**EXPRESSION OF INTEREST TO ENROL IN YEARS 7 - 12**

Name of Student: Click or tap here to enter name.

D.O.B: Click or tap here to enter date of birth.

Gender: Click or tap here to enter gender.

Parent / Caregiver: Click or tap here to enter name.

Contact Number: Click or tap here to enter contact number.

Address: Click or tap here to enter an address.

Email Address: Click or tap here to enter email address.

Current School: Click or tap here to enter current school.

Current Year Level: Choose a year level.

Number of schools attended since Reception: Choose a number.

Reasons for leaving current school:

|  |
| --- |
| Click or tap here to enter text. |

Reasons for wanting to enrol at Springbank Secondary College:

|  |
| --- |
| Click or tap here to enter text. |

*It is Department for Education practice for a Leader from this school to make contact with your current school of enrolment to discuss the potential transfer.*

**Student Statement** (to be completed by the **student**)

*Please attach another page if more space is required*

1. Reflect on your attitude towards learning and your performance.   
   What are your favourite subjects?  
   What are your strengths and weaknesses in learning environments?

Click or tap here to enter text.

1. What are your interests and hobbies?  
   Share any activities you participate in (both in and out of school) such as extracurricular classes, sporting groups, clubs, participation in shows or competitions, SRC, environment groups, leadership roles and so forth.

Click or tap here to enter text.

1. Tell us about how you get along with other people (including students and staff at your current school):

Click or tap here to enter text.

A School Leader will consider your *Expression of Interest*. If your child can be admitted, you will be invited to attend an enrolment meeting.

In signing this form I confirm that I have attached **two recent school reports**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_