLIED FOR

YEAR OF ENTRY

Name of student

YEAR LEVEL APPLIED FOR

YEAR OF ENTRY

NOTE: A SEPARATE SIGNED APPLICATION FOR ENROLMENT FORM MUST BE COMPLETED FOR EACH STUDENT.

OFFICE USE

Application Fee Receipt No.

Birth Certificate No.

Enrolment Charge Receipt No.

Payment options

Application fee:

Cheque

Card type:

Visa

Mastercard

Card number

Expiry date

Name on card

Signature

Date

Contact phone number

Cheque

Make cheque payable to Yarra Valley Grammar.

EFT

Account name Yarra Valley Grammar

Account number 664566082

BSB: 083 004

Please identify payment details when making payment online.

Cash

Cash payment can be made at the Accounts Office at Yarra Valley Grammar.

Yarra Valley Grammar Phone: +61 3 9262 7700.

Application process/checklist

Application checklist:

- This Application for Enrolment Form (completed in full and signed)
- A copy of the Birth Certificate or Extract of Entry
- A copy of current Passport (if applicable)
- Proof of Visa (if applicable)
- A copy of the latest school report
- NAPLAN report
- The application fee (inc GST): One child: \$150.00. Multiple children: \$200.00 (if applying at same time).
- Immunisation History Statement (available from Medicare) (ELC applicants only)

SEND TO:

Marketing and Admissions Office
Yarra Valley Grammar
Kalinda Road
RINGWOOD VIC 3134
AUSTRALIA

Or scan and email the form to: admissions@yvg.vic.edu.au

NOTE: To ensure our records of your child's enrolment are correct and up to date, please notify the Marketing and Admissions Office of any changes of address or contact information.

