

EXPRESSION OF INTEREST FORM



An innovative P-12 government school

311 Mount Dandenong Tourist Road, Sassafras ,, 3787

Phone : 03 9755 2007 Fax : 03 9755 2126 Email: sherbrooke.community@edumail.vic.gov.au

Applicant Information

Child's Name:

Gender:

Age:

Yr Level:

Date of birth:

Phone:

Mobile:

Current address:

City:

State:

Postcode:

Parent/Guardian Information

Parent/Guardian Name:

Current address:

City:

State:

Postcode:

Phone:

Mobile:

Email:

Current School Details

Current School:

Year Level:

Electives (If Applicable) :

Siblings

Current School:

Year Level:

Current School:

Year Level:

Applying to join our school

When you are wanting to begin? (Term and year)

Signature

Signature of parent/guardian:

Date:



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Why Sherbrooke?

Five empty horizontal lines for text entry.

Outside Interests

What does your child enjoy doing outside of school hours? (Sports, clubs, hobbies, etc.)

Two empty horizontal lines for text entry.

Home to School Connection

At Sherbrooke we value parent/guardian involvement at school. We work as a team to ensure the best outcome for students. Please name two areas in which you would be interested taking part.

Two empty rectangular boxes for text entry.

Special Needs

Please outline any special needs your child may have

Two empty horizontal lines for text entry.

Is your child funded through PSDMS?

Y / N

Please give level of funding if known:

Attachments

Please attach school reports for the previous 12 months and any appropriate assessments

NB: This form is NOT an enrolment form. Acceptance of this expression of interest form does not constitute an offer of placement.