



APPLICATION FOR LOCAL STUDENT SIBLING ENROLMENT

This Application for Enrolment ('Application') is an important document and records some of your contractual obligations to Toorak College ('the School') if your child is accepted as a student.

It is recommended that parents keep a copy of this complete document.

SIBLING ENROLMENT

This form is to be used when completing multiple applications for the same family, where a Local Enrolment Application Form has been completed for the initial sibling. This form can be used for any further siblings.

Please complete an additional Sibling Enrolment Form for each additional sibling.

ENROLMENT ENQUIRIES

AUSTRALIA:

Email: enrolments@toorakc.vic.edu.au

Phone: (03) 9788 7234

POSTAL ADDRESS:

PO Box 150
Mount Eliza, VIC, 3930
Australia

CRICOS:

Provider Code: 00349D

Course code: 005454G

FOR OFFICE USE ONLY

Parent ID

Student ID

Receipt Number

Acceptance Date

DD / MM / YYYY

Application Received Date

DD / MM / YYYY

☐ Nominate own guardian

☐ Nominate ISA guardian

APPLICANT DETAILS

☐ Female ☐ Male

☐ Day Student ☐ Boarder

☐ Australian Citizen ☐ Permanent Resident

☐ Aboriginal/
Torres Strait Islander

Surname

Given Names

Date of Birth

DD / MM / YYYY

Place of Birth

Nationality

Country of Citizenship

Religious Denomination

Home Language

Proposed Year Level Proposed Year of Entry

Present School

Present Year Level

VICTORIAN STUDENT NUMBER (VSN)

Does the applicant have a VSN?

☐ Yes – please specify the eight digit number:

☐ Yes – but the VSN is unknown

☐ No – the student has never been
issued with a VSN

FAMILY APPLICATION

This application is a family application.

Name of enrolled sibling

