ENROLMENT FOR **VET IN SCHOOLS PROGRAM (VETis) 2015**

### STUDENT APPLICANT DETAILS

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<tr>
<th>Details</th>
<th>Information</th>
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<tbody>
<tr>
<td>Surname</td>
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<tr>
<td>Given Names</td>
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<tr>
<td>Date of Birth</td>
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<td>Mobile</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Residential Address</td>
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<td>Suburb</td>
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<td>State</td>
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<td>Postcode</td>
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<td>Preferred Email</td>
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### MOST AVAILABLE PARENT / GUARDIAN CONTACT

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<th>Details</th>
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<tbody>
<tr>
<td>Surname</td>
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<tr>
<td>Given Name</td>
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<tr>
<td>Work</td>
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<td>Mobile</td>
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**EMAIL ADDRESS:**

**VET PROGRAM**

1st Preference : 

2nd Preference :

**VET PROGRAM HOST SCHOOL (To be confirmed)**

**IN 2015, DO YOU INTEND STUDYING:**

- VCE [ ]
- VCAL [ ]
- YEAR 10 [ ]

**DOES YOUR HOME SCHOOL PROVIDE ADDITIONAL EDUCATIONAL SUPPORT FOR YOUR CHILD (Please Tick)**

- YES [ ]
- NO [ ]
I, ________________, accept enrolment in ________________ at ________________.

In signing this contract, I agree to the following terms and conditions:

☐ will attend the scheduled orientation session at the host school.

☐ am committed to attending this course on the designated day from start until finish on each day the course is delivered.

3. I will notify my home and host school of any absenteeism on the day.

4. I understand and accept that it is my responsibility to catch up on any work missed in scheduled classes due to my participation in this program.

5. I agree that travel arrangements between schools and between school and home are my responsibility. Please give a brief description of your proposed means of transport (including bus and train times).

6. I will abide by the rules of the school I attend as part of the VET program.

7. I agree to participate in any work placement that I may be required to undertake in order to maximise the benefits associated with studying a vocational certificate. Work placement may occur during school holidays.

8. I agree to the release of my personal details and assessments between educational institutes related to the VET program I am enrolled in.

Student Signature: ____________________________ Date: ____________________________
By signing below, I agree to the following:

1. I agree to pay any additional fees and charges associated with enrolment in the VET program. I will be responsible for the costs of books, equipment and special uniforms. (for additional information regarding costs, please refer to the course brochure)

2. I am aware and accept that it is the student’s responsibility to arrange their own transport two and from the Campus at which the VET Course is held.

3. That the school will partially fund the course tuition fees.

4. The necessity for prompt and regular attendance at his / her VET Course.

I AM / AM NOT willing to allow my contact details to be released to other parents with children attending these programs to discuss transport sharing.
INDEMNITY FORM

My Son / Daughter: [STUDENT FULL NAME]  Current Year Level: [ ]

Has my permission to attend weekly classes and any formal activity classes run by:

☐ Billanook College  ☐ Yarra Ranges Tech  ☐ Yarra Hills Secondary College

☐ Box Hill Institute  ☐ Morrison House  ☐ Mount Lilydale Mercy College

☐ Lilydale High School  ☐ Melbourne School Hair & Beauty  ☐ Healesville High School

☐ Mooroolbark Heights Secondary College  ☐ Lilydale Heights Secondary College  ☐ Swinburne TAFE (Croydon, Lilydale, Wantirna)

☐ Other nominated school as part of the VET program

Insert course name

I authorise the staff member in charge, where it is impracticable to communicate with me, to authorise such medical or surgical treatment as may be deemed necessary. I supply the following relevant details.

Student Name

List any physical limitations or medical conditions

Full Tetanus Immunisation YES / NO  Year of last immunisation

Parent / Guardian Signature  Date  [ ]

Residential Address

Suburb  State  Postcode

Emergency Contact  Telephone

OFFICE USE ONLY

☐ Administration  ☐ Finance  USI No. [ ]