

## GREENWOOD COLLEGE Intensive English Centre

### ENROLMENT REQUEST – Year 7 to year 10

#### REFERRED BY DETAILS

REQUEST FORM MADE BY:	
TELEPHONE:	

#### STUDENT DETAILS

STUDENT'S FAMILY NAME:			
STUDENT'S GIVEN NAMES:			
DATE OF BIRTH:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
COUNTRY OF BIRTH:			
ADDRESS:			
SUBURB:			
TELEPHONE:			
VISA SUB-CLASS No.:			
DATE OF ARRIVAL IN AUSTRALIA:			
LANGUAGE/S SPOKEN:			

#### PARENTS / CARERS

PARENT / CARER 1:	
FULL NAME:	
TELEPHONE NUMBER:	
PARENT / CARER 2:	
FULL NAME:	
TELEPHONE NUMBER:	

Please email the Enrolment Request form to:

[Susan.Mealor@education.wa.edu.au](mailto:Susan.Mealor@education.wa.edu.au)

[Greenwood.col.iecadmin@education.wa.edu.au](mailto:Greenwood.col.iecadmin@education.wa.edu.au)