

# EXPRESSIONS OF INTEREST

Please Note:

- This Application Form is an Expression of Interest form **only**.
- Submitting this form to Alpha Omega Senior College does not guarantee enrolment into the school.

PART A	STUDENT'S DETAILS			
Enrolment to Commence <i>e.g. 2017</i>		Grade Entering	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Surname				
Given name(s)				
Date of Birth			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Residential Street Address				
	Suburb		Postcode	
Mobile Number				
Email Address				
Current School			Current Year	
Is the student an Australian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>NO</b> , is the student a Permanent Resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, please state Visa Class	

PART B	PARENT/ GUARDIAN 1	PARENT/GUARDIAN 2	
Relationship to Child			
Title (Mr,Mrs,Ms,Dr)			
Surname			
First Name			
Residential Address			
	Suburb		Postcode
Postal Address: (if different from Above)			
	Suburb		Postcode
Home Telephone Number			
Work Telephone Number			
Mobile Number			
Email Address			

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PART C	SIBLINGS
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Please list all children in your family attending school (from eldest to youngest), including applicant

	Name	School	Year/Grade (This Year)	Date of Birth
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

HOW DID YOU LEARN ABOUT ALPHA OMEGA SENIOR COLLEGE?
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<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> Website	<input type="checkbox"/> Papers	Please specify which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Radio	Please specify which radio station			<input style="width: 95%;" type="text"/>	

IS YOUR CHILD CURRENTLY RECEIVING ANY OUTSIDE TUTORING
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<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	If yes please state where	<input style="width: 95%;" type="text"/>
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SUBJECT PREFERENCES APPLICABLE ONLY TO <u>YEAR 11 &amp; 12</u>
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Please note that at this stage, subject **preferences are indicative**. Some subjects may not be made available due to small numbers or timetabling constraints.

Please note: English is **compulsory** so please choose another five or six subjects that you may be interested in.

<input type="checkbox"/> English Standard <input type="checkbox"/> English Advanced <input type="checkbox"/> ESL	<input type="checkbox"/> Mathematics (2U) <input type="checkbox"/> Mathematics General <input type="checkbox"/> Mathematics Ext 1 <input type="checkbox"/> Modern History <input type="checkbox"/> Ancient History	<input type="checkbox"/> Biology <input type="checkbox"/> Physics <input type="checkbox"/> Chemistry <input type="checkbox"/> PDHPE <input type="checkbox"/> Other please state: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Economics <input type="checkbox"/> Business Studies <input type="checkbox"/> Legal Studies <input type="checkbox"/> Studies of Religion <input type="checkbox"/> Other please state: <input style="width: 95%;" type="text"/>
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SIGNATURES	PARENT/ GUARDIAN 1	PARENT/GUARDIAN 2
Signature	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Application is Submitted	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

How to submit the form: *To submit the form, please save the form onto your computer and send it to [TheRegistrar@aosc.nsw.edu.au](mailto:TheRegistrar@aosc.nsw.edu.au)*

*Please note: If you are submitting this via email, a signature is not required.*