



Ocean View College B-12

R-12 Campus
Harbor View Campus

Children's Centre (Child
Care)

Email

Gedville Road, Taperoo SA 5017
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5015

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EXPRESSION OF INTEREST - ENROLMENT ENQUIRY

| DETAILS | |
|---|---|
| DATE OF ENQUIRY: | *Required |
| STUDENT SURNAME: | |
| STUDENT GIVEN NAME(S): | |
| CURRENT ADDRESS: | |
| DATE OF BIRTH: | YEAR LEVEL: |
| ENROLLING PARENT/GUARDIAN: | |
| CONTACT NUMBER: | |
| EMAIL ADDRESS: | |
| PRIOR EDUCATION DETAILS | |
| Previous School: | *Required |
| Contact Person: | |
| Previous School Address: | |
| State (if not S.A.): | |
| Date leaving/Left: | |
| Reason(s) for changing schools: | |
| Learning Needs | e.g. NEP ESL OTHER |
| Are there any siblings who might wish to attend? | Yes No |
| Sibling Name(s) & DOB(s): | |
| Why have you chosen Ocean View College for prospective enrolment? | |
| <p>This slip will be forwarded to Head of School/Counsellor who will organise an appointment (with at least 2 days' notice) to discuss if enrolment will proceed.</p> <p>*Please bring birth certificate, proof of address and school reports to the appointment with the Head of School/Counsellor</p> | |
| ADMIN CLEARANCE - OFFICE USE ONLY | |
| In-Person Enquiry <input type="checkbox"/> | Phone Enquiry <input type="checkbox"/> Enrolment pack received <input type="checkbox"/> |
| INTERVIEW CHECKLIST | |
| <input type="checkbox"/> Birth Certificate/Passport <input type="checkbox"/> Health Plan <input type="checkbox"/> Custody <input type="checkbox"/> Learning needs <input type="checkbox"/> Enrolment Form Completed in full <input type="checkbox"/> School Card | |

PLEASE RETURN FORM TO SUB SCHOOL SECRETARY/FRONT OFFICE