ENROLMENT ENQUIRY FORM

LALOR NORTH SECONDARY COLLEGE

114 CHILDS ROAD EPPING 3076 VIC
Phone: 9401 3888
email: lalor.north.sc@education.vic.gov.au

MEETING DATE:	**TIME:**

School Yr	**2026** ☐	**2027** ☐	
		VM	**VCE**
YR-7 ☐		**YR-11** ☐	**YR-11** ☐
YR-8 ☐		**YR-12** ☐	**YR-12** ☐
YR-9 ☐			
YR-10 ☐			

WHO IS MAKING ENQUIRY: (full name)		
RELATIONSHIP TO THE STUDENT:		
CONTACT DETAILS:		
ADDRESS:		
PHONE:	**WORK:**	**MOBILE:**
EMAIL ADDRESS:		
NAME OF STUDENT:		
DATE OF BIRTH:		
CURRENT SCHOOL:		**YR LEVEL:**
CO-ORDINATOR AT CURRENT SCHOOL:		**PH NUMBER:**
PREVIOUS SCHOOL(S) EDUCATIONAL BACKGROUND:		

WILL THE STUDENT SATISFACTORILY COMPLETE CURRENT YEAR OF SCHOOL

☐ **YES** ☐ **NO**

HAS THE STUDENT ATTENDED ANY SPECIAL EDUCATION SETTINGS, TEACHING UNITS OR PROGRAMS FOR STUDENTS WITH ADDITIONAL LEARNING NEEDS? IF SO, PLEASE DETAIL BELOW:
HAS THE STUDENT RECEIVED ADDITIONAL ASSISTANCE SUCH AS LITERACY OR NUMERACY OR INTEGRATION SUPPORT AT SCHOOL? IF SO, PLEASE DETAIL BELOW:
PROGRAM/SUBJECTS STUDENT MAY BE IN INTERESTED IN AT LNC:
FUTURE PATHWAY/CAREER INTENDED (if known):
ADDITIONAL INFORMATION/COMMENTS:
IS THE STUDENT AN EAL STUDENT? BEEN IN AUSTRALIA FOR LESS THAN SEVEN YEARS?
IS THE STUDENT AN INTERNATIONAL STUDENT?

Please provide a copy of the documents listed below with this enrollment enquiry form	
DOCUMENTATION	● Proof address, e.g. Licence/Bill ● Proof date of Birth/Certificate/Visa/citizenship